

ENDLESS MEDICAL ADVANTAGE

England & Wales · Charity number 1194717

Details

Status Registered

Legal form CIO

Registered 2021-06-08

Register [View on the Charity Commission register](#)

Contact

Address 53 Kings Road
London
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Activities

Objects: THE RELIEF OF SICKNESS AND PRESERVATION OF GOOD HEALTH; THE PREVENTION OR RELIEF OF POVERTY IN THE MIDDLE EAST AND NORTH AFRICA (MENA) AND EUROPE FOR IMPOVERISHED INDIVIDUALS IN NEED AND/OR CHARITIES AND ORGANISATIONS WORKING TO RELIEVE POVERTY BY PROVIDING HEALTHCARE, HEALTH PROMOTION AND AWARENESS AND RELIEF SERVICES.

Activities: Endless Medical Advantage (EMA) provides affordable and subsidised primary healthcare and dental services to vulnerable and refugee communities in Lebanon. We provide a mobile medical service to those with limited access to State health care. We also provide aid and relief services to those most in need with the provision of goods which they could not otherwise afford through lack of means.

Classification

- **How:** Makes Grants To Individuals, Provides Other Finance, Provides Services
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty, Overseas Aid/famine Relief
- **Who:** Children/young People, Elderly/old People, People With Disabilities, The General Public/mankind

Geography

- Lebanon
- Syria

Finances

Period end	Income	Expenditure	Assets	Employees
2025-05-31	£357,903	£405,505	-	-
2024-05-31	£183,290	£163,686	-	-
2023-05-31	£245,269	£232,256	-	-
2022-05-30	£169,419	£154,866	-	-

Trustees

Name	Role	Appointed
Asma Patel	Chair	2021-05-01
Louise Victoria Newman		2021-05-01
Razina Patel		2021-05-01
Rebecca Young		2025-09-01
Rumaanah Mallu		2025-09-01

ENDLESS MEDICAL ADVANTAGE

England & Wales - Charity number 1194717

Accounts

Endless Medical Advantage
Unaudited Financial Statements
31 May 2025



SAMARA & CO
Chartered accountant
511 Kenton Lane
Harrow
Middlesex
HA3 JW

Endless Medical Advantage

Financial Statements

Period from 01 June 2024 to 31 May 2025

	Page
Trustees' annual report	1
Independent examiner's report to the trustees	11
Statement of financial activities	12
Statement of financial position	13
Statement of cash flows	14
Notes to the financial statements	15

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

The trustees present their report and the unaudited financial statements of the charity for the period ended 31 May 2025.

The Trustees confirm that they have referred to the Charity Commission's guidance on public benefit when reviewing the Trust's aims and objectives and in planning future activities.

Reference and administrative details

Registered charity name	Endless Medical Advantage
Charity registration number	1194717
Principal office	53 Kings Road London E11 1AU
The trustees	Ms A Patel Ms R Patel Ms L Newman
Independent examiner	Samara & Co 511 Kenton Lane Harrow Middlesex HA3 JW

Structure, governance and management

The Charity is registered with number 1194717 and is constituted as a Charitable Incorporated Organisation (CIO) dated 01 May 2021 and registered as an official UK Charity on 01 May 2021.

The Board of Trustees holds collective responsibility for its governance and strategic direction. They are accountable for ensuring the Charity operates within its charitable objectives, complies with all relevant laws and regulations, and maintains sound financial management. The Trustees approve and review policies and operational strategies and monitor the Charity's performance and impact. They are also expected to act as ambassadors for the organisation, using their networks to promote the Charity's work and build partnerships. As part of their commitment, they engage in quarterly board meetings, provide input on matters within their areas of expertise, and contribute to building a culture of good governance, innovation, and continuous improvement.

New Trustees are appointed for a term of at least two years passed at a properly convened meeting of the Board of Trustees. In selecting individuals for appointment, the Trustees must have regard to the skills, knowledge and experience needed for the effective administration of the CIO. The Board of Trustees will make available to each new charity trustee, on or before their first appointment: a copy of the current version of this constitution; a copy of the CIO's latest Trustees' Annual Report; and a statement of accounts.

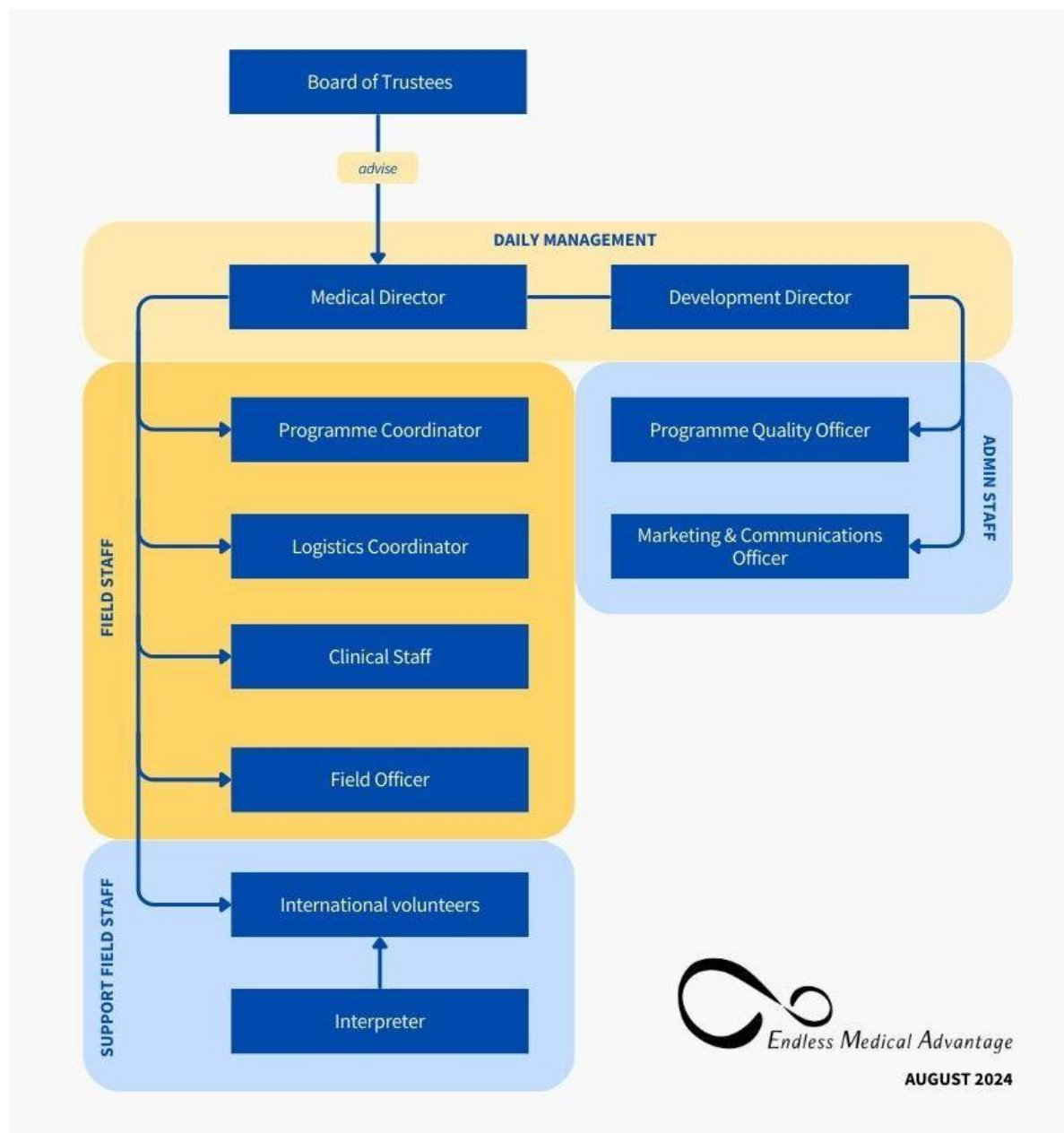
All Trustees give their time voluntarily and receive no benefits from the Charity. The Charity's Medical Director is regarded as key management personnel. The pay of the Medical Director is reviewed annually and normally increased in accordance with average earnings. The remuneration is also bench-marked with other charities of a similar size and activity to ensure that the remuneration set is fair and not out of line with that generally paid for similar roles.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

The Trustees oversee the work of the directors, staff and volunteers, delegating responsibility for day-to-day decision-making and management to the Medical Director and Development Director. See below Endless Medical Advantage's (EMA) organogram, outlining the different roles within the organisation.



In order for EMA to achieve and maintain ethical delivery of services as well as ethical workplace management, the Charity has developed several policies and are guided by them in practice to mitigate risks and ensure consistent quality of service delivery.

All paid staff and volunteers undergo a recruitment process, and they must all provide an up to date criminal record check (or equivalent) to ensure they meet EMA's safeguarding standards. Furthermore, EMA maintains accountability as a service delivery provider and humanitarian actor by

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

working collaboratively with other grassroots organisations and refugee-led initiatives in the local area whom we continue to learn from and allow us to work in a dynamically changing environment.

EMA works with a community-based approach which also promotes an ethical service delivery structure. Our services are delivered for the community, by the community whereby the team is sensitive to the needs of the communities and beneficiaries, having lived experience, cultural awareness and strong understanding of the needs of those who have been marginalised. We have developed strong communication strategies within the core team to ensure best practice is achieved and key behaviours are managed to remain aligned with EMA values.

There is a strong collaborative network of organisations, both regional and national, of which we are a part of to contribute to positive systemic shifts in refugee response. As a refugee-led organisation (RLO), working in the hearts of these communities, we are able to gain insight and understanding that is often missed by larger NGO or INGOs who are not as community-led. Our co-founder and Medical Director is a leader in the community and a part of this network which has given EMA a platform to show what the true needs are. We have an ear to the ground for big NGOs like UNHCR and we are thus able to give them insights they can't otherwise gain. In this way, we are able to support advocacy for refugees in particular to healthcare and represent a much-needed voice for the people.

Objectives and activities

EMA is a refugee-led organisation in Lebanon and Syria. Since establishment, our mission has been to support Syrian and Lebanese medical professionals in providing sustainable healthcare services and humanitarian relief to refugees and vulnerable communities in Lebanon. From December 2024, we started preparations to expand our operations to Syria. Together with the communities we serve, we aim to contribute to health and well-being by providing the best care to every patient. We do this with a holistic approach to health, addressing physical, mental and social well-being to improve overall quality of life in vulnerable communities. EMA provides healthcare for anyone regardless of race, ethnicity, age, gender, religion and other diverse backgrounds. Our programmes are affordable, accessible and sustainable. We are refugee-led and apply a bottom-up approach, with the community to the community.

During the reported year, from December 2024 onwards, EMA started preparing the expansion of its work to Syria as a direct consequence of the collapse of the regime early December 2024. While maintaining all programmes and projects in Lebanon, the senior leadership started assessing the needs and possibilities of bringing EMA's health expertise to war-torn and impoverished areas in Rif Dimashq Governorate. With strategic oversight and support of the Trustees, EMA was able to prepare the paperwork, obtain registration as a local NGO, and get several initial activities off the ground in Syria between January and May 2025.

As EMA we aim to keep building our movement by implementing integrated clinical practice with the main activities run through healthcare mobile clinics, fixed polyclinics, dental clinics and our MHPSS programme. In doing so, we aim for sustainable improvement of health in Lebanon and Syria.

Furthermore, EMA commits to providing aid and relief to those living in poverty and affected by the challenging political and economic conditions in Lebanon and Syria. In emergencies, such as a storm, fire or war, we aim to be on the ground quickly, providing healthcare and supporting in the aftermath of such events by providing physical aid such as food and blankets, as well as medical checks. Hence last year, from September 2024 to March 2025, we coordinated a large-scale emergency response during the escalating war in Lebanon.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

EMA's general objectives during the year reported were:

1. To create a sustainable, community-led infrastructure by sharing skills and materials to refugees to reduce the health crisis in Lebanon and help save lives. We do this by creating physical clinics run by refugees, providing long term sustainable healthcare solutions for all
2. To improve the quality of life with provision of health services that are the most needed in the community, aiming to fill the essential gaps left by the host country and larger NGOs
3. To lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources
4. To improve the provision of dental healthcare for the most vulnerable in Lebanon
5. To improve the provision of healthcare for people with disabilities and increase their awareness and knowledge in managing such conditions
6. To support advocacy for refugees in particular to healthcare and represent a much needed voice for the people
7. To manage prevention and control of epidemic outbreaks through all our healthcare activities and education

EMA's specific objectives for 2024-2025 were:

- a) Resume and continue our primary health service through the Mobile Medical Units (*dependant on ongoing restrictions*)
- b) Train skilled medical professionals to be focal points for triage and basic medical care, to complement the provision of care through the MMU's
- c) Set up monthly, condition specific missions as a way to reach the community and their most urgent needs
- d) Provide mobile physiotherapy again to reach those most in need, to reach a larger group and with a focus on long term interventions improving quality of lives
- e) Continue dental care
- f) Set up and run mental health programmes (MHPSS) for children and youth, through music and sports activities
- g) Develop a Monitoring, Evaluation, Accountability and Learning (MEAL) tool

Activities in Lebanon

From June 2024 to May 2025, EMA's main charitable activities were:

1) **Mobile Medical Units (MMUs)**

At the start of the year reported, in June 2024, a careful lift of the restrictions to working in the camps was implemented by governmental authorities. This meant that we were able to operate our mobile clinics again in many of the camps in Bar Elias, AlMarj and Saadnayel area. During the summer months we were able to regularly start visiting most of the camps in the area again, and over the course of those months added a few new camps to our schedule. During the war in Lebanon from September 2024, we changed our mode of operation as we were running an extensive emergency response, which was the main priority of our team until March 2025.

Once the initial response was managed and especially after a ceasefire was reached in November 2024, our team gradually regained capacity to work back in the established camps.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

However, this soon was followed by new restrictions and increased security risks for Syrians in Lebanon, following the collapse of the regime in December 2024. Since January 2025, our MMUs are therefore running solely through fixed clinics, schools and community centres in the area again. Despite the challenges, we have maintained our presence and primary health service in the area, which for many families is the only consistent and affordable way to see a doctor.

2) **Polyclinic**

Throughout this year, we consistently worked with polyclinic Nadi al-Wehda in AIMarj. Additionally, until April 2025, we worked with polyclinic Raabta in Taalabaya. Those collaborations with local polyclinics and NGOs allow us to continue our services in a visible and accessible place throughout the many shifts in restrictions to work in the camps.

3) **Women's Health Missions**

One of our focuses is strengthening women's health in disadvantaged communities, as they are an extra vulnerable group and in many families the core of community and support. Therefore, we partnered this year again with The Dignity Project by Jigsaw, to deliver health awareness and education sessions to girls and women; provide health checkups including followup if needed; and distribute hygiene packs.

4) **Dental Clinic**

Throughout the year we maintained operations of our self-sustaining dental clinic, with two operational dental chairs in AIMarj and close to Bar Elias, at a central and accessible location. With our unique EMA approach, we continue setting an example and an inspiring precedent for affordable dental care in Lebanon. At our dental clinic we receive patients from all population groups such as Syrians, Lebanese, Palestinians, as well as migrant workers. People come from other regions of Lebanon as well.

5) **Mental health and Psycho Social Support (MHPSS)**

From July 2024 we started preparations for a brand-new programme: our own MHPSS programme, designed with the support and knowledge of Amna Healing. The MHPSS programme was a long-cherished wish to add to our holistic services as an organisation, as we have witnessed the mental and emotional toll of stress and trauma in our communities of displaced people. Our medical team has frequently noted over the years that mental issues resulted in physical illness, and more than once envisioned the added value of a MHPSS programme tailored to support children and adolescents and their families.

After the preparatory activities by our staff, who bring their own lived experience as well, we started our first cycle of the sports and the music MHPSS programme in September 2024. The programmes are designed to equip a group of around 40 participants over the course of 3 months with tools for stress management, resilience and community building, through music and sports. After the interruption and adaptation of the programme during our emergency response in Lebanon (see below), we were able to return to our originally designed programme in January 2025 and offer 2 cycles to 4 groups in total.

6) **Aid & Relief**

Financial Assistance of Medical Cases

We continued supporting individuals for financial aid and medical bills, helping 846 individuals throughout the year with a combination of full and partial payments for treatments such as chemotherapy, kidney dialysis, surgery, MRI, biopsies, X-rays, emergency surgeries, ICU

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

admission and more - as well as basic blood and urine analysis. For those patients, we have been able to diagnose cancer early, to diagnose other internal conditions and also support life saving treatments such as chemotherapy and kidney dialysis.

Rent Relief

During the year we supported 10 families with rent relief, to help them bridge the gap during particularly difficult circumstances such as illness or unemployment of the breadwinner of the family. Rent relief is a way to prevent homelessness of entire families who only need support to bridge a gap of a few weeks or months without income.

Emergency Response September 2024-March 2025

Between September 2024 and March 2025, in response to the escalation of conflict and subsequent internal displacement in Lebanon, we launched a rapid and sustained emergency response in the Bekaa Valley. This urgent humanitarian effort focused on providing critical support in physical and mental health, shelter, and food security to communities displaced from South Lebanon. Our mobile medical units delivered essential primary healthcare services, including medication and medical supplies, with a special focus on elderly and women's health. This was crucial for many internally displaced persons (IDPs) who had to flee their homes without their necessary medications. Additionally we supported medical cases with (partial) coverage of the costs, helping individuals and families in need of surgery or treatment.

Furthermore, we addressed immediate needs through the establishing of emergency shelters, creating safe spaces for families who were often left out on the streets due to discrimination against Syrians at governmental shelters throughout the country. In our shelters and other shelter locations in our area, we distributed non-food items (NFIs) like mattresses and blankets, helping to facilitate the safe sheltering of families.

To combat food insecurity, we established a community kitchen that prepared and distributed thousands of hot meals to our own emergency shelter locations as well as those for other partner organisations in the local area. As winter approached, we implemented vital winterisation measures, providing additional blankets and fuel to ensure warmth and dignity for those residing in the shelters. While a temporary ceasefire was declared in November, the ongoing needs of IDPs who could not return home meant our operations continued, ensuring sustained support for these vulnerable communities.

To offer much needed stress relief, we ran daily MHPSS sessions at many shelters in our area, where children as well as their caregivers could forget about their worries and traumas for an hour and play, sing and move to release tension and express themselves in a safe space.

Activities in Syria

First Response January-May 2025

Commencing our operations in Syria from December 2024, we provided a range of essential humanitarian services as a first response to the population in acute need. Our initial efforts focused on gathering information and conducting exhaustive assessments to then focus on restoring critical

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

infrastructure and providing direct support to vulnerable communities. We successfully repaired a well, which subsequently restored access to clean water for thousands of people. This initiative was complemented by the provision of vital fuel supplies to schools, helping to ensure that educational facilities could remain operational during the cold months.

In addition to these infrastructure projects, we delivered direct aid to impoverished families during significant religious holidays in the community. Our team provided thousands of meals during Ramadan and distributed fresh meat packages for both Eid al-Fitr and Eid al-Adha. Recognising the pressing need for healthcare, particularly for women, our team also conducted a dedicated women's health mission in the Al Zabadani area. We provided essential medical supplies to two hospitals in the rural Damascus area which we identified in our initial assessments and replaced vital equipment in two surgical rooms to resume operations for daily surgical procedures including c-sections for women. We also provided support for personnel across hospitals, clinics, a local disability initiative and schools, helping to sustain critical services at a time of immense strain and huge uncertainty in Syria.

Contribution made by volunteers

On average, EMA hosts one or two international medical volunteers per month throughout the year. However during the reported year, we did not host any international volunteers, due to safety concerns and/or foreign government travel advice. During the year we did have **10 local volunteers** helping out during our emergency response in Lebanon (September 2024-March 2025) and our first response in Syria (Ramadan/March 2025).

Achievements and performance

Impact in Numbers

GENERAL	
3	offices (from February 2025)
2	countries (from January 2025)
12	full time staff (or equivalent)
10	volunteer staff
3	crowdfund campaigns
250	individual donors across campaigns (unique number)
LEBANON	
Medical (outside of emergency responses, scroll down to see those numbers)	
~15,500	patients treated in the mobile clinics and polyclinic combined
650	patients during women's health mission

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

Dental	
11,800	patients treated in the dental clinic
MHPSS (outside of emergency responses, scroll down to see those numbers)	
2	cycles of three-month programmes started
220	participants in three-month programmes (<i>unique number</i>)
Aid & Relief (outside of emergency responses, scroll down to see those numbers)	
846	individual medical cases financially supported
10	families supported with rent relief
Emergency Response September 2024-March 2025	
195	people supported with emergency shelter (<i>through EMA shelters, unique number</i>)
2,300	non food items (NFIs) distributed
13,380	meals distributed from our community kitchen
~62,000	people supported with the EMA community kitchen
1,996	patients treated with emergency mobile clinic and (prevention) missions
260	individual medical cases supported
1,972	participants in emergency sessions MHPSS
22	weeks we ran the response
12	partner organisations we worked with
5	volunteers during the response
7	extra staff during the response

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

SYRIA	
First Response January-May 2025	
~50,000	people supported by the fixing of the well
10	schools supported with fuel
125	personnel supported across hospitals, clinics, local disability initiative, and schools
19,500	individuals supported with a meal during Ramadan
5	volunteers at the EMA community kitchen during Ramadan
~7,500	individuals supported with a fresh meat package during Eid al-Fitr (3,000 kilos)
2,000	individuals supported with a fresh meat package during Eid al-Adha (400 kilos)
200	patients during women's health mission

Monitoring Impact

This was undoubtedly the most challenging year in the organisation's history, marked by two significant and rapid shifts in our working environment: the war in Lebanon, followed by the collapse of the regime in Syria. These crises profoundly impacted our team and our work, creating a volatile and emotionally charged environment where feelings of fear, sadness, happiness, gratitude and uncertainty followed one another in quick succession. Despite these unprecedented challenges, we accomplished more than ever before, assisting a greater number of people and raising more funds than in any previous year, a direct result of our extensive emergency response efforts in both Lebanon and Syria. This remarkable output was a testament to our agility as a small team. Our ability to operate with limited resources and draw on our lived experience allowed us to maximise our impact, delivering high-quality care and aid where it is needed most.

Our specific objectives for the year were:

- a) Resume and continue our primary health service through the Mobile Medical Units (*dependant on ongoing restrictions*)
- b) Train skilled medical professionals to be focal points for triage and basic medical care, to complement the provision of care through the MMU's
- c) Set up monthly, condition specific missions as a way to reach the community and their most urgent needs
- d) Provide mobile physiotherapy again to reach those most in need, to reach a larger group and with a focus on long term interventions improving quality of lives
- e) Continue dental care
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- g) Develop a Monitoring, Evaluation, Accountability and Learning (MEAL) tool

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

During this tumultuous period, we were able to partially meet objectives a) and c). We successfully met objectives e), f), and g) entirely - both our dental service and MHPSS programme are a huge success, contributing visibly to the general health and wellbeing of the communities we work with.

However, due to the intense demands and resource reallocation required for the emergency responses, we unfortunately did not have the capacity to meet objectives b) and d) as initially planned. Based on our multi-year strategy, continuous assessment and evaluation mechanisms, we continue to see the importance of those programmes as part of our holistic approach to health. We therefore will keep them (in adapted form) as part of our revised strategy for both Lebanon and Syria.

Financial Review

EMA relies entirely on funds both sourced from public as well as private donors, along with individual donors through PayPal and crowdfunding. Over the reported year, the total income was £357,903 with an expenditure of £405,505 Surplus/(Deficit) reserves balance of £(432).

The charity is incorporated and has actively been fundraising, the charity is being Independently Examined.

EMA's principal sources of funds

Amounts in GBP below are approximate totals due to fluctuating exchange rates.

EMA received several unrestricted funds:

- LUSH Charity Pot (£4,000)
- Network for Social Change Charitable Trust (NSC) (£20,000)
- CRLM Phase III (\$225,000 = ~£160,000)*
- Amna Healing (€40,000 = ~£34,000)*
- Café Averechts / Vereniging Mot (€ 1,924 = ~£1,600)
- Austin Bailey Foundation (£1,000)

to support the polyclinic and additional medical supplies for all activities.

**Grant spent across multiple financial years.*

During emergency response in Lebanon, EMA received the following funds from:

- Jigsaw Charity (£16,365)
- Action for Hope (€16,000 = ~£12,800)
- Cultures of Resistance (\$10,000 = ~£7,500)
- Choose Love (\$60,000 = ~£40,000)
- Amna Healing (€15,000 = ~£12,000)
- Issa Group/MDS Healthcare £7,700

In addition, EMA received private donations for the food security project during Ramadan from Issa Group/MDS Healthcare £23,370.

We have also successfully raised funds through individual giving (through PayPal) and crowdfunding (GoFundMe) to support EMAs services and aid and relief projects. We were given a number of cash donations directly in Lebanon by visiting partners, visitors, journalists and other individuals or groups connected to EMA.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

Statement on holding reserves

At the end of the reported year, on May 31, 2025, a deficit of £(432) was held. Reserves are held by EMA to support the expenses and running costs of the organisation during transitional periods due to incremental periods of funds.

Investment policy

EMA does not have investments of any kind in this period. EMA will review the Investment policy as and when required.

Risk Management

The past year has proven to be the most challenging in our organisation's history, as our operating environment was reshaped by two significant and rapid shifts: the escalation of the war in Lebanon and the collapse of the regime in Syria. These events compounded the existing political and socio-economic instability in Lebanon, creating unprecedented risks and uncertainties to our daily operations. Despite these external pressures, our agility as a grassroots, refugee-led NGO allowed us to mitigate these risks and continue serving our communities.

The ongoing economic crisis in Lebanon still profoundly affects our work as it continues to put immense pressure on the vulnerable communities we serve. In fact, a significant proportion of the population is in need of assistance; as of July 2025, UNHCR reports that 9 out of 10 Syrian refugees in Lebanon need humanitarian assistance, while the economic crisis has left many Lebanese families in similar situations of need. Furthermore, rising xenophobia and racism against the Syrian refugee community created significant operational challenges, with stricter governmental restrictions on working in camps. We were able to overcome these obstacles and ensure the safety of our team by changing our operational approach and leveraging our strong relationships with Lebanese partners and community leaders. Our team has had to be creative and resourceful, often finding new ways to manage patient care and distribute medication to those in real need.

In response to the escalating war in Lebanon, our readiness for emergency response became a reality, enabling a rapid and sustained operation in the Bekaa Valley. Consequently, the collapse of the regime in Syria necessitated a first response as well. The humanitarian situation in Syria is particularly dire, with the World Health Organization (WHO) reporting that as of mid-2025, approximately 15.8 million people, or nearly 65% of the population in Syria, are in need of life-saving primary and secondary health assistance. No less than half of the country's infrastructure, including hospitals, schools and water supply systems, are severely damaged or destroyed. This highlights the critical need for organisations like ours to step in and provide support.

The execution of these two major emergency responses demonstrates our proactive approach to risk. By prioritising the most acute needs and reallocating resources, we were able to provide critical aid, even as it meant we had to temporarily postpone some of our planned strategic objectives, such as training medical professionals as focal points and restarting our physiotherapy programme. The team's well-being remained a priority throughout this period, and our commitment to each other's welfare has been fundamental in ensuring our capacity to serve our communities in the most challenging of times.

In this rapidly evolving landscape, managing our legal status and paperwork has become a fundamental part of our risk management strategy. To ensure the long-term sustainability and legality of our work, we've had to navigate complex and changing administrative requirements. This includes

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

the crucial step of pursuing registration as a local NGO in Syria, which allows us to operate transparently and effectively on the ground. Simultaneously, we updated our legal status in the UK to align with our expanding operations in Syria. These actions ensure that we can continue our life-saving work in a fully compliant and secure manner, protecting our staff and beneficiaries and building a strong foundation for future activities.

Plans for the future

Following a year of unprecedented challenges and rapid emergency responses, we have evaluated our capacity and impact to strategically plan for the future. The agility we demonstrated has strengthened our resolve to maintain our presence in Lebanon, continuing to provide essential support to vulnerable communities who remain in acute need. Simultaneously, we are committed to leveraging our experience to expand our operations into Syria, aiming to build a more comprehensive and holistic approach to aid across both countries. This expansion will be guided by thorough needs assessments and will be contingent on securing the necessary funds to ensure a sustainable and high-quality service delivery. We will also focus on building out new programmes, such as physiotherapy and livelihood projects, to address the long-term needs of our communities and working on our aim to build a healthy and sustainable future for the communities we serve.

To support these ambitions and ensure our continued growth and effectiveness, we are placing a strong emphasis on strengthening our organisational capacity. We will further invest in our MEAL framework to systematically assess the performance and impact of all our programmes. Concurrently, we will work to diversify our funding streams, to secure more sustainable and flexible financing.

Our plans for the coming year are focused on achieving specific, measurable goals that reflect our commitment to long-term community empowerment and resilience:

1. **Continue supporting in Lebanon:** Our commitment to Lebanon and its vulnerable communities in Bekaa Valley remains at the heart of our mission. Over the next year, we will maintain our continuous medical work, providing essential healthcare to those with limited access to care. We will also continue our dental clinic and MHPSS programmes. Additionally, our aid & relief services (such as, for example, food support during Ramadan) address the ongoing poverty and food insecurity.
2. **Expand health services in Syria:** By the end of May 2026, pending a comprehensive needs assessment and successful fundraising, we will have established a dedicated health programme in the Rural Dimashq area, including the provision of physiotherapy services; dental services and livelihood support.
3. **Strengthen MEAL framework:** By the end of 2025, we will have fully developed and implemented our MEAL tool and training programme, enabling a consistent and systematic approach to monitoring and reporting across all projects in Lebanon and Syria.
4. **Diversify funding sources:** By the end of May 2026, we will have secured at least two new funding partners, with a focus on long-term project grants to support our planned expansion and organisational strengthening. Additionally, we will strengthen our community engagement and crowdfund campaigns, focusing on several types of engagement.
5. **Grow Trustees' capacity:** By October 2025, we will have at least one additional Trustee to support the above objectives and strengthen our overall growth and development.

We will continue to learn from our work, and maintain a bottom up approach to ensure all our work is community-led and community driven. We hope to maintain flexibility and remain visible and active within the community in light of the ever changing operating environment in Lebanon.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

We will continue to gather insight from our beneficiaries, partners and staff to understand how we can improve and develop our operations, continuing to evaluate and monitor the impact we are having to ensure they are at the core of everything we aim to achieve. By reviewing milestones and final outcomes of our projects, we hope to build systematic practices dedicated to the assessment of EMA's overall performance and achievement of our short and long term aims.

The trustees' annual report was approved on 03 December 2025 and signed on behalf of the Board of Trustees by:



Ms A Patel
Trustee

Endless Medical Advantage

Independent Examiner's Report to the Trustees of Endless Medical Advantage

Period from 01 June 2024 to 31 May 2025

I report to the trustees on my examination of the financial statements of Endless Medical Advantage ('the charity') for the period ended 31 May 2025.

Responsibilities and basis of report

As the trustees of the charity, you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

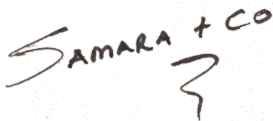
I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

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

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

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



Independent Examiner

511 Kenton Lane
Harrow
Middlesex
HA3 JW

03 December 2025

Endless Medical Advantage

Statement of Financial Activities

Period from 01 June 2024 to 31 May 2025

		2025		2024
	Note	Unrestricted funds £	Total funds £	Total funds £
Income and endowments				
Donations	4	357,903	357,903	183,290
Total income		<u>357,903</u>	<u>357,903</u>	<u>183,290</u>
Expenditure				
Expenditure on charitable activities	5,6	405,505	405,505	163,686
Total expenditure		<u>405,505</u>	<u>405,505</u>	<u>163,686</u>
		—	—	—
Net income/(expenditure) and net movement in funds		<u>(47,602)</u>	<u>(47,602)</u>	<u>19,604</u>
Reconciliation of funds				
Total funds brought forward		47,170	47,170	27,566
Total funds carried forward		<u>(432)</u>	<u>(432)</u>	<u>47,170</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 17 to 23 form part of these financial statements.

Endless Medical Advantage

Statement of Financial Position

Period from 01 June 2024 to 31 May 2025

	Note	2025 £	2024 £
Fixed assets			
Tangible fixed assets	11	677	5,064
Current assets			
Cash at bank and in hand		30,053	64,173
Creditors: amounts falling due within one year	12	31,162	22,067
Net current liabilities		<u>(1,109)</u>	<u>42,106</u>
Total assets less current liabilities		<u>(432)</u>	<u>47,170</u>
Net assets/(liabilities)		<u>(432)</u>	<u>47,170</u>
Funds of the charity			
Unrestricted funds		<u>(432)</u>	<u>47,170</u>
Total charity funds	13	<u>(432)</u>	<u>47,170</u>

These financial statements were approved by the board of trustees and authorised for issue on 03 December 2025, and are signed on behalf of the board by:



Ms A Patel
Trustee

The notes on pages 17 to 23 form part of these financial statements.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

	2025	2024
	£	£
Cash flows from operating activities		
Net (expenditure)/income	(47,602)	19,604
<i>Adjustments for:</i>		
Depreciation of tangible fixed assets	5,286	5,066
Accrued expenses	79	75
<i>Changes in:</i>		
Trade and other creditors	9,016	20,492
Cash generated from operations	<u>(33,221)</u>	<u>45,237</u>
Net cash (used in)/from operating activities	<u>(33,221)</u>	<u>45,237</u>
Cash flows from investing activities		
Purchase of tangible assets	<u>(899)</u>	<u>–</u>
Net cash used in investing activities	<u>(899)</u>	<u>–</u>
Net (decrease)/increase in cash and cash equivalents	(34,120)	45,237
Cash and cash equivalents at beginning of year	64,173	18,936
Cash and cash equivalents at end of year	<u>30,053</u>	<u>64,173</u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 53 Kings Road, London, E11 1AU.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the 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) (Charities SORP (FRS 102)) and the Charities Act 2011.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal and fall into one of two sub-classes: restricted income funds or endowment funds.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable, and its amount can be measured reliably.
- legacy income is recognised when receipt is probable, and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Plant and machinery	-	25% straight line
Equipment	-	25% straight line

Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Financial instruments

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

4. Donations

	Unrestricted Funds £	Total Funds 2025 £
Donations		
Charitable Donations	357,903	357,903

	Unrestricted Funds £	Total Funds 2024 £
Donations		
Charitable Donations	183,290	183,290

5. Expenditure on charitable activities

	Unrestricted Funds £	Total Funds 2025 £
Charitable Activity	398,378	398,378
Support costs	7,127	7,127
	<u>405,505</u>	<u>405,505</u>

	Unrestricted Funds £	Total Funds 2024 £
Charitable Activity	156,890	156,890
Support costs	6,796	6,796
	<u>163,686</u>	<u>163,686</u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

6. Expenditure on charitable activities

	Activities undertaken directly £	Support costs £	Total funds 2025 £
Charitable Activity	398,378	–	398,378
Governance costs	–	7,127	7,127
	<u>398,378</u>	<u>7,127</u>	<u>405,505</u>

	Activities undertaken directly £	Support costs £	Total funds 2024 £
Charitable Activity	156,890	–	156,890
Governance costs	–	6,796	6,796
	<u>156,890</u>	<u>6,796</u>	<u>163,686</u>

7. Net income

Net income is stated after charging/(crediting):

	2025 £	2024 £
Depreciation of tangible fixed assets	<u>5,286</u>	<u>5,066</u>

8. Independent examination fees

	2025 £	2024 £
Fees payable to the independent examiner for: Independent examination of the financial statements	<u>–</u>	<u>1,575</u>

9. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2025 £	2024 £
Wages and salaries and social security costs	<u>115,674</u>	<u>73,579</u>

The average head count of employees during the period was 12 (2024: 7).

No employee received employee benefits of more than £60,000 during the year (2024: Nil).

10. Trustee remuneration and expenses

No Trustees were remunerated and/or had expenses incurred on their behalf or re-imbursed to them.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

11. Tangible fixed assets

	Plant and machinery £	Equipment £	Total £
Cost			
At 1 June 2024	15,815	4,446	20,261
Additions	–	899	899
At 31 May 2025	<u>15,815</u>	<u>5,345</u>	<u>21,160</u>
Depreciation			
At 1 June 2024	11,862	3,335	15,197
Charge for the period	3,952	1,334	5,286
At 31 May 2025	<u>15,814</u>	<u>4,669</u>	<u>20,483</u>
Carrying amount			
At 31 May 2025	<u>1</u>	<u>676</u>	<u>677</u>
At 31 May 2024	<u>3,953</u>	<u>1,111</u>	<u>5,064</u>

12. Creditors: amounts falling due within one year

	2025 £	2024 £
Accruals and deferred income	1,654	1,575
Other creditors	29,508	20,492
	<u>31,162</u>	<u>22,067</u>

13. Analysis of charitable funds Unrestricted funds

	At 01 June 2024 £	Income £	Expenditure £	At 31 May 2025 £
General funds	47,170	357,903	(405,505)	(432)
		<u>357,903</u>	<u>(405,505)</u>	<u>(432)</u>
	At 1 June 2023 £	Income £	Expenditure £	At 31 May 2024 £
General funds	27,566	183,290	(163,686)	47,170
		<u>183,290</u>	<u>(163,686)</u>	<u>47,170</u>

14. Analysis of changes in net debt

	At 1 Jun 2024 £	Cash flows £	At 31 May 2025 £
Cash at bank and in hand	64,173	(34,120)	30,053
	<u>64,173</u>	<u>(34,120)</u>	<u>30,053</u>

ENDLESS MEDICAL ADVANTAGE

England & Wales - Charity number 1194717

Accounts

Endless Medical Advantage
Unaudited Financial Statements
31 May 2024



Endless Medical Advantage

Financial Statements

Period from 01 June 2023 to 31 May 2024

	Page
Trustees' annual report	1
Independent examiner's report to the trustees	11
Statement of financial activities	12
Statement of financial position	13
Statement of cash flows	14
Notes to the financial statements	15

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

The trustees present their report and the unaudited financial statements of the charity for the period ended 31 May 2024.

Reference and administrative details

Registered charity name	Endless Medical Advantage
Charity registration number	1194717
Principal office	53 Kings Road London E11 1AU

The trustees

Ms A Patel
Ms R Patel
Ms L Newman

Independent examiner	Samara & Co 511 Kenton Lane Harrow Middlesex HA3 JW
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Structure, governance and management

The charity is registered with number 1194717, and is constituted as a Charitable Incorporated Organisation (CIO) dated 01 May 2021 and registered as an official UK charity on 01 May 2021

New trustees are appointed for a term of at least two years passed at a properly convened meeting of the charity trustees. In selecting individuals for appointment as charity trustees, the charity trustees must have regard to the skills, knowledge and experience needed for the effective administration of the CIO.

The charity trustees will make available to each new charity trustee, on or before his or her first appointment: a copy of the current version of this constitution and a copy of the CIO's latest Trustees' Annual Report and statement of accounts.

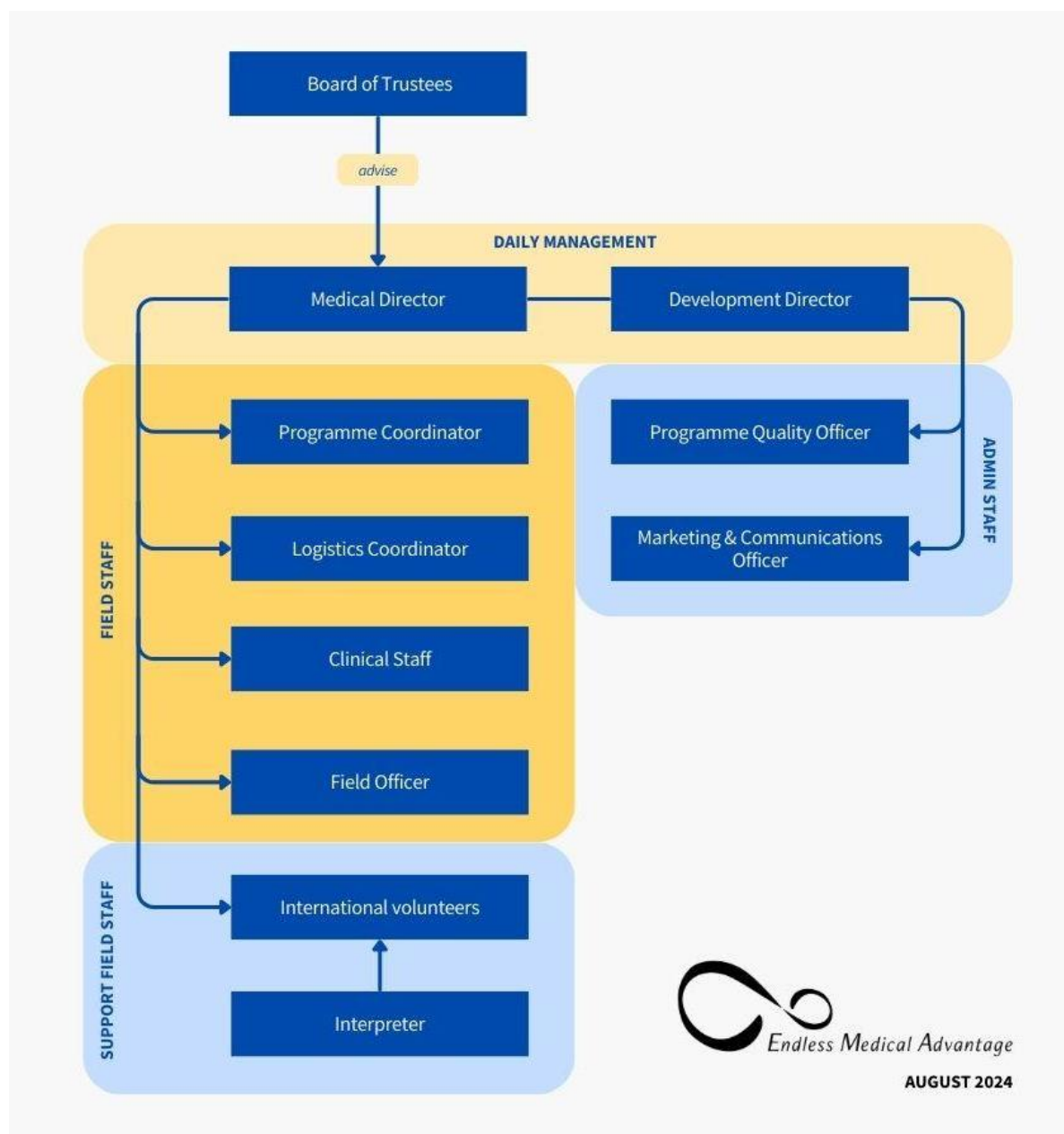
All trustees give their time voluntarily and receive no benefits from the charity. The charity's co-founder and medical director is regarded as key management personnel. The pay of the director is reviewed annually and normally increased in accordance with average earnings. The remuneration is also bench-marked with other charities of a similar size and activity to ensure that the remuneration set is fair and not out of line with that generally paid for similar roles.

The trustees oversee the work of the directors, staff and volunteers, delegating responsibility for day-to-day decision-making and management to the medical director and development director. See below EMA's organogram, outlining the different roles within the organisation.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024



In order for Endless Medical Advantage (EMA) to achieve and maintain ethical delivery of services as well as ethical workplace management, we have developed several policies and are guided by them in practice to mitigate such issues.

All paid staff and volunteers undergo a recruitment process and they must all provide an up to date criminal record check (or equivalent) to ensure they meet our safeguarding standards. Furthermore, we maintain accountability as a service delivery provider and humanitarian actor by working

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

collaboratively with other grassroots organisations and refugee-led initiatives in the local area whom we continue to learn from and allow us to work ethically in a dynamically changing environment.

We work with a community-based approach which promotes an ethical service delivery structure. Our services are delivered for the community, by the community whereby the team is sensitive to the needs of the communities and beneficiaries, having lived experience, cultural awareness and strong understanding of the needs of those who have been marginalised. We have developed strong communication strategies within the core team to ensure best practice is achieved and key behaviours are managed to remain aligned with EMA ethos.

There is a strong collaborative network of organisations, both regional and national, of which we are a part of to contribute to positive systemic shifts in refugee response. As a refugee-led organisation (RLO), working in the hearts of these communities, we are able to gain insight and understanding that is often missed by larger NGO/INGOs who are not as community-led. Our co-founder and medical director is a leader in his community and a part of this network which has given him a platform to show what the true needs are. We have an ear to the ground for big NGOs like UNHCR and we are thus able to give them insights they can't otherwise gain. In this way, we are able to support advocacy for refugees in particular to healthcare and represent a much needed voice for the people.

Objectives and activities

EMA is a refugee-led organisation in Lebanon. Our mission is to support Syrian and Lebanese medical professionals in providing sustainable healthcare services and humanitarian relief to refugees and vulnerable communities in Lebanon. Together with the communities we serve, we aim to contribute to health and well-being by providing the best care to every patient. We do this with a holistic approach to health, addressing physical, mental and social well-being to improve overall quality of life in vulnerable communities.

Lebanon currently hosts almost 2 million Syrian refugees, the highest number of refugees per capita in the world. Many have little or no access to affordable healthcare and are living in remote and isolated areas of the Bekaa Valley. Our organisation is a key source of healthcare for the community. For thousands of families, we are the only way for them to access free healthcare given by community-based medical professionals. Over the past years, much of the Lebanese host community are also living increasingly below the poverty line, unable to afford the cost of basic healthcare. EMA provides healthcare for anyone regardless of race, ethnicity, age, gender, religion and other diverse backgrounds. Our programmes are affordable, accessible and sustainable. We are refugee-led and apply a bottom up approach, with the community to the community.

We aim to keep building our movement by implementing integrated clinical practice with the main activities run through healthcare mobile clinics, a fixed polyclinic, dental clinic and physiotherapy programme. In doing so, we aim for sustainable improvements in healthcare in Lebanon. Furthermore, EMA commits to providing aid and relief to those living in poverty and affected by the challenging economic conditions of Lebanon. In emergencies, such as a storm or fire, we aim to be on the ground quickly, providing healthcare and supporting in the aftermath of such events by providing physical aid such as food and blankets, as well as medical checks.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

As EMA is growing, we are able to increasingly offer holistic healthcare to the vulnerable communities in the Bekaa Valley. **EMA's general objectives** during the year reported were:

1. To create a sustainable, community-led infrastructure by sharing skills and materials to refugees to reduce the health crisis in Lebanon and help save lives. We do this by creating physical clinics run by refugees, providing long term sustainable healthcare solutions for all
2. To improve the quality of life with provision of health services that are the most needed in the community, aiming to fill the essential gaps left by the host country and larger NGOs
3. To lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources
4. To improve the provision of dental healthcare for the most vulnerable in Lebanon
5. To improve the provision of healthcare for people with disabilities and increase their awareness and knowledge in managing such conditions
6. To support advocacy for refugees in particular to healthcare and represent a much needed voice for the people
7. To manage prevention and control of epidemic outbreaks through all our healthcare activities and education

EMA's specific objectives for 2023-2024 were:

- a) Expand the polyclinic with more specialties based on the needs in our communities, such as cardiology, dermatology
- b) Make laboratory services accessible to our patients, by offering these in house at affordable prices in our polyclinic and to ensure a holistic, all rounded patient centred approach for our beneficiaries
- c) Offer vaccinations for the childhood immunisation programme, free of charge for all children, supported by the Ministry of Public Health in Lebanon
- d) Expand the dental clinic to cover a larger geographical area, by opening a third dental chair
- e) Expand the physiotherapy service into a fully fledged centre (with more equipment and resources) to serve the greater population needs, and expand the reach of our physiotherapy programme to new geographical areas
- f) Produce a comprehensive health education programme for the refugee communities as well as local schools in our target areas. Topics will include: Dental hygiene, Infectious disease prevention, Pregnancy, Breastfeeding and would be mothers, Female hygiene, First aid, Nursing skills and Lifestyle & nutrition.

Activities

During the reported period, EMA operated in Central and West Bekaa in Lebanon, primarily in the towns of Al Marj, Taalabaya and Saadnayel. These areas are home to Lebanese families and Syrian refugees. The needs of the local population have continued to grow in 2023 and 2024, without relief support provided by the collapsed government, as families face additional challenges fuelled by economic collapse, mass unemployment, ever present political tension and increasing threats as a result of racism against the Syrian refugee population. These social, economical and health crises have all been happening at the same time and continue to worsen, making our work still desperately required.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

From June 2023 to May 2024, EMA's main charitable activities were:

1) **Mobile Medical Units (MMUs)**

From the start of 2023 an important change in our operating environment occurred, as restrictions to work in the camps were imposed by the Lebanese government and general security forces. This required all NGOs working in the settlements to seek new permissions from various ministries including the Ministry of Public Health and the Ministry of Social Affairs. The process to obtain the new permissions took over a year, and EMA did not obtain these permissions before the end of the reported year. Whilst we awaited our paperwork, working in the mobile clinics was not possible. We therefore had to find an alternate solution to reach the people most in need of affordable healthcare. We did this by taking every opportunity to work with local clinics or schools. Furthermore, an important part of our work continued through our fixed polyclinic (see 2 below).

2) **Polyclinic**

For the polyclinic we are partnered with a local Lebanese NGO, INMAA. Through our operating model, we engage local specialists based on the needs in our communities. Between June 2023 and April 2024, we further built our team of specialists, offering consultations at affordable rates including OB-GYN, endocrinology, orthopaedics and urology. During the year we were able to expand our services with a cardiologist, offering consultations in our specialist clinic in AlMarj.

Both our mobile clinics and polyclinic offer triage, assessment and treatment for primary health patients and to anyone in need. Medications are also provided upon treatment to reduce the burden of additional costs. If patients need further investigation, we have now limited capacity to follow up at our own polyclinic. Additionally we still maintain excellent relationships with local laboratories and hospitals which offer EMA patients a subsidised or discounted cost for tests and treatments.

In August 2023 we obtained (together with our local partner) the permissions to offer the childhood immunisation programme. From then on, vaccinations were available free of charge at the polyclinic.

In April 2024, we refocused our efforts and transferred the polyclinic in Taalabaya back to our partner INMAA. This was a necessary step, motivated by a prioritisation of our other programmes and strategic development towards new programmes.

We then partnered with another local NGO, Raabta, which allowed us to prioritise working back in the camps with our MMU's, and the development of laboratory services - two of our specific objectives for the reported period.

3) **Dental Clinic**

Throughout the year we maintained operations of our self-sustaining dental clinic, with two operational dental chairs. We were able to start covering a larger geographical area, by opening a third dental chair in our polyclinic in Saadnayel area, in August 2023.

With our unique EMA approach, we continue setting an example and an inspiring precedent for affordable dental care in Lebanon. At our dental clinic we receive patients from all population groups such as Syrians, Lebanese, Palestinians, as well as migrant workers. People come from other regions of Lebanon as well.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

4) Physiotherapy

Until April 2024 we offered physiotherapy services from our centre established inside the polyclinic. Physiotherapy remained part of our core services, with free sessions available to all population groups. Our physiotherapist provided short and long term treatment plans, along with education and support for families.

From January 2024, we started to offer sessions at an extra centre in AIMarj, thus covering a larger geographical area. In April 2024 we had to pause our physiotherapy as a result of budget constraints.

5) Aid & Relief

Food insecurity kept reaching new staggering levels over the last year, as disposable income became problematic for more and more people in Lebanon. In addition, most of the refugee population living in camps have been facing a lack of access to NGOs and our services and resources, due to the restrictions for NGOs to work in the camps imposed by the Lebanese government.

During Ramadan (March 2024) we were once again able to lift the burden of food insecurity. This year we distributed food parcels to support 400 families throughout the month. We were also able to support 50 families with rent relief at the start of Ramadan. Additionally, through a corporate donor we were able to do a fresh meat distribution during Eid for the first time, providing 900 families with meat for the celebration, a privilege they could not otherwise afford.

6) Financial Assistance

We continued supporting individuals for financial aid and medical bills, helping 969 individuals throughout the year with a combination of full and partial payments for treatments such as chemotherapy, kidney dialysis, surgery, MRI, biopsies, X-rays, emergency surgeries, ICU admission and more - as well as basic blood and urine analysis.

For those patients, we have been able to diagnose cancer early, to diagnose other internal conditions and also support life saving treatments such as chemotherapy and kidney dialysis.

Next to medical cases, we supported a number of families with rent relief, covering their rent fees for a certain amount of time. Throughout the year we helped 105 families.

Contribution made by volunteers

On average EMA hosts one or two international medical volunteers per month throughout the year. During the reported year we hosted twelve volunteers in total. Since tensions in the region arose in October 2023, the contribution of international volunteers has been affected by cancellations due to safety concerns and/or foreign government travel advice. Hence, for the rest of the reporting period, we did not host volunteers.

Achievements and performance

Due to the ongoing restrictions throughout the reporting period, we were forced to partially and temporarily change our mode of operation. Through our polyclinic and regular visits to local clinics and schools, we kept monitoring if and how the situation impacted our patients. Thanks to our strong

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

relations with communities in the camps, people were able to seek our primary healthcare at the polyclinic which is situated in a central area, and at several of our other regularly visited locations. However, the restrictions, in combination with a period of intensified racist raids targeting Syrian refugees in April 2024, did affect the number of people we were able to help.

Year in numbers (June 2023 - May 2024)	
14,621	patients treated in the mobile clinics and polyclinic combined
12,437	patients treated in the dental clinic
350	patients treated in our physiotherapy programme
2,400	individuals supported with a food package (400 families)
5,400	Individuals supported with a fresh meat package (900 families)
969	individual medical cases supported for often life saving treatment
105	families supported with livelihood support (rent relief) throughout the year

Monitoring achievement

In spite of the restrictions and extremely challenging circumstances, we have been able to largely meet our expectations for the reported year. However, we also had to be flexible and adapt some of our ambitions as they didn't suit the developments and wouldn't have been as beneficial.

After a full year of ongoing restrictions and ever challenging circumstances, we initiated a large-scale evaluation of EMA's strategic goals, objectives and activities. Starting from January 2024, we set up several strategy meetings involving the Trustees, Directors and external advisors. Over the course of the following months, we drew up a strategy document spanning the years to follow (until 2028).

While the strategy document will be finalised and published later in 2024, our internal evaluation process led to a prioritisation of certain core programmes and activities, which resulted in a partial reallocation of our focus and resources in the first months of 2024. Meanwhile we were able to meet the following objectives for the year as reported below.

- a) We expanded the polyclinic with cardiology, additional to the existing specialties.
- b) We made laboratory services accessible to our patients, by offering these in house at affordable prices in our polyclinic, together with our new partner Raabta, ensuring a holistic, all rounded patient centred approach for our beneficiaries
- c) We offered vaccinations for the childhood immunisation programme, free of charge for all children, supported by the Ministry of Public Health of Lebanon
- d) We expanded the dental clinic to cover a larger geographical area, by opening a third dental chair
- e) We expanded the physiotherapy service into a fully-fledged centre to serve the greater population needs, and expanded the reach of our physiotherapy programme to a new geographical area

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

Another objective for the year was to further develop a comprehensive health education programme. However, due to the challenging environment and lack of funds as well as organisational capacity, we were unable to produce such a comprehensive health education programme yet. As we are aware of the need for this service, we have included this in our multi-year strategy document.

As the years before, we weren't able to achieve registration as a charity in Lebanon during the current reporting period. Despite our ongoing efforts, this is one of the challenges we continue to face especially as a refugee-led NGO in Lebanon. Nonetheless, this remains a goal for the next reporting period.

Financial Review

EMA relies entirely on funds both sourced from public as well as private donors, along with individual donors through PayPal and crowdfunding. Over the reported year, the total income was £183,290 with an expenditure of £163,686 Surplus reserves balance of £47,170

The charity is incorporated and has actively been fundraising, the charity is being Independently Examined.

EMA's principal sources of funds

EMA received several unrestricted funds from Cultures of Resistance (£3,719 GBP), Austin Bailey Foundation (£1,000 GBP), Travers Smith (£1,500 GBP), LUSH Charity Pot (£4,000 GBP) and Network for Social Change Charitable Trust (NSCCT) (£20,000 GBP) to support the polyclinic and additional medical supplies for all activities.

In addition, EMA received private donations for the food security project during Ramadan from SYF (£3,050 GBP) and from MDS Healthcare (£20,628 GBP) for fresh meat distribution. EMA also received a one-off donation of \$15,000 USD by Choose Love to cover medical cases in the spring of 2024.

We have also successfully raised funds through individual giving (through PayPal) and crowdfunding (GoFundMe) to support EMAs services and aid and relief projects. We were given a number of cash donations directly in Lebanon by visiting partners, visitors, journalists and other individuals or groups connected to EMA.

Statement explaining the policy for holding reserves stating why they are held

At the end of the reported year, on May 31, 2024, a reserve of £47,170 was held. Reserves are held by EMA to support the expenses and running costs of the organisation during transitional periods due to incremental periods of funds.

Investment policy and objectives including any social investment policy adopted

EMA does not have investments of any kind in this period. EMA will review the Investment policy as and when required.

Risk Management

Due to the unstable political and socio-economic situation in Lebanon in general, and in the Bekaa Valley specifically, the context we work in poses several risks and uncertainties to our daily work. As a

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

grassroots NGO in Lebanon, in particular a refugee-led NGO, some specific risks have increased during the year:

- 1) Due to the ongoing and deepening economic crisis in Lebanon, along with the Syrian refugee communities, we are seeing more of the local Lebanese communities also accessing the EMA healthcare services. This has meant the volume of service users has again grown in the last year whilst the team capacity and monthly budgets have remained the same. We keep being creative in how we manage patient care and providing medications for those in real need, often sharing medication across an entire family.
- 2) The economic crisis still greatly affects how we operate, with government subsidies on several sectors including pharmaceuticals, healthcare, fuel and food no longer supported. This again led to phenomenal price increases. The vulnerable communities which we serve struggle with food security and paying for even the basic healthcare.
- 3) Rising xenophobia and racism against the Syrian community has led to rising fear within the refugee communities and there are stricter rules on working in the camps. This has often made it more challenging to run our day-to-day activities, especially from the start of 2023 when governmental restrictions were imposed on working in the camps. We needed to change our approach as we weren't able to obtain the permissions and saw a huge health risk for our communities if we would cease to continue our health services. Additionally, in the spring months of 2024, again, safety threats for Syrian refugees impacted our team and wider network, as violent raids, checkpoints and deportations happened on a daily basis. Thanks to our professional team and strong relationships, we were able to continue working, ensuring safety first for all of our team, along with the support of influential Lebanese partners and leaders within our operating community.
- 4) From October 2023, when the war on Gaza broke out, the tensions in the region have risen considerably. With daily attacks in the South of Lebanon and an ever-present threat of war in other parts of Lebanon as well, our team and communities are under constant pressure. As a team, we are focused on each other's wellbeing in stressful times and committed to our duty to serve our communities as best we can. This also means that we maintain our readiness for emergency response when needed.

The Lebanese context is ever changing and extremely dynamic however we have worked tirelessly with our existing resources and collaboratively with all our partners to ensure we are meeting the healthcare needs of the local communities. Although most risks, such as the uncertainties mentioned above as well as operational risks are external factors out of our control, we have adopted several policies and procedures to mitigate risks as much as possible.

Plans for the future

From our evaluation and strategic planning, we will largely continue to work with the same core programmes and activities while also adding new activities. Through the evaluation process, we identified the following priorities for the coming year:

- a) Resume and continue our primary health service through the Mobile Medical Units (dependant on ongoing restrictions)
 - b) Train skilled medical professionals to be focal points for triage and basic medical care, to complement the provision of care through the MMU's
-

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 01 June 2023 to 31 May 2024

- c) Set up monthly, condition specific missions as a way to reach the community and their most urgent needs
- d) Provide mobile physiotherapy again to reach those most in need, to reach a larger group and with a focus on long term interventions improving quality of lives
- e) Continue dental care
- f) Set up and run mental health programmes for children and youth, through music and sports activities
- g) Develop a Monitoring, Evaluation, Accountability and Learning tool

EMA will pursue sourcing funds from subject grants to support the expansion of services with project costs, operational costs, staffing of healthcare professionals and growth of the organisation to meet our long term goals. In May 2024 we were already able to confirm future funds to support organisational strengthening and to start a mental health programme.

We will continue to learn from our work, and maintain a bottom up approach to ensure all our work is community-led and community driven. We hope to maintain flexibility and remain visible and active within the community in light of the ever changing operating environment in Lebanon.

We will continue to gather insight from our beneficiaries, partners and staff to understand how we can improve and develop our operations, continuing to evaluate and monitor the impact we are having to ensure they are at the core of everything we aim to achieve. By reviewing milestones and final outcomes of our projects, we hope to build systematic practices dedicated to the assessment of EMA's overall performance and achievement of our short and long term aims.

The trustees' annual report was approved on 16 October 2024 and signed on behalf of the Board of Trustees by:



Ms A Patel
Trustee

Endless Medical Advantage

Independent Examiner's Report to the Trustees of Endless Medical Advantage

Period from 01 June 2023 to 31 May 2024

I report to the trustees on my examination of the financial statements of Endless Medical Advantage ('the charity') for the period ended 31 May 2024.

Responsibilities and basis of report

As the trustees of the charity, you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

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

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

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

A handwritten signature in black ink that reads "SAMARA + CO" with a stylized flourish underneath.

Independent Examiner

511 Kenton Lane
Harrow
Middlesex
HA3 JW

16 October 2024

Endless Medical Advantage

Statement of Financial Activities

Period from 01 June 2023 to 31 May 2024

		2024		2023
	Note	Unrestricted funds £	Total funds £	Total funds £
Income and endowments				
Donations	4	183,290	183,290	245,269
Total income		<u>183,290</u>	<u>183,290</u>	<u>245,269</u>
Expenditure				
Expenditure on charitable activities	5,6	163,686	163,686	232,256
Total expenditure		<u>163,686</u>	<u>163,686</u>	<u>232,256</u>
		————	————	————
Net income/(expenditure) and net movement in funds		<u>19,604</u>	<u>19,604</u>	<u>13,013</u>
Reconciliation of funds				
Total funds brought forward		27,566	27,566	14,553
Total funds carried forward		<u>47,170</u>	<u>47,170</u>	<u>27,566</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 15 to 21 form part of these financial statements.

Endless Medical Advantage

Statement of Financial Position

Period from 01 June 2023 to 31 May 2024

	Note	2024 £	2023 £
Fixed assets			
Tangible fixed assets	11	5,064	10,130
Current assets			
Cash at bank and in hand		64,173	18,936
Creditors: amounts falling due within one year	12	22,067	1,500
Net current liabilities		<u>42,106</u>	<u>17,436</u>
Total assets less current liabilities		<u>47,170</u>	<u>27,566</u>
Net assets		<u>47,170</u>	<u>27,566</u>
Funds of the charity			
Unrestricted funds		47,170	27,566
Total charity funds	13	<u>47,170</u>	<u>27,566</u>

These financial statements were approved by the board of trustees and authorised for issue on 07 October 2024, and are signed on behalf of the board by:



Ms A Patel
Trustee

The notes on pages 15 to 21 form part of these financial statements.

Endless Medical Advantage

Statement of Cash Flows

Period from 01 June 2023 to 31 May 2024

	2024	2023
	£	£
Cash flows from operating activities		
Net income	19,604	13,013
<i>Adjustments for:</i>		
Depreciation of tangible fixed assets	5,066	5,065
Accrued expenses	75	60
<i>Changes in:</i>		
Trade and other creditors	<u>20,492</u>	<u>-</u>
Cash generated from operations	<u>45,237</u>	<u>18,138</u>
Net cash from operating activities	<u>45,237</u>	<u>18,138</u>
Cash flows from investing activities		
Purchase of tangible assets	-	-
Net cash used in investing activities	-	-
Net increase in cash and cash equivalents	45,237	18,138
Cash and cash equivalents at beginning of year	<u>18,936</u>	<u>798</u>
Cash and cash equivalents at end of year	<u>64,173</u>	<u>18,936</u>

The notes on pages 15 to 21 form part of these financial statements.

Endless Medical Advantage

Notes to the Financial Statements

Year ended 31 May 2024

1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 53 Kings Road, London, E11 1AU.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the 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) (Charities SORP (FRS 102)) and the Charities Act 2011.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal and fall into one of two sub-classes: restricted income funds or endowment funds.

Endless Medical Advantage

Notes to the Financial Statements

Year ended 31 May 2024

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable, and its amount can be measured reliably.
- legacy income is recognised when receipt is probable, and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2023 to 31 May 2024

3. Accounting policies *(continued)*

Tangible assets *(continued)*

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Plant and machinery	-	25% straight line
Equipment	-	25% straight line

Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Financial instruments

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Year ended 31 May 2024

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

4. Donations

	Unrestricted Funds £	Total Funds 2024 £
Donations		
Charitable Donations	183,290	183,290

	Unrestricted Funds £	Total Funds 2023 £
Donations		
Charitable Donations	245,269	245,269

5. Expenditure on charitable activities

	Unrestricted Funds £	Total Funds 2024 £
Charitable Activity	156,890	156,890
Support costs	6,796	6,796
	<u>163,686</u>	<u>163,686</u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2023 to 31 May 2024

	Unrestricted Funds £	Total Funds 2023 £
Charitable Activity	225,419	225,419
Support costs	6,837	6,837
	<u>232,256</u>	<u>232,256</u>

6. Expenditure on charitable activities

	Activities undertaken directly £	Support costs £	Total funds 2024 £
Charitable Activity	156,860	–	156,890
Governance costs	–	6,796	6,796
	<u>156,890</u>	<u>6,796</u>	<u>163,686</u>

	Activities undertaken directly £	Support costs £	Total funds 2023 £
Charitable Activity	225,419	–	225,419
Governance costs	–	6,837	6,837
	<u>225,419</u>	<u>6,837</u>	<u>232,256</u>

7. Net income

Net income is stated after charging/(crediting):

	2024 £	2023 £
Depreciation of tangible fixed assets	<u>5,066</u>	<u>5,065</u>

8. Independent examination fees

	2024 £	2023 £
Fees payable to the independent examiner for:		
Independent examination of the financial statements	<u>1,575</u>	<u>1,500</u>

9. Staff costs

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2023 to 31 May 2024

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2024	2023
	£	£
Wages and salaries and social security costs	<u>73,579</u>	<u>102,012</u>

The average head count of employees during the period was 7 (2023: 10).

No employee received employee benefits of more than £60,000 during the year (2023: Nil).

10. Trustee remuneration and expenses

No Trustees were remunerated and/or had expenses incurred on their behalf or re-imbursed to them.

11. Tangible fixed assets

	Plant and machinery £	Equipment £	Total £
Cost			
At 31 May 2023	15,815	4,446	20,261
Additions	<u>—</u>	<u>—</u>	<u>—</u>
At 31 May 2024	<u>15,815</u>	<u>4,446</u>	<u>20,261</u>
Depreciation			
At 31 May 2023	7,908	2,223	10,131
Charge for the period	<u>3,954</u>	<u>1,112</u>	<u>5,066</u>
At 31 May 2024	<u>11,862</u>	<u>3,335</u>	<u>15,197</u>
Carrying amount			
At 31 May 2024	<u>3,953</u>	<u>1,111</u>	<u>5,064</u>
At 31 May 2023	<u>7,907</u>	<u>2,223</u>	<u>10,130</u>

12. Creditors: amounts falling due within one year

	2024	2023
	£	£
Accruals and deferred income	1,575	1,500
Other creditors	<u>20,492</u>	<u>—</u>
	<u>22,067</u>	<u>1,500</u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 01 June 2023 to 31 May 2024

13. Analysis of charitable funds Unrestricted funds

	At 01 June 2023	Income	Expenditure	At 31 May 2024
	£	£	£	£
General funds	<u>27,566</u>	<u>183,290</u>	<u>(163,686)</u>	<u>47,170</u>

	At 1 May 2022	Income	Expenditure	At 31 May 2023
	£	£	£	£
General funds	<u>14,553</u>	<u>245,269</u>	<u>(232,256)</u>	<u>27,566</u>

14. Analysis of changes in net debt

	At 01 June 2023	Cash flows	At 31 May 2024
	£	£	£
Cash at bank and in hand	<u>18,936</u>	<u>45,237</u>	<u>64,173</u>

ENDLESS MEDICAL ADVANTAGE

England & Wales - Charity number 1194717

Accounts

Endless Medical Advantage
Unaudited Financial Statements
31 May 2023



SAMARA & CO
Chartered accountant
511 Kenton Lane
Harrow
Middlesex
HA3 JW

Endless Medical Advantage

Financial Statements

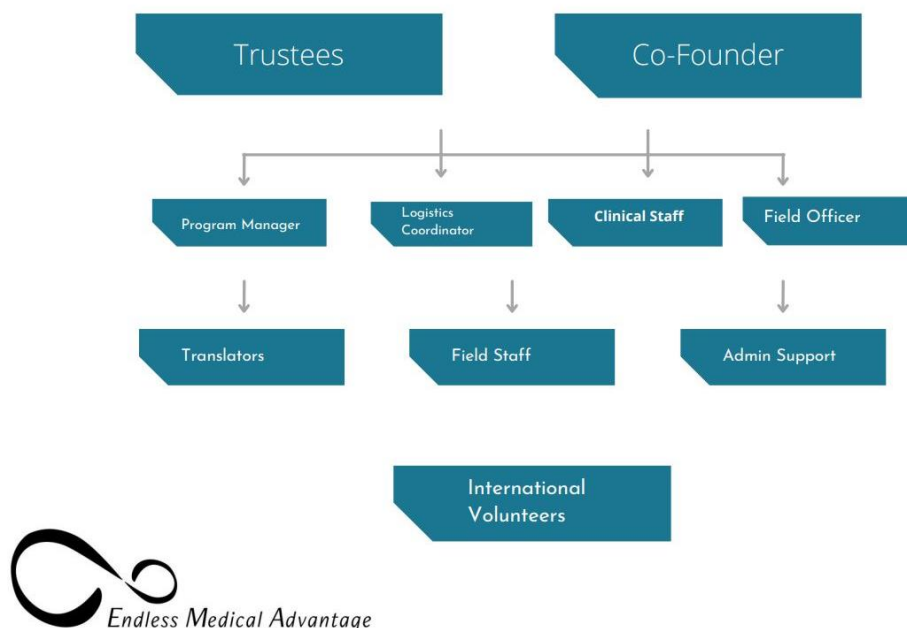
Period from 31 May 2022 to 31 May 2023

	Page
Trustees' annual report	1
Independent examiner's report to the trustees	11
Statement of financial activities	12
Statement of financial position	13
Statement of cash flows	14
Notes to the financial statements	15

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023



In order for Endless Medical Advantage (EMA) to achieve and maintain ethical delivery of services as well as ethical workplace management, we have developed several policies and are guided by them in practice to mitigate such issues.

All paid staff and volunteers undergo a recruitment process and they must all provide an up to date criminal record check (or equivalent) to ensure they meet our safeguarding standards. Furthermore, we maintain accountability as a service delivery provider and humanitarian actor by working collaboratively with other grassroots organisations and refugee-led initiatives in the local area whom we continue to learn from and allow us to work ethically in a dynamically changing environment.

We work with a community-based approach which promotes an ethical service delivery structure. Our services are delivered for the community, by the community whereby the team is sensitive to the needs of the communities and beneficiaries, having lived experience, cultural awareness and strong understanding of the needs of those who have been marginalised. We have developed strong communication strategies within the core team to ensure best practice is achieved and key behaviours are managed to remain aligned with EMA ethos.

There is a strong collaborative network of organisations, both regional and national, of which we are a part of to contribute to positive systemic shifts in refugee response. As a refugee-led organisation (RLO), working in the hearts of these communities, we are able to gain insight and understanding that is often missed by larger NGO/INGOs who are not as community-led. Our co-founder and medical director is a leader in his community and a part of this network which has given him a platform to show what the true needs are. We have an ear to the ground for big NGOs like UNHCR and we are thus able to give them insights they can't otherwise gain. In this way, we are able to support advocacy for refugees in particular to healthcare and represent a much needed voice for the people.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

Objectives and activities

EMA is a refugee-led organisation in Lebanon. Our mission is to support Syrian and Lebanese medical professionals in providing sustainable healthcare services and humanitarian relief to refugees and vulnerable communities in Lebanon. Together with the communities we serve, we aim to contribute to health and well-being by providing the best care to every patient. Lebanon currently hosts almost 2 million Syrian refugees, the highest number of refugees per capita in the world. Many have little or no access to affordable healthcare and are living in remote and isolated areas of the Bekaa valley. For thousands of families, we are the only way for them to access free healthcare given by community-based medical professionals. Over the past years, much of the Lebanese host community are also living increasingly below the poverty line, unable to afford the cost of basic healthcare. EMA provides healthcare for anyone regardless of background.

As our organisation is a key source of healthcare for the community, we aim to keep building our movement by implementing integrated clinical practice with the main activities run through healthcare mobile clinics, a fixed polyclinic, dental clinic and physiotherapy programme. In doing so, we aim for sustainable improvements in healthcare in Lebanon. Furthermore, EMA commits to providing aid and relief to those living in poverty and affected by the challenging economic conditions of Lebanon. In emergencies, such as a storm or fire, we aim to be on the ground quickly, providing healthcare and supporting in the aftermath of such events by providing physical aid such as food and blankets. As EMA is growing, we are able to increasingly offer holistic healthcare to the vulnerable communities in the Bekaa Valley.

EMA's objectives are

- To create a sustainable, community-led infrastructure by sharing skills and materials to refugees to reduce the health crisis in Lebanon and help save lives. We do this by creating physical clinics run by refugees, providing long term sustainable healthcare solutions for all
- To improve the quality of life with provision of health services that are the most needed in the community, aiming to fill the essential gaps left by the host country and larger NGOs
- To lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources
- To improve the provision of dental healthcare for the most vulnerable in Lebanon
- To improve the provision of healthcare for people with disabilities and increase their awareness and knowledge in managing such conditions
- To support advocacy for refugees in particular to healthcare and represent a much needed voice for the people
- To manage prevention and control of epidemic outbreaks through all our healthcare activities and education

Specific objectives for 2022-2023

- Expand the number of mobile medical units (MMUs)
- Expand to more areas across the region
- Enable fully subsidised dental treatments for all patients, not just emergencies, by expanding with a second dental chair
- Develop our pilot physiotherapy programme with both short term and long term interventions for those with severe physical disabilities
- Produce a comprehensive health education programme/health promotion for refugee communities living in informal settlements as well as local schools in our target areas

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

Activities

During the reported period, EMA operated in Central and West Bekaa in Lebanon, primarily in the towns of Al Marj, Taalabaya and Saadnayel. These areas are home to Lebanese families and Syrian refugees. The needs of the local population have continued to grow in 2022 and 2023, without relief support provided by the collapsed government, as families face additional challenges fuelled by economic collapse, mass unemployment, ever present political tension and increasing threats as a result of racism against the Syrian refugee population. These social, economical and health crises have all been happening at the same time and continue to worsen, making our work still desperately required.

From June 2022 to May 2023, EMA's main charitable activities were:

1) **Mobile Medical Units (MMUs)**

Until December 2022 we visited 50 settlements each month, reaching up to 52,000 individuals, many of whom are children. With our two fully equipped vans, each camp was visited every ten to fourteen days. With our unique EMA way of working we were able to continue reaching the refugee and vulnerable communities where they are, which saves people the cost of transportation to a Primary Health Centre (PHC), a cost burden many are unable to bear. We support the long term sustainable living for the communities, by providing not just one-off healthcare, but visits to all of our locations twice a month - to provide follow up where necessary.

Our mobile service is still unique in this geographical area: no other health clinic is mobile. However, from the start of 2023 there was an important change in our operating environment, as new restrictions to work in the camps were imposed by the Lebanese government and general security forces. This required all NGOs working in the settlements to seek new permissions from various ministries including the Ministry of Public Health and the Ministry of Social Affairs. This was a long and arduous process and EMA did not obtain these permissions before the end of the reported year. Whilst we awaited our paperwork, working in the mobile clinics was not possible. We therefore had to find an alternate solution to reach the people most in need of affordable healthcare. This is why we accelerated the establishment of a fixed polyclinic.

2) **Polyclinic**

In February 2023, we established our first fixed polyclinic. We initially created this clinic to ensure our activities could continue during the ongoing restrictions to enter the camps with our mobile medical clinics.

The polyclinic is also part of our long term vision to provide holistic healthcare and be able to follow up and provide our patients with affordable specialist healthcare. Following the restrictions on our mobile service, we established the fixed clinic sooner than planned, in order to remain visible to our communities and secure their access to affordable healthcare.

For the polyclinic we partnered with a local Lebanese NGO, INMAA. We started off by implementing our operating model we've been developing with our mobile service over the last years, and then were able to develop the polyclinic by bringing in specialists. We engaged local specialists based on the needs in our communities. During the first months of operations, we built our team of specialists, offering consultations at affordable rates including OB-GYN, endocrinology, orthopaedics and urology.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

Our mobile clinics and polyclinic offer triage, assessment and treatment for primary health patients and to anyone in need, regardless of race, gender, ethnicity, age. Medications are also provided upon treatment to reduce the burden of additional costs. If patients need further investigation, we have now limited capacity to follow up at our own polyclinic. Additionally we still maintain excellent relationships with local laboratories and hospitals which offer EMA patients a subsidised or discounted cost for tests and treatments.

3) Dental Clinic

Following the initial success of our first dental chair, we opened a second dental chair in December 2022 to meet the demands of the community. We now offer all dental treatments next to emergency dental care.

Our dental clinic is self-sustaining, while still offering heavily subsidised treatments. With our unique EMA approach, we are setting an example and an inspiring precedent for affordable dental care in Lebanon. At our dental clinic we receive patients from all population groups such as Syrians, Lebanese, Palestinians, as well as migrant workers. People come from afar, not just the Bekaa region, but spanning other regions of Lebanon as well.

4) Physiotherapy

After the successful physiotherapy pilot, which ended in July 2022, we were able to establish a fully equipped small physiotherapy centre immediately after. Physiotherapy is now part of our core services, with free sessions available to all population groups. Our physiotherapist provides short and long term treatment plans, along with education and support for families.

The long term toll of war, poor health infrastructure and poor living conditions results in a higher rate of disability in the Syrian refugee population. In the physiotherapy clinic, we see several patients with neurological problems such as cerebral palsy, hemiplegia, tetraplegia, paraplegia and spina bifida. Other problems that are commonly treated and prevalent in the community are rheumatological problems, muscle dystrophy and traumatic conditions.

Our physiotherapy programme enhances disability inclusion and contributes to communities in which disabled people can participate in a meaningful way and reach their full potential.

5) Aid & Relief

Food insecurity kept reaching new staggering levels over the last year, as disposable income became problematic for more and more people in Lebanon. This was worsened by the dollarisation of the economy, rising cost of living and ongoing devaluation of the currency with rising inflation as a result. In addition, most of the refugee population living in camps have been facing a lack of access to NGOs and our services and resources, due to the restrictions for NGOs to work in the camps imposed by the Lebanese government. Along with the anti refugee campaign fueled by the Lebanese government, the living conditions for Syrian refugees became even more uncertain with forced arrests, raids and curfews. During Ramadan (April 2023) we were once again able to lift the burden of food insecurity. Similar to the last years, we distributed food parcels to support 1,200 families throughout the month.

6) Financial Assistance

We continued supporting individuals for financial aid and medical bills, helping more than 200 individuals throughout the year with a combination of full and partial payments for treatments such as chemotherapy, kidney dialysis, surgery, MRI, biopsies, X-rays, emergency surgeries, ICU admission and more - as well as basic blood and urine analysis.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

For those patients, we have been able to diagnose cancer early, to diagnose other internal conditions and also support life saving treatments such as chemotherapy and kidney dialysis.

Next to medical cases, we supported a number of families with rent relief, covering their rent fees for a certain amount of time. Throughout the year we helped 105 families.

7) Health Education & Awareness

Until November 2022 we continued our awareness sessions about fact checking and rumours around health concerns and infectious diseases. This programme started with COVID-19 and continued to prove important as outbreaks of cholera and monkeypox emerged.

During the sessions, participants gained basic insight and understanding of infectious diseases and learned about prevention in an empowering way. During the entire programme from March until November 2022, 178 group sessions were completed. These sessions were a combination of listening groups, focus group discussions and awareness sessions. In total more than 1,500 participants have been involved in these activities.

Contribution made by volunteers

Additional capacity to the core team is provided by international medical healthcare professionals who are a consistent component of EMAs activities. A steady stream of international medical volunteers composed of doctors, nurses and medical students who joined us on the ground throughout the year assisted with clinical activities, health education and organisational support. They dedicate their time, bringing with them their own skills, experiences and knowledge to share with the EMA community, helping us to impact and improve the lives of thousands of individuals. On average EMA hosts one or two international medical volunteers per month throughout the year. During the reported year we hosted twenty volunteers in total. Their experience and knowledge are diverse, allowing us to reach more people and share specialist knowledge.

Achievements and performance

During the reported year, EMA provided an affordable solution to primary healthcare for vulnerable, displaced and disadvantaged communities. The camps where EMA operates are some of the most isolated and remote in relation to access to governmental clinics and hospitals. There are large numbers of people living in remote areas, often along poor roads with no access to traditional public transport. With data and evidence from local municipalities, we are able to identify those individuals and families most in need of health, aid and relief services. With the support of a local Lebanese healthcare clinic and NGO, our refugee leaders are informed of the most rural and remote areas where communities struggle to access and afford healthcare. Over the years we have seen the general health in the camps we visited improve. With follow ups and referrals for further investigative testing, which often we support financially, we have noticed that the overall healthcare for the communities has increased.

Since we were forced to partially and temporarily change our mode of operation, due to the restrictions on working in the camps with our mobile clinics, we closely monitored if and how this impacted our patients. Thanks to our strong relations with communities in the camps, people soon were able to seek our primary healthcare at the newly established polyclinic which is situated in a central area, easy to reach for the majority of our patients.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

Beneficiaries in numbers (June 2022 - May 2023)	
18,129	patients treated in the mobile clinics and polyclinic combined
12,243	patients treated in the dental clinic
350	patients treated in our physiotherapy programme
7,500	individuals supported with a food package (1,200 families)
210	individual medical cases supported for often life saving treatment
105	families supported with livelihood support (rent relief) throughout the year
12,864	individuals supported with winterisation goods such as fuel, wood, blankets etc (2,144 families)

Moreover, we supported various disaster responses:

- During the storms in January 2023, several camps got flooded. We were called by another NGO to support emergency response by providing health checks and medications for the evacuated community. We were able to check and support the most vulnerable, many were babies or young children suffering from the cold weather and bad living conditions.
- We were also able to support winterisation for the most vulnerable families, by distributing wood and fuel for heating purposes, mattresses, blankets and tent covers (tarpaulins) during the wet and cold months. 2,144 families (approximately 12,864 individuals) benefited from our winterisation campaign.

Monitoring achievement

In spite of the restrictions and extremely challenging circumstances, we have again met our expectations for the reported year. However we also had to be flexible and adapt some of our ambitions as they didn't suit the developments and wouldn't have been as beneficial. As restrictions to work in the camps with our mobile clinics turned out to be an ongoing challenge, we had to decide not to expand the number of our mobile medical units. Due to this we were also not able to expand to more areas across the region, as our mobile services were put to a halt for the time being.

Meanwhile we were able to meet our goal to offer fully subsidised dental treatments for all patients, not just emergencies, by expanding with a second dental chair. The second dental chair has been running successfully from December 2022, reaching our objective in the now self-sustaining dental clinic.

Together with the establishment of our fixed polyclinic, we also created the space and opportunity for our physiotherapist to develop the physiotherapy programme with both short term and long term interventions for those with severe physical disabilities. In a fully equipped room, our physiotherapy is now growing and a core activity known within the wider community, improving the quality of life for people with disabilities and their families.

The establishment of the fixed polyclinic also meant an important step for one of our long term objectives to lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources. As

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

a small organisation, we are doing exactly this, showing how to maximise impact under challenging circumstances by partnering and leading the polyclinic with our effective way of working.

Another objective for the year was to further develop a comprehensive health education programme, following the success of the awareness session that ran until November 2022. However, due to the mentioned challenging environment from the start of 2023, we were unable to produce such a comprehensive health education programme yet, as an important part of our efforts and energy were put towards establishing the polyclinic. However, we adapted and partnered with Jigsaw Charity in an awareness campaign aimed to improve girl's and women's health. We contributed to awareness sessions and health checks, supporting public health and health education for the most vulnerable communities. The further development of a comprehensive health education programme for refugee communities living in informal settlements as well as local schools will remain a goal for the next reporting period.

Although our work on the ground grew steadily during the reported year, we weren't able to achieve registration as a charity in Lebanon. This is one of the challenges we face especially as a refugee-led NGO in Lebanon. Registration and the opening of official bank accounts became even more challenging, if not impossible, following the collapse of the central bank in 2021, the deepening socio-economic crisis and the turbulent political climate. Over the course of 2022 and 2023 the situation for Syrians became dire even more so, not allowing us to pursue registration during the reporting period. This remains a goal for the next reporting period.

Financial Review

EMA relies entirely on funds both sourced from public as well as private donors, along with individual donors through PayPal and crowdfunding. Over the reported year, the total income was £245,269 with an expenditure of £232,256. Surplus for the year was £13,013 and reserves carried forward is £27,566.

The charity is incorporated and has actively been fundraising, the charity is being Independently Examined.

EMA's principal sources of funds

Previous to the reporting period, EMA had already secured funding by Internews Network for a nine month research and outreach project around COVID-19 misinformation and rumours. This project started before the reporting period and ended in November 2022 (grant of \$58,000 USD in total).

From January 2023, EMA again secured funding for a six month project by the specifically created Refugee Led Organisation (RLO) fund, Funders for Refugee Leadership in Lebanon (FRL) led by a consortium of these organisations: Robert Bosch Stiftung GmbH, Choose Love Inc., Global Whole Being Fund, Open Society Foundations and Rockefeller Brothers Fund. In the accounts it can be identified under the label Choose Love Inc. Phase 2 (following Phase 1 prior to the reported year) of this grant included \$100,000 USD and supported the mobile clinic activities, physiotherapy services and financial assistance for more complex health treatments in hospital settings.

Furthermore, EMA received several unrestricted funds from LUSH charity pot (£7,500 GBP), Cultures of Resistance Network (\$5,000 USD), Caramella Pignatelli Foundation (£2,500 GBP) and Jigsaw Charity (£15,000 GBP) to support the polyclinic and additional medical supplies for all activities.

In addition, EMA received a private donation for the food security project during Ramadan from MDS healthcare for £24,380 GBP, and a one off donation of \$30,000 USD by the CRLM Consortium for the winterisation project.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

We have also successfully raised funds through individual giving (through PayPal) and crowdfunding (GoFundMe) to support EMAs services and aid and relief projects. We were given a number of cash donations directly in Lebanon by visiting partners, visitors, journalists and other individuals or groups connected to EMA.

Statement explaining the policy for holding reserves stating why they are held

At the end of the reported year, on May 31 2023, a reserve of £27,566 was held. Reserves are held by EMA to support the expenses and running costs of the organisation during transitional periods due to incremental periods of funds.

Investment policy and objectives including any social investment policy adopted

EMA does not have investments of any kind in this period. EMA will review the Investment policy as and when required.

Risk Management

Due to the unstable political and socio-economic situation in Lebanon in general, and in the Bekaa Valley specifically, the context we work in poses several risks and uncertainties to our daily work. As a grassroots NGO in Lebanon, in particular a refugee-led NGO, some specific risks have increased during the year:

- 1) Due to the ongoing and deepening economic crisis in Lebanon, along with the Syrian refugee communities, we are seeing more of the local Lebanese communities also accessing the EMA healthcare services. This has meant the volume of service users has again grown in the last year whilst the team capacity and monthly budgets have remained the same. We keep being creative in how we manage patient care and providing medications for those in real need, often sharing medication across an entire family.
- 2) The economic crisis still greatly affects how we operate, with government subsidies on several sectors including pharmaceuticals, healthcare, fuel and food no longer supported. This again led to phenomenal price increases. The vulnerable communities which we serve struggle with food security and paying for even the basic healthcare.
- 3) Rising xenophobia and racism against the Syrian community has led to rising fear within the refugee communities and there are stricter rules on working in the camps. This has often made it more challenging to run our day to day activities, especially from the start of 2023 when governmental restrictions were imposed on working in the camps. We needed to change our approach as we weren't able to obtain the permissions and saw a huge health risk for our communities if we would cease to continue our health services. Additionally, in the Spring months of 2023, the safety threats for Syrian refugees also impacted our team and wider network, as violent raids, checkpoints and deportations happened on a daily basis. Thanks to our professional team and strong relationships, we were able to continue working, ensuring safety first for all of our team, along with the support of influential Lebanese partners and leaders within our operating community.

The Lebanese context is ever changing and extremely dynamic however we have worked tirelessly with our existing resources and collaboratively with all our partners to ensure we are meeting the healthcare needs of the local communities. Although most risks, such as the uncertainties mentioned above as well as operational risks are external factors out of our control, we have adopted several policies and procedures to mitigate risks as much as possible.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 31 May 2022 to 31 May 2023

Plans for the future

As we look forward, our general objectives remain intact. For the future of our activities and our organisation, we plan to build capacity within the team and our operations with the aim of changing the face of healthcare for refugees and vulnerable communities in Lebanon. We plan to continue learning from our work, and maintain a bottom up approach to ensure all our work is community-led and community driven. We hope to maintain flexibility and remain visible and active within the community in light of the ever changing operating environment in Lebanon.

We anticipate the following in the next 12 months:

- a) Expand the polyclinic with more specialties based on the needs in our communities, such as cardiology, dermatology
- b) Make laboratory services accessible to our patients, by offering these in house at affordable prices in our polyclinic and to ensure a holistic, all rounded patient centred approach for our beneficiaries
- c) Offer vaccinations for the childhood immunisation programme, free of charge for all children, supported by the Ministry of Public Health in Lebanon
- d) Expand the dental clinic to cover a larger geographical area, by opening a third dental chair
- e) Expand the physiotherapy service into a fully fledged centre (with more equipment and resources) to serve the greater population needs, and expand the reach of our physiotherapy programme to new geographical areas
- f) Produce a comprehensive health education programme for the refugee communities as well as local schools in our target areas. Topics will include: Dental hygiene, Infectious disease prevention, Pregnancy, Breastfeeding and would be mothers, Female hygiene, First aid, Nursing skills and Lifestyle & nutrition.

EMA will pursue sourcing funds from subject grants to support the expansion of services with project costs, operational costs, staffing of healthcare professionals and growth of the organisation to meet our long term goals.

We will continue to gather insight from our beneficiaries, partners and staff to understand how we can improve and develop our operations, continuing to evaluate and monitor the impact we are having to ensure they are at the core of everything we aim to achieve. By reviewing milestones and final outcomes of our projects, we hope to build systematic practices dedicated to the assessment of EMA's overall performance and achievement of our short and long term aims.

The trustees' annual report was approved on 26 January 2024 and signed on behalf of the board of trustees by:



Ms A Patel
Trustee

Endless Medical Advantage

Independent Examiner's Report to the Trustees of Endless Medical Advantage

Period from 31 May 2022 to 31 May 2023

I report to the trustees on my examination of the financial statements of Endless Medical Advantage ('the charity') for the period ended 31 May 2023.

Responsibilities and basis of report

As the trustees of the charity you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

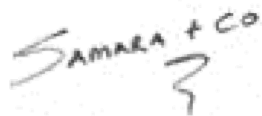
I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

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

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

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



Independent Examiner

511 Kenton Lane
Harrow
Middlesex
HA3 JW

26 January 2024

Endless Medical Advantage

Statement of Financial Activities

Period from 31 May 2022 to 31 May 2023

		2023		2022
	Note	Unrestricted funds £	Total funds £	Total funds £
Income and endowments				
Donations	4	245,269	245,269	169,419
Total income		<u>245,269</u>	<u>245,269</u>	<u>169,419</u>
Expenditure				
Expenditure on charitable activities	5,6	232,256	232,256	154,866
Total expenditure		<u>232,256</u>	<u>232,256</u>	<u>154,866</u>
		—	—	—
Net income/(expenditure) and net movement in funds		<u>13,013</u>	<u>13,013</u>	<u>14,553</u>
Reconciliation of funds				
Total funds brought forward		14,553	14,553	—
Total funds carried forward		<u>27,566</u>	<u>27,566</u>	<u>14,553</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 15 to 21 form part of these financial statements.

Endless Medical Advantage

Statement of Financial Position

Period from 31 May 2022 to 31 May 2023

	Note	2023 £	2022 £
Fixed assets			
Tangible fixed assets	11	10,130	15,195
Current assets			
Cash at bank and in hand		18,936	798
Creditors: amounts falling due within one year	12	1,500	1,440
Net current liabilities		<u>17,436</u>	<u>642</u>
Total assets less current liabilities		<u>27,566</u>	<u>14,553</u>
Net assets		<u>27,566</u>	<u>14,553</u>
Funds of the charity			
Unrestricted funds		27,566	14,553
Total charity funds	13	<u>27,566</u>	<u>14,553</u>

These financial statements were approved by the board of trustees and authorised for issue on 26 January 2024, and are signed on behalf of the board by:



Ms A Patel
Trustee

The notes on pages 15 to 21 form part of these financial statements.

Endless Medical Advantage

Statement of Cash Flows

Period from 31 May 2022 to 31 May 2023

	2023	2022
	£	£
Cash flows from operating activities		
Net income	13,013	14,553
<i>Adjustments for:</i>		
Depreciation of tangible fixed assets	5,066	5,066
Accrued expenses	<u>60</u>	<u>1,440</u>
Cash generated from operations	<u>18,138</u>	<u>21,059</u>
Net cash from operating activities	<u><u>18,138</u></u>	<u><u>21,059</u></u>
Cash flows from investing activities		
Purchase of tangible assets	—	<u>(20,261)</u>
Net cash used in investing activities	—	<u>(20,261)</u>
Net increase in cash and cash equivalents	18,138	798
Cash and cash equivalents at beginning of year	<u>798</u>	<u>—</u>
Cash and cash equivalents at end of year	<u><u>18,936</u></u>	<u><u>798</u></u>

The notes on pages 15 to 21 form part of these financial statements.

Endless Medical Advantage

Notes to the Financial Statements

Year ended 31 May 2023

1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 53 Kings Road, London, E11 1AU.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the 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) (Charities SORP (FRS 102)) and the Charities Act 2011.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal, and fall into one of two sub-classes: restricted income funds or endowment funds.

Endless Medical Advantage

Notes to the Financial Statements

Year ended 31 May 2023

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable and its amount can be measured reliably.
- legacy income is recognised when receipt is probable and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 31 May 2022 to 31 May 2023

3. Accounting policies *(continued)*

Tangible assets *(continued)*

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Plant and machinery	-	25% straight line
Equipment	-	25% straight line

Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Financial instruments

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Year ended 31 May 2023

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

4. Donations

	Unrestricted Funds £	Total Funds 2023 £
Donations		
Charitable Donations	245,269	245,269
	<u> </u>	<u> </u>

	Unrestricted Funds £	Total Funds 2022 £
Donations		
Charitable Donations	169,419	169,419
	<u> </u>	<u> </u>

5. Expenditure on charitable activities

	Unrestricted Funds £	Total Funds 2023 £
Charitable Activity	225,419	225,419
Support costs	6,837	6,837
	<u> </u>	<u> </u>
	232,256	232,256
	<u> </u>	<u> </u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 31 May 2022 to 31 May 2023

	Unrestricted Funds £	Total Funds 2022 £
Charitable Activity	138,312	138,312
Support costs	16,554	16,554
	<u>154,866</u>	<u>154,866</u>

6. Expenditure on charitable activities

	Activities undertaken directly £	Support costs £	Total funds 2023 £
Charitable Activity	225,419	–	225,419
Governance costs	–	6,837	6,837
	<u>225,419</u>	<u>6,837</u>	<u>232,256</u>

	Activities undertaken directly £	Support costs £	Total funds 2022 £
Charitable Activity	138,312	–	138,312
Governance costs	–	16,554	16,554
	<u>138,312</u>	<u>16,554</u>	<u>154,866</u>

7. Net income

Net income is stated after charging/(crediting):

	2023 £	2022 £
Depreciation of tangible fixed assets	<u>5,065</u>	<u>5,066</u>

8. Independent examination fees

	2023 £	2022 £
Fees payable to the independent examiner for:		
Independent examination of the financial statements	<u>1,500</u>	<u>1,200</u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 31 May 2022 to 31 May 2023

9. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2023	2022
	£	£
Wages and salaries and social security costs	102,012	71,483

The average head count of employees during the period was 10 (2022: 7).

No employee received employee benefits of more than £60,000 during the year (2022: Nil).

10. Trustee remuneration and expenses

No Trustees were remunerated and/or had expenses incurred on their behalf or re-imbursed to them.

11. Tangible fixed assets

	Plant and machinery £	Equipment £	Total £
Cost			
At 31 May 2022	15,815	4,446	20,261
Additions	—	—	—
At 31 May 2023	<u>15,815</u>	<u>4,446</u>	<u>20,261</u>
Depreciation			
At 31 May 2022	3,954	1,112	5,066
Charge for the period	3,954	1,112	5,066
At 31 May 2023	<u>7,908</u>	<u>2,224</u>	<u>10,132</u>
Carrying amount			
At 31 May 2023	<u>7,907</u>	<u>2,222</u>	<u>10,129</u>
At 31 May 2022	<u>11,861</u>	<u>3,334</u>	<u>15,195</u>

12. Creditors: amounts falling due within one year

	2023	2022
	£	£
Accruals and deferred income	1,500	1,440

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 31 May 2022 to 31 May 2023

13. Analysis of charitable funds Unrestricted funds

	At 31 May 2022	Income	Expenditure	At 31 May 2023
	£	£	£	£
General funds	14,553	245,269	(232,256)	27,566
		<u> </u>	<u> </u>	<u> </u>
	At 1 May 2021	Income	Expenditure	At 31 May 2022
	£	£	£	£
General funds	–	169,419	(154,866)	14,553
		<u> </u>	<u> </u>	<u> </u>

ENDLESS MEDICAL ADVANTAGE

England & Wales - Charity number 1194717

Accounts

Endless Medical Advantage
Unaudited Financial Statements
30 May 2022



SAMARA & CO
Chartered accountant
511 Kenton Lane
Harrow
Middlesex
HA3 JW

Endless Medical Advantage

Financial Statements

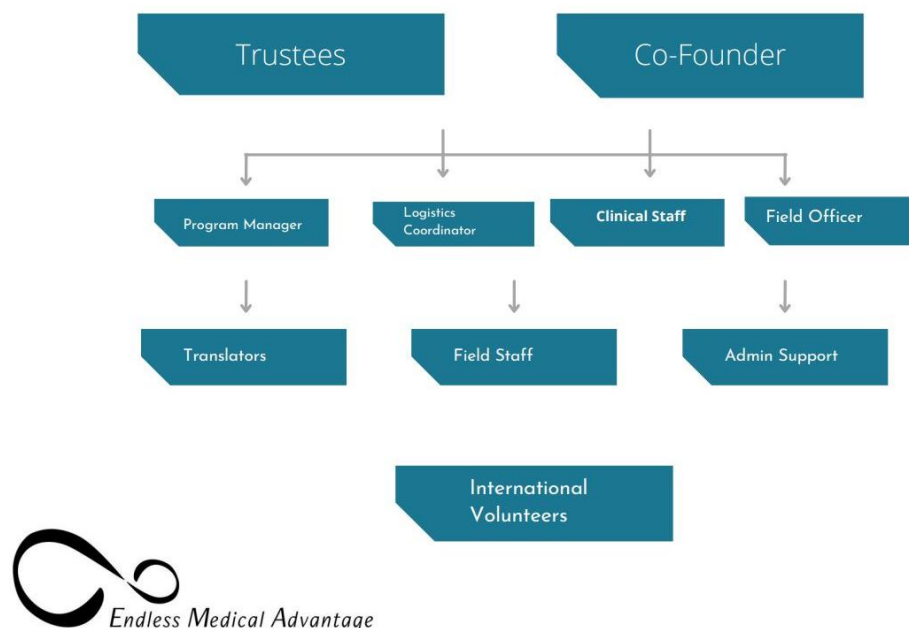
Period from 1 May 2021 to 30 May 2022

	Page
Trustees' annual report	1
Independent examiner's report to the trustees	12
Statement of financial activities	13
Statement of financial position	14
Statement of cash flows	15
Notes to the financial statements	16

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022



In order for EMA to achieve and maintain ethical delivery of services as well as ethical workplace management, we have developed several policies and are guided by them in practice to mitigate such issues.

All paid staff and volunteers undergo a recruitment process and they must all provide an up to date criminal record check (or equivalent) to ensure they meet our safeguarding standards. Furthermore, we maintain accountability as a service delivery provider and humanitarian actor by working collaboratively with other grassroots organisations and refugee-led initiatives in the local area whom we continue to learn from and allow us to work ethically in a dynamically changing environment.

We work with a community-based approach which promotes an ethical service delivery structure. Our services are delivered for the community, by the community whereby the team is sensitive to the needs of the communities and beneficiaries, having lived experience, cultural awareness and strong understanding of the needs of those who have been marginalised. We have developed strong communication strategies within the core team to ensure best practice is achieved and key behaviours are managed to remain aligned with EMA ethos.

Relationship with any related parties

There is a strong collaborative network of organisations, both regional and national, of which we are a part of to contribute to positive systemic shifts in refugee response. As an RLO, working in the hearts of these communities, we are able to gain insight and understanding that is often missed by larger NGO/INGOs who are not as community-led. Our co-founder and medical director is a leader in his community and a part of this network which has given him a platform to show what the true needs are. We have an ear to the ground for big NGOs like UNHCR and we are thus able to give them insights they can't otherwise gain. In this way, we are able to support advocacy for refugees in particular to healthcare and represent a much needed voice for the people.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

We actively participate in the Bekaa Health working group led by UNHCR, providing insight and more importantly, a voice of the community that has been overlooked in this sector. The work that we have done during COVID-19 is helping the collective of organisations in Lebanon learn how to respond during a pandemic and is building a movement of support for refugee-led actors as in emergencies we smaller, local NGOs are often the first to respond.

EMA has built long term collaborations with both Bekaa Youth Association and Nadi al Wahde. Both of these organisations, medical and registered in Lebanon, work as our partners and more importantly fiscal sponsors especially in regards to the transfer of funds for EMA to Lebanon.

Furthermore, we know many of the local NGOs personally who we partner with including SAWA for Aid and Development, The Free Shop, Molham Team and other local groups who they refer camps with medical needs to us that we then assess before adding it to our mobile clinic schedule.

Objectives and activities

Endless Medical Advantage (EMA) was established for the relief of sickness and preservation of good health; the prevention or relief of poverty in the Middle East and North Africa (MENA) and Europe for impoverished and disadvantaged individuals and/or charities and organisations working to relieve poverty by providing healthcare, health promotion and awareness and relief services.

EMA is a refugee-led organisation in Lebanon. Our mission is to support Syrian and Lebanese medical professionals in providing sustainable healthcare services and humanitarian relief to refugees and vulnerable communities in Lebanon. Together with the communities we serve, we aim to contribute to health and well-being by providing the best care to every patient. Lebanon currently hosts almost 2 million Syrian refugees, the highest number of refugees per capita in the world. Many have little or no access to affordable healthcare and are living in remote and isolated areas of the Bekaa valley. For thousands of families, we are the only way for them to access free healthcare given by community-based medical professionals.

As our organisation is a key source of healthcare for the community, we aim to keep building our movement by implementing integrated clinical practice with the main activities run through a healthcare mobile clinic, a dental clinic and a physiotherapy programme. In doing so, we aim for sustainable improvements in healthcare in Lebanon. Furthermore, EMA commits to providing aid and relief to those living in poverty and affected by the challenging economic conditions of Lebanon. In emergencies, such as a storm or fire, we aim to be on the ground quickly, providing healthcare and supporting in the aftermath of such events by providing physical aid such as food and blankets. Since the outbreak of COVID-19, EMA has focussed increasingly on prevention and control of epidemic outbreaks within the community.

During the reported period, we set out with the following objectives:

- a) To create a sustainable, community-led infrastructure by sharing skills and materials to refugees to reduce the health crisis in Lebanon and help save lives. We do this by creating physical clinics run by refugees, providing long term sustainable healthcare solutions for all.
 - b) To improve the quality of life with provision of health services that are the most needed in the community, aiming to fill the essential gaps left by the host country and larger NGOs.
 - c) To lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources.
 - d) To improve the provision of dental healthcare for the most vulnerable in Lebanon.
 - e) To improve the provision of healthcare for people with disabilities and increase their awareness and knowledge in managing such conditions.
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Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

- f) To support advocacy for refugees in particular to healthcare and represent a much needed voice for the people.
- g) To manage prevention and control of epidemic outbreaks through all our healthcare activities and education.

During the reported period, EMA operated in Central and West Bekaa, Lebanon, primarily in the towns of Marj and Saadnayel. Both areas are home to Lebanese families and Syrian refugees. Only 20% of refugees in this area reside in housing, meaning 80% live in Informal Tented Settlements, which they pay rent to stay in. More than 80% of families in Marj and Saadnayel live well below the extreme poverty line, and it is the second most impoverished region in the whole country. The needs of the local population have continued to grow in 2021 and 2022, without relief support provided by the collapsed government, as families face additional challenges fuelled by mass unemployment, economic collapse as well as the COVID-19 pandemic. These social, economical and health crises are all happening at the same time, making our work desperately required.

From May 2021 to May 2022, we had four main aspects of activity to meet our organisation's objectives:

- 1) **Mobile Medical Units (MMUs):** We have two equipped vans to be fully operational mobile clinics, with which we visit 40 settlements each month, reaching up to 60,000 individuals, many of whom are children. Each camp was visited every ten to fourteen days. This mobile service is unique in this geographical area: no other health clinic is mobile. Mobile health clinics allow for EMA to serve the Syrian refugee community where they are. This saves them the cost of transportation to a Primary Health Centre (PHC), a cost burden many are unable to bear. Many families who may have access to cheap healthcare cannot access it. They cannot even afford the \$0.50 to travel to the hospital: even when healthcare is discounted for them at 70%, the fees are still unaffordable. With our MMUs, we provide the solution to both of these issues: free healthcare, at the door of refugee settlements. We support the long term sustainable living for the communities, by providing not just one-off healthcare, but visits to all of our locations twice a month - to provide follow up where necessary. Our clinics are led and supported by local refugee doctors and support staff, running an adult clinic and paediatrics clinic. During the reported year we hired a new general and orthopaedic doctor in the role of lead physician, and a new paediatrics doctor. As a refugee-led organisation we benefit from increased trust and confidence from those we support, further enabling a safe and secure environment in patient care. By having a mobile service which can get to any location quickly in an emergency, we ensure our community members feel respected and dignified because they are not forgotten when there is a crisis. We give individuals a voice and agency in an environment and context where this has been forcibly taken from them, as the access to social and economic rights which Syrians have in Lebanon are incredibly limited.

The clinics offer triage, assessment and treatment for primary health patients and to anyone in need, regardless of race, gender, ethnicity, age. Medications are also provided upon treatment to reduce the burden of additional costs. If patients need further investigation, we have developed excellent relationships with local laboratories and hospitals which offer EMA patients a subsidised or discounted cost for tests and treatments. These relationships have been fostered over time and maintained by the medical director to ensure they remain steadfast and long lasting. The number of patients we treated in our mobile clinics during the reported year is 25,200.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

2) Specialised healthcare (in partnership with a fixed clinic run by a local NGO):

- a) **Dental Service:** From June 2021, EMA has implemented an affordable and subsidised dental service to provide access to high-quality dental healthcare to vulnerable and refugee communities. Our resident dentist is a Syrian refugee and a skilled dentist. The EMA dental clinic was founded due to the serious need for emergency dental treatment for the refugees in Lebanon with 100% of the community in need of dental services: a gap we identified during our daily mobile primary health activities. The clinic is staffed by fully licensed and qualified local dentists and dental staff. In March 2022 we were able to extend our service by hiring a second dentist. From establishing the dental service until the end of the reported year, we treated 6,500 patients.
- b) **Physiotherapy Programme:** We ran a pilot programme from February 2022 for six months, to provide essential physiotherapy services to refugee communities living with disabilities. According to a study by Humanity & Inclusion, 22.8% of Syrian refugees have disabilities. It means that more than 1 in 5 refugees has a disability. Furthermore, 61.4% of the households have at least one member with disabilities. Many households are required to provide additional time and money, as well as physical and emotional effort to care for their family members, and to seek relevant information and services, many of which are no longer accessible and affordable for the majority. We have developed a strategic response to strengthen disability inclusion through our provision of free physiotherapy sessions, and popular skills training sessions to empower families to meet their own needs. Through this programme we give patients with disabilities opportunities to gain vital support that has been lacking for years, some for even their whole life span. In our Physiotherapy project, we have identified several improvements in patients' quality of life. Some child patients are beginning to walk for the first time and others are able to move parts of their body (arms/hands) more flexibly than ever before. All our patients have various physical disabilities and suffer from neurological conditions as well physical ailments from birth or the war in Syria. Small changes in how they move, exercise and adapt their home environments have led to improved quality of life for the majority of our patients and their family members have benefited from having knowledge and education on how to maintain and support this outside of their weekly sessions. This project has directly impacted these changes as we were able to hire a local physiotherapist with the relevant skills and experience to create tailored approaches for each and every patient. Since the project started in February 2022, we supported 120 patients with multiple physiotherapy sessions during the pilot (400 sessions in total).

- 3) **Food security support and rent relief:** With the economic crisis in Lebanon reaching an all time low in early 2022, disposable income has been harder to come by. Unemployment has reached an all time high along with increasing levels of poverty and food insecurity. Through our fundraising, we allocated some funds to provide food packs during Ramadan (April-May 2022) and livelihood support in the way of rent for individuals, assessed on a case by case basis. Through this vital support, we have been able to avert homelessness and extreme poverty for the supported families. The number of families benefited from livelihood support during the reported year is 130. Through the distribution of food packs during Ramadan, we were able to provide temporary relief during one of the most important times of year for many families. The number of families supported with food relief during Ramadan 2022 is 1,200.
-

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

- 4) **Financial Assistance for medical cases:** We provided individual aid and relief, mainly with financial assistance for medical cases. We support individual cases with their medical bills (a combination of full and partial payments) for treatments such as chemotherapy, kidney dialysis, surgery, MRI, biopsies, X-rays, Emergency and ICU admission and more. During the reported year, 160 individual medical cases were supported with financial assistance for their medical bills. For those patients, we have been able to diagnose cancer early, to diagnose other internal conditions and also support life saving treatments such as chemotherapy and kidney dialysis. This project has saved the lives of many individuals living in very difficult circumstances and often renewed their faith in humanity.

Contribution made by volunteers

Additional capacity to the core team is provided by international medical healthcare professionals who are a consistent component of EMAs activities. A steady stream of international medical volunteers comprised of doctors, nurses and medical students who joined us on the ground throughout the year assisted with clinical activities, health education and organisational support. They dedicate their time, bringing with them their own skills, experiences and knowledge to share with the EMA community, helping us to impact and improve the lives of thousands of individuals. On average EMA hosts one or two international medical volunteers throughout the year. During the reported year we hosted thirteen volunteers in total. Their experience and knowledge are diverse, allowing us to reach more people and share specialist knowledge.

Achievements and performance

During the reported year, Endless Medical Advantage provided an affordable solution to primary healthcare for vulnerable, displaced and disadvantaged communities.

The camps where Endless Medical Advantage operates are some of the most isolated and remote in relation to access to governmental clinics and hospitals. There are large numbers of people living in remote areas, often along poor roads with no access to traditional public transport. With data and evidence from local municipalities, we are able to identify those individuals and families most in need of health, aid and relief services. With the support of a local Lebanese healthcare clinic and NGO, our refugee leaders are informed of the most rural and remote areas where communities struggle to access and afford healthcare. Over the year we have seen the general health in the camps we visited improve. With follow ups and referrals for further investigative testing, which often we support financially, we have noticed that the overall healthcare for the communities has increased.

Impact in numbers (May 2021 - May 2022)	
25,200	patients treated in the mobile clinics
6,500	patients treated in the dental clinic
120	patients treated in our physiotherapy programme
130	families supported with livelihood support (rent relief) throughout the year
7,500	individuals supported with a food package (1,200 families)
160	individual medical cases supported for often life saving treatment

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

Additionally we supported various disaster responses as Lebanon has suffered huge instability in the last few years. During the storms of January 2022, the team treated over 300 patients in emergency shelters arranged by a network of local organisations of which EMA are a part of.

Making a systemic change

Through everything we do, we are determined to make a systemic change to the healthcare system of Lebanon and the way NGOs provide healthcare to the communities most in need in Lebanon. Our efforts aim to bring about sustainable improvements in healthcare to benefit the most vulnerable in our community. We do this by working directly in the field, with local health professionals from the Syrian refugee community and taking a community-led approach in the services we offer.

By being mobile, most of our work takes place **directly in the field** where we are able to identify additional healthcare gaps within the community and can develop programmes to fill these specific needs. We show larger actors, such as The Red Cross, where the gaps are in healthcare provision and push them into action in the right places. EMA dental and physiotherapy services are some of the many health struggles community members face and by offering these solutions, we know we are bringing holistic solutions to healthcare by going deeper than just acting in response to first aid.

We are the only **refugee-led healthcare provider** across Bekaa, and our ethos is embedded in a bottom up approach, empowering local health professionals from the refugee community to support capacity building and shape a long-term sustainable healthcare infrastructure for a population that is otherwise unsupported. Our co-founder is a Syrian refugee and our core staff are majority refugees. They are trained doctors and nurses who were working in Syria during the war and who now came to Lebanon, not only as refugees seeking safety, but as medical professionals who have the skills and passion to continue working. They now give subsidised medical and dental care to thousands of families, who are both Syrian refugees and Lebanese families from the host community.

There are several organisations operating in the Bekaa valley, however our difference lies in the **community-led approach** we take which is often not how larger humanitarian organisations operate. Our work is directly aimed at improving the healthcare of our community by delivering a variety of accessible services - this differs from the efforts of other organisations and initiatives in our community as they focus on a range of humanitarian interventions such as livelihood, shelter, aid and relief.

Monitoring achievement

In spite of the various challenges that have impacted our operations, mainly the crises that have befallen Lebanon, we have surpassed our expectations for the reported year and achieved beyond our aims. With our mobile medical units, we were able to provide our primary health services to more camps. We added seven camps in our service area, leading to a total of just under 50 camps having regular access to our mobile service. This growth was unexpected, however it proved necessary due to the growing socio-economic challenges for both the refugee and host communities. Consequently our patient intake over the year over-exceeded our targets. Again, due to the rising number of those in need of healthcare and struggling to access affordable services.

From the start of the dental clinic, we were able to help more patients than projected beforehand. The service was successful in a shorter amount of time, as we were able to respond to the rising demand for affordable dental care and reach more patients with an urgent need for dental treatment. Furthermore, as the only clinic that has been offering free dental extractions for vulnerable communities, we have been made aware of other local clinics who are also adopting this approach to

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

support the huge need within the refugee population. This small change in just a few local service providers will have a much greater impact for thousands of individuals in the long term and our strategy has been instrumental in delivering this transformation to achieve long lasting systemic shifts in refugee response.

The pilot with the physiotherapy programme during the reported year soon proved to meet urgent needs. Due to the success of the programme and the growing patient intake, we decided after the second month of the pilot to pursue funds to incorporate physiotherapy as a core activity at EMA.

Although our work on the ground grew steadily during the reported year, we weren't able to achieve registration as a charity in Lebanon. This is one of the challenges we face especially as a refugee-led NGO in Lebanon. Registration and the opening of official bank accounts got even more of a challenge, if not impossible, following the collapse of the central bank in 2021, the deepening socio-economic crisis and the turbulent political climate.

In late 2019, EMA partnered with Hikma Health, an independent non-profit organisation who offer free mobile health data systems for physicians serving refugees. Through this partnership, Hikma Health created a custom health data system designed specifically for EMA in order to improve patient outcomes. The bespoke software they developed helps to empower patients, clinicians, and our communities. This tool enables for rapid, data-driven decision making in complex settings.

The application works in an offline setting, perfect for a mobile clinic, whereby we are able to create individual patient records which include their medical history, previous visit history, medications and diagnosis. The application is synced once online and allows for easy follow up with regular patients. Having used this tool as our quantitative mechanism to record the numbers of beneficiaries served since June 2021, we can accurately establish how many individuals have been served through our services each day, month, year. Over the last year we have worked with the Hikma Health team to build in additional software designed to support individuals seeking dental and physiotherapy services. This is the primary tool used to measure reach and quantitative impact.

In practice, we have a continuous, methodical process of data collection and information gathering through our daily activities. The information collected is frequently used for regular evaluation of progress, so that adjustments can be made while the work is going on. As a community based organisation, we are also able to identify trends, for example changes in the environment, economic climate affecting our communities and emerging gaps that can be responded to swiftly.

Qualitatively, EMA nurtures the relationships built with the community it serves; we often provide home visits for individuals with disabilities or the elderly. Through these interactions, we gather informal feedback on our work and gain insight on the impact of EMAs services. Furthermore, many of our patients return for follow ups as we visit each settlement every ten to fourteen days. Hereby we are able to follow progress and have adopted an organic process through patient conversations and interactions to evaluate our work.

Financial Review

EMA relies entirely on funds both sourced from public as well as private donors, along with individual donors through PayPal and crowdfunding. Over the reported year, the total income was £169,419 with an expenditure of £154,866. Surplus reserves balance of £14,553.

The charity is incorporated and has actively been fundraising, the charity is being Independently Examined.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

The charity's principal sources of funds (including any fundraising)

From December 2021 (until July 2022), EMA secured funding for a six month project by a specifically created Refugee Led Organisation (RLO) fund, Funders for Refugee Leadership in Lebanon (FRLL) led by a consortium of these organisations: Robert Bosch Stiftung GmbH, Choose Love Inc., Global Whole Being Fund, Open Society Foundations and Rockefeller Brothers Fund. In the accounts it can be identified under the label Choose Love Inc. This grant of \$80,000 USD supported the mobile clinic activities, physiotherapy services and financial assistance for more complex health treatments in hospital settings in addition to livelihood support for approximately twenty families each month.

Furthermore, EMA received several unrestricted funds from LUSH charity pot (£3,000 GBP), Cultures of Resistance Network (\$5,000 USD) and Caramella Pignatelli Foundation (£2,500 GBP) to support the dental clinic and additional medical supplies for all activities. In addition EMA received a private donation for a specific food project during Ramadan from MDS healthcare for £20,000 GBP and were also granted \$58,000 USD by Internews Network for a nine month research and outreach project around COVID-19 misinformation and rumours. This project started in March 2022 and continued beyond the reporting period.

Moreover, we have successfully raised funds through individual giving (through PayPal) and crowdfunding (GoFundMe) to support EMAs dental services and aid and relief projects. We were given a number of cash donations directly in Lebanon by visiting partners, visitors, journalists and other individuals or groups connected to EMA.

Statement explaining the policy for holding reserves stating why they are held

At the end of the reported year, on May 31 2022, a reserve of £14,553 was held. Reserves are held by EMA to support the expenses and running costs of the organisation during transitional periods due to incremental periods of funds.

Investment policy and objectives including any social investment policy adopted

EMA does not have investments of any kind in this period. EMA will review the Investment policy as and when required.

Risk Management

Due to the unstable political and socio-economic situation in Lebanon in general, and in West-Bekaa specifically, the context we work in poses several risks and uncertainties to our daily work. As a grassroots NGO in Lebanon, in particular a refugee-led NGO, some specific risks have increased during the year:

- 1) Due to the ongoing and deepening economic crisis in Lebanon, along with the Syrian refugee communities, we are seeing more of the local Lebanese communities also accessing the EMA healthcare services. This has meant the volume of service users has almost doubled in the last year whilst the team capacity and monthly budgets have remained the same. We have been creative in how we manage patient care and providing medications for those in real need, often shared medication across an entire family.
- 2) The economic crisis has greatly affected how we operate with government subsidies on several sectors including pharmaceuticals, healthcare, fuel and food no longer supported which has led to phenomenal price increases ranging between 300% - 500%. The vulnerable communities which we serve have struggled with food security and paying for even the basic healthcare which has resulted in an increase of patients visiting our mobile clinics as we are offering medications with medical consultations.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

Our clinics are mobile and operate on fuel - the price increases have meant we are paying more than forecasted for the weekly fuel. As a result, we allocated budget from other budget lines that would allow us to continue operating as normal without affecting the rest of our work.

- 3) Rising xenophobia and racism against the Syrian community has led to rising fear within the refugee communities and there are stricter rules on working in the camps. This has often made it more challenging to run our day to day activities. However we have continued to remain active and gathered the necessary permissions to ensure we can access our communities each day. We have also continued working with the local Lebanese communities to present a unified and integrated approach, ensuring everyone is treated equally with services provided to anyone in need.
- 4) Recent trends of global funding cuts and donor fatigue, specifically for the ongoing Syrian refugee crisis, could impact the funding of EMA. We are working in a region that is mostly overlooked, even more so since the war in Ukraine started in March 2022. This poses concern, as to the waning attention for the ongoing crises in Syria and Lebanon. However, at the same time there are growing initiatives to support grassroots organisations like EMA. The FRL, focussed specifically on refugee-led, grassroots organisations in Lebanon, is an example of such an initiative through which we were able to develop our activities further during the reported year.

The Lebanese context is ever changing and extremely dynamic however we have worked tirelessly with our existing resources and collaboratively with all our partners to ensure we are meeting the healthcare needs of the local communities. Although most risks, such as the uncertainties mentioned above as well as operational risks, are external factors out of our control, we have adopted several policies and procedures to mitigate risks as much as possible.

Plans for the future

As we look forward, our goals remain intact and for the future of our activities and our organisation, we plan to build capacity within the team and our operations with the aim of changing the face of healthcare for refugees in Lebanon. We plan to continue learning from our work, and maintain a bottom up approach to ensure all our work is community-led and community driven. We anticipate the following in the next 12 months:

- Expand the number of mobile medical units (MMUs)
- Expand to more areas across the region - currently we cover 13% of informal settlements across Central and West Bekaa
- Enable fully subsidised dental treatments for all patients, not just emergencies, by expanding with a second dental chair
- Develop our pilot physiotherapy programme with both short term and long term interventions for those with severe physical disabilities
- Produce a comprehensive health education programme/health promotion for refugee communities living in informal settlements as well as local schools in our target areas. Topics will include: Dental hygiene, Infectious disease prevention, Pregnancy, Breastfeeding and would be mothers, Female hygiene, First aid, Nursing skills and Lifestyle & nutrition

EMA will pursue sourcing funds from subject grants to support the expansion services with project costs, operational costs, staffing of healthcare professionals and growth of the organisation to meet our long term goals.

Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

Furthermore we aim to lead the example of how organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources. We will lead other organisations through partnership and sharing knowledge and resources to present to other groups what can be achieved with limited funds. We will show how being mobile gives benefits to healthcare projects and encourage other physical clinics in Lebanon to create mobile activities to support remote communities. We will tell other NGOs about how we don't just give physiotherapy sessions to people with disabilities, but we also teach the families how to do it themselves, giving the local community knowledge which will be less of a strain on our resources becoming a leader of the culture of this approach across the Bekaa Valley. We show other organisations what support can be given with little funds, and through partnerships, especially during emergencies such as Storm Hiba in 2022 to lift up the work of smaller organisations through sharing resources.

We aim to raise awareness of the health crisis in Lebanon to spur activism and further support from foreign bodies, both to governmental and nongovernmental health providers. To raise awareness of the health crisis in Lebanon, we do this by bringing international volunteers to Lebanon to see the situation and go home and tell their story. By using the global platform of social media, we communicate the emergencies in Lebanon and raise donations to act. By cooperating with local municipalities and UNHCR we will tell them the reality on the ground and force them into action.

EMA developed strong relationships and partnerships with some large pharmacies across the Bekaa valley who have agreed a subsidised cost for medications and supplies. These relationships will continue to be nurtured to ensure we can achieve the best outcome for all beneficiaries. These partnerships are also ever more important as the economy continues to crumble and the costs across sectors, including medications, continue to rise increasingly.

As done so since EMA was conceived, we will continue to gather feedback and insight from our beneficiaries, partners and staff to understand how we can improve and develop our activities, ensuring they are at the core of everything we aim to do.

In the next year, we hope to establish a more structured monitoring and evaluation tool to allow for systematic practices dedicated to the assessment of EMA's overall performance. By reviewing milestones and final outcomes of our projects, we will be able to assess the accountability of our organisation and measure our overall impact.

In the next year, we aim to get registered as a charity in Lebanon. This local registration would give EMA the recognition we need to be eligible for support, collaborations and possible funding from governmental institutions and other supporting bodies such as UNHCR. It will also allow us to have a direct bank account in Lebanon to make the transfer of funds and donations more direct and efficient.

The trustees' annual report was approved on 20 March 2023 and signed on behalf of the board of trustees by:



Ms A Patel
Trustee

Endless Medical Advantage

Independent Examiner's Report to the Trustees of Endless Medical Advantage

Period from 1 May 2021 to 30 May 2022

I report to the trustees on my examination of the financial statements of Endless Medical Advantage ('the charity') for the period ended 30 May 2022.

Responsibilities and basis of report

As the trustees of the charity you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

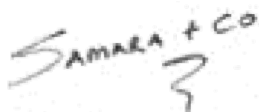
I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

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

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

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



Independent Examiner

511 Kenton Lane
Harrow
Middlesex
HA3 JW

20 March 2023

Endless Medical Advantage

Statement of Financial Activities

Period from 1 May 2021 to 30 May 2022

		Period from 1 May 21 to 30 May 22	
	Note	Unrestricted funds £	Total funds £
Income			
Donations	4	169,419	169,419
Total income		<u>169,419</u>	<u>169,419</u>
Expenditure			
Expenditure on charitable activities	5,6	154,866	154,866
Total expenditure		<u>154,866</u>	<u>154,866</u>
Net income and net movement in funds		<u>14,553</u>	<u>14,553</u>
Reconciliation of funds			
Total funds brought forward		—	—
Total funds carried forward		<u>14,553</u>	<u>14,553</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 16 to 19 form part of these financial statements.

Endless Medical Advantage

Statement of Financial Position

30 May 2022

	Note	30 May 22 £
Fixed assets		
Tangible fixed assets	11	15,195
Current assets		
Cash at bank and in hand		798
Creditors: amounts falling due within one year	12	1,440
Net current liabilities		<u>642</u>
Total assets less current liabilities		14,553
Net assets		<u>14,553</u>
Funds of the charity		
Unrestricted funds		14,553
Total charity funds	13	<u>14,553</u>

These financial statements were approved by the board of trustees and authorised for issue on 20 March 2023, and are signed on behalf of the board by:

Ms A Patel
Trustee

The notes on pages 16 to 19 form part of these financial statements.

Endless Medical Advantage

Statement of Cash Flows

Period from 1 May 2021 to 30 May 2022

	30 May 22
	£
Cash flows from operating activities	
Net income	14,553
<i>Adjustments for:</i>	
Depreciation of tangible fixed assets	5,066
Accrued expenses	1,440
Cash generated from operations	<u>21,059</u>
Net cash from operating activities	<u><u>21,059</u></u>
Cash flows from investing activities	
Purchase of tangible assets	<u>(20,261)</u>
Net cash used in investing activities	<u><u>(20,261)</u></u>
Net increase in cash and cash equivalents	798
Cash and cash equivalents at beginning of period	<u>—</u>
Cash and cash equivalents at end of period	<u><u>798</u></u>

The notes on pages 16 to 19 form part of these financial statements.

Endless Medical Advantage

Notes to the Financial Statements

Period from 1 May 2021 to 30 May 2022

1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 53 Kings Road, London, E11 1AU.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the 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) (Charities SORP (FRS 102)) and the Charities Act 2011.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal, and fall into one of two sub-classes: restricted income funds or endowment funds.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 1 May 2021 to 30 May 2022

3. Accounting policies *(continued)*

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable and its amount can be measured reliably.
- legacy income is recognised when receipt is probable and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 1 May 2021 to 30 May 2022

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Plant and machinery	-	25% straight line
Equipment	-	25% straight line

4. Donations

	Unrestricted Funds £	Total Funds 2022 £
Donations		
Charitable Donations	169,419	169,419

5. Expenditure on charitable activities

	Unrestricted Funds £	Total Funds 2022 £
Charitable Activity	138,312	138,312
Support costs	16,554	16,554
	<u>154,866</u>	<u>154,866</u>

6. Expenditure on charitable activities

	Activities undertaken directly £	Support costs £	Total funds 2022 £
Charitable Activity	138,312	–	138,312
Governance costs	–	16,554	16,554
	<u>138,312</u>	<u>16,554</u>	<u>154,866</u>

7. Net income

Net income is stated after charging/(crediting):

	30 May 22
	£
Depreciation of tangible fixed assets	<u>5,066</u>

Endless Medical Advantage

Notes to the Financial Statements *(continued)*

Period from 1 May 2021 to 30 May 2022

8. Independent examination fees

	Period from 1 May 21 to 30 May 22 £
Fees payable to the independent examiner for: Independent examination of the financial statements	1,200

9. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	Period from 1 May 21 to 30 May 22 £
Wages and salaries	71,483

The average head count of employees during the period was 7.

No employee received employee benefits of more than £60,000 during the year (2021: Nil).

10. Trustee remuneration and expenses

No Trustees were remunerated and/or had expenses incurred on their behalf or re-imbursed to them.

11. Tangible fixed assets

	Plant and machinery £	Equipment £	Total £
Cost			
At 1 May 2021	–	–	–
Additions	15,815	4,446	20,261
At 30 May 2022	<u>15,815</u>	<u>4,446</u>	<u>20,261</u>
Depreciation			
At 1 May 2021	–	–	–
Charge for the period	3,954	1,112	5,066
At 30 May 2022	<u>3,954</u>	<u>1,112</u>	<u>5,066</u>
Carrying amount			
At 30 May 2022	<u>11,861</u>	<u>3,334</u>	<u>15,195</u>

12. Creditors: amounts falling due within one year

	30 May 22 £
Accruals and deferred income	1,440

13. Analysis of charitable funds Unrestricted funds

	At 1 May 2021 £	Income £	Expenditure £	At 30 May 2022 £
General funds	–	169,419	(154,866)	14,553
