

Endless Medical Advantage
Unaudited Financial Statements
30 May 2022



SAMARA & CO
Chartered accountant
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Endless Medical Advantage

Financial Statements

Period from 1 May 2021 to 30 May 2022

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Endless Medical Advantage

Trustees' Annual Report *(continued)*

Period from 1 May 2021 to 30 May 2022

The trustees present their report and the unaudited financial statements of the charity for the period ended 30 May 2022.

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	(Appointed 1 May 2021)
Ms R Patel	(Appointed 1 May 2021)
Ms L Newman	(Appointed 1 May 2021)

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 1 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.

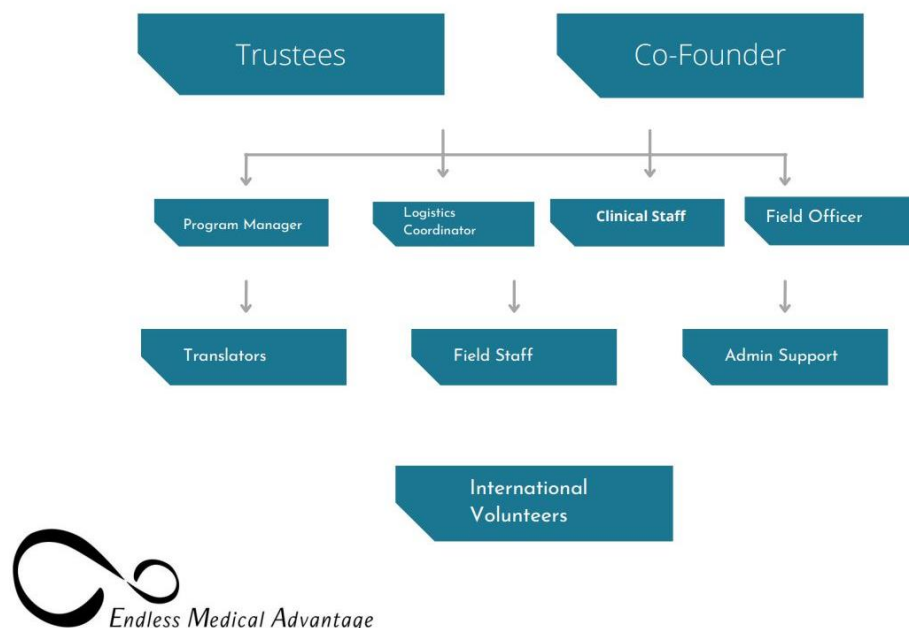
All trustees give their time voluntarily and receive no benefits from the charity. The charity's co-founder and medical director is regarded as key management personnel. The pay of the director is reviewed annually and normally increased in accordance with average earnings. The remuneration is also bench-marked 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 medical director/co-founder, staff and volunteers, delegating responsibility for day-to-day decision-making to the medical director.

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.

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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.
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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.

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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').

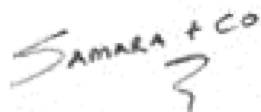
I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

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
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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
