

DOCTORS FOR NEPAL

Doctors for Nepal (“DFN”)

Trustees’ Annual Report and Unaudited Financial Statements

Year ended: 31 December 2023

Charity No: 1133441

Reference and Administrative Information

Date registered as a UK charity

4 January 2010

Registered charity number in the UK

1133441

Governing document

Trust deed dated 16 October 2009

Trustees

Dr Kate Yarrow (chair)

Anne Yarrow (secretary)

Nigel Lewers (treasurer)

Chris Yarrow

Dr Natalie Thurtle

Dr. Richard Howell

(together the “**Trustees**”)

Operational address

Dr Kate Yarrow

Highwell,

Hamsey,

Nr.Lewes,

Sussex BN8 5TD

Other contact information

info@doctorsfornepal.org

www.doctorsfornepal.org www.justgiving.com/doctorsfornepal

Twitter: @DoctorsForNepal

Bank account details

Lloyds Bank
171/173 North Street
Brighton
BN1 1GL

Sort Code: 30-91-25
Account Number: 00284204

SWIFTBIC: LOYDGB21002
IBAN NO: GB67 LOYD 3091 2500 2842 04

1 Structure, Governance and Management

Governing document

Doctors for Nepal (“DFN”) is a registered charity, number 1133441, and is constituted under a trust deed dated 16 October 2009. New Trustees are appointed by the existing Trustees in accordance with the provisions set out in the trust deed. The trust deed provides for a minimum of 3 trustees.

Trustees

There were no changes to the Board of Trustees during the year.

All Trustees give their time voluntarily and receive no financial benefit from the charity. The Trustees bring wide and relevant experience to the charity. Three Trustees are medical doctors, 2 Trustees are working or have worked for Médecins Sans Frontières, 1 Trustee is a lawyer and former trustee of a school, 1 Trustee has long experience as a school governor, and 3 Trustees have experience working abroad. The Trustees are looking to recruit a Nepali national to the Board, either resident in Nepal or working in the UK.

The Trustees are committed to personally raise funds for the charity.

The charity employs a part-time UK Operations Manager, Caz Winter, and a part-time admin team in Nepal who are employed through one of our charity partners, PHASE Nepal.

Risk Management

The Trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

The main risk to which the charity is subject is that of a student not completing the agreed time period of service as a doctor, nurse, or midwife in rural Nepal. DFN has, in co-operation with Patan Academy of Health Sciences (PAHS) and Karnali Academy of Health Sciences (KAHS) put in place measures to minimise this risk. In particular, the Academies both have a policy which provides that no medical, nursing or midwifery student on a DFN scholarship may receive his or her final degree certificate until having served for an agreed number of years as a doctor/midwife/nurse in a rural area of Nepal (normally 2 years).

There is a risk of a student not completing their course for academic, social or personal reasons.

DFN is exposed to fluctuations in foreign currency as tuition and other fees for the students are paid in Nepalese rupees.

The charity is committed to holding a reserve fund to guard against financial risk, and ensure it can continue to fund its scholars through their studies.

2 Charitable objectives and aims

The trust deed provides that DFN's objectives are:

1. To advance the education of medical students in Nepal by providing financial assistance to enable them to pursue their studies; and
2. To relieve sickness and to preserve the health of people living in Nepal by assisting in the provision of healthcare.

Doctors for Nepal's aim is to improve healthcare in rural Nepal. DFN does this by sponsoring selected students from very poor backgrounds in Nepal to attend undergraduate or postgraduate medical, nursing or midwifery courses in Nepal. In return, the students pledge to work for an agreed period post-qualification as doctors, midwives or nurses in Backward rural areas of Nepal (normally 2 years). Apart from providing scholarships, DFN may also implement health care projects (such as responding to emergencies and disasters), and provide continuing education for DFN's graduates.

To ensure that DFN's work delivers its aims and meets the objectives as set out in the trust deed, the Trustees review its projects and fundraising activities on a regular basis throughout the year. On the basis of this review, the Trustees are able to plan DFN's future projects and fundraising activities.

3 Main activities, and how our activities deliver public benefit

In deciding what activities Doctors for Nepal should undertake, the Trustees have complied with their duty to have regard to the public benefit guidance as set out in section 4 of the Charities Act 2006. Our activities deliver a tangible public benefit by helping improve health care standards in rural Nepal.

Our model means that when our scholars qualify, they serve the remote regions that are lacking in medical staff and resources, and thereby healthcare in Nepal is improved in a sustainable and measurable way. During 2023 qualified doctors and nurses worked in the following districts: Kalikot, Mugu, Jumla, Humla, Doti, Surkhet, Gorkha and Kathmandu.

In 2005, when the idea of DFN began, there were no doctors in the Karnali zone from that area. Today, DFN has produced 10 doctors from this region, as well as many nurses. They understand and are accepted by the communities within which they are working, and are making a real difference to those living in this challenging environment. Not only do our doctors see many patients a week in a variety of low-resource settings, they often make time to impart their knowledge and experience to others to support a well rounded health system. For instance, Dr. Kamal recently delivered training to a group of female volunteers, whom he described as 'the bridge between the community and the national health system'.

DFN nurse Yuna Shahi has been doing great work raising awareness of family planning in her role at Oda Foundation in Kalikot. The initiative has started to shift understanding and uptake in the community, leading to positive and lasting outcomes. Here are extracts from Yuna's report:

Upon my arrival in the community, it became apparent that there was a significant lack of awareness about family planning methods and their benefits. Many families were experiencing challenges due to unplanned pregnancies and complications arising from the use of certain methods without proper understanding.

To address these issues, I initiated a comprehensive educational campaign focused on family planning. I organized a community workshop with the help of another staff member and sessions to educate people about the various aspects of family planning, including its importance in ensuring the health and well-being of both mothers and children. I explained the different types and methods of family planning available, emphasizing their pros and cons. This was particularly crucial as I observed cases where women were suffering from health complications due to inadequate knowledge about family planning methods.

Following the educational sessions, community members approached me with questions and concerns related to family planning. I provided personalized guidance, addressing their queries and alleviating any misconceptions. The follow-up sessions allowed me to gauge the effectiveness of the education provided and ensure the individuals were comfortable with the information they had received.

One of the most gratifying outcomes of this initiative was observing a shift in the community's attitudes and behaviours. Previously considered a taboo topic, family planning became a subject that people felt comfortable discussing openly. This new-found openness enabled individuals to share their experiences, seek advice, and make informed decisions about their reproductive health.



Nurse Yuna addresses a community workshop

Dr. Meena sent us this case study from her time working in Mugu. Meena and her colleagues' quick actions and decisions led to a positive outcome for a young mother and her baby, despite working in a setting with limited resources. It is just one of the many, many cases that show the

vital importance of having quality maternity care within reach of patients, to decrease the levels of maternal and infant mortality in the region.

'A 19-year-old female from Mugu was brought to our emergency department with a complaint of per vaginal bleeding for one hour at eight months pregnant. I got call from emergency duty at 6pm. After 15 minutes walking I reached the hospital. Then I examined her. While examining the patient she was pale, her pulse was feeble and blood pressure was 80/60 mm of hg and there was continuous per vaginal bleeding. I called for help, for a sister and another medical officer. After five minutes of resuscitation her per vaginal bleeding stopped. She was continuously monitored and in total five pints of normal saline was given and there was only 10ml of urine in the urobag. Foetal heart sound was 152 beat per minutes regular and there was low lying placenta on ultrasonographic examination and no other significant finding. After an hour of resuscitation there was a blood pressure of 100/60mmof hg and the patient felt better but there was only 20ml of urine in urobag. Again there was per vaginal bleeding at approximately 500ml.

I was so scared and call to a doctor at Karnali Academy of Health Sciences. He suggested that I do an emergency LSCS (caesarean section). I was worried that intraoperative bleeding would occur and also about low urine output, but the KAHS doctor suggest that I go ahead with the LSCS which is the definitive treatment of choice. We planned for emergency LSCS at 10:30 pm and at least three pints of blood were arranged. The emergency LSCS was done and both mother and baby were good. There was an intraoperative blood transfusion at two pints. There was no intraoperative complication.

A single live female was born with a birth weight of 3400gm . The patient was shifted to the postoperative room. Her vitals were maintained, and urine output gradually increased.



Both mother and baby were discharged on day seven.'

Dr.Meena at work

In November 2023 the west of Nepal was rocked by a 6.8 magnitude earthquake, impacting the remote communities that are home to our DFN team. Many of the injured were treated in the hospitals in which our DFN doctors and nurses work. Several of our doctors and nurses were available to treat injured patients at Surkhet hospital, and Dr Lalit travelled to the affected villages to directly care for pregnant women and their unborn babies. Newly qualified DFN nurse, Sita, had just started her first job at Surkhet hospital when she and her colleagues, including DFN doctors Lalit and Purna, were called upon to help victims of the

disaster. Injuries ranged from soft tissue wounds and fractures to severe head injuries, pneumothorax, renal impairment, and acute stress response.

Our doctors, nurses and students:

By the end of 2023, DFN had supported 30 scholars.

- 9 qualified doctors
- 1 qualified medical consultant (Obstetrician Gynaecologist)
- 12 qualified nurses-
- 1 qualified midwife
- 4 current medical students
- 1 current nursing student
- 2 health assistant students

DFN continues to fund and support medical, nursing and midwifery training at Patan Academy of Health Sciences (PAHS) in Kathmandu and Karnali Academy of Health Sciences (KAHS) in Jumla (in the far west of the country). Both colleges are dedicated to improving Nepal's rural health by training health workers in rural community medicine. They aim to produce graduates that will not only provide sorely needed medical care in rural Nepal, but will also eventually become leaders in health care policy, dedicated to improving the health of the remote and impoverished communities in Nepal. The charity continues to extend its collaboration with the relatively new college of KAHS, which has the great advantage of being nearer the home districts of most of our students, although its remote location presents challenges for trustee visits.

During 2023 two of our medical students passed their final exams and are now working their internship year at PAHS. Five of our nursing students qualified during the year.

Two DFN students continue their medical studies at PAHS in Kathmandu, and during the year we agreed to support two further medical students. One was already studying in the first year at KAHS on a partial government scholarship, but struggling to pay the remainder of his fees and in danger of dropping out of the course. The second has secured a place at KAHS, followed by employment with the ODA Foundation, but again he has only a partial scholarship, and could not take up his place without help with the rest of the fees.

Of our ten qualified doctors, two are currently working as interns at Patan Hospital; two others are working their two-year bonds at hospitals in the Far West. Four doctors have completed their bonds and are currently studying for post-graduate entrance exams. Post-graduate training is essential if our doctors are to become effective practitioners, and DFN can offer financial support to those who are not awarded government MD scholarships. A generous donor has offered to support a doctor through their post-graduate training; she is a doctor herself, and these scholarships are in memory of her mother. Our first DFN doctor consultant continues to work at Surkhet hospital in the Far West, the first Obstetrician/Gynaecologist in the District. He is working a four-year bond in return for support with his training.

Our qualified nurses are working in the Far West, Of the first nurses who trained through our partner PHASE, financed by DFN, two have now passed beyond their bonded periods but are still

working with PHASE in remote areas, which is exactly the desired outcome; the third has begun studying for a nursing degree. As reported last year, issues had arisen in finding government-funded nursing jobs in remote areas, and we came to an agreement to create DFN- funded nursing posts in the Far West with our two partner organisations: PHASE Nepal (with whom we have collaborated for a number of years), and the Oda Foundation, a charity co-founded by a native of Kalikot, which builds local leadership, and supports health and education for those who need it most. This arrangement is working well, and there are now four nurses working their bonded periods in remote areas with our partners PHASE and Oda, with their posts financed by DFN.

A generous donor has offered two nursing scholarships, and these have been awarded to two Oda auxiliary nurses, to train at KAHS as Health Assistants - a role which is both clinical and administrative. It is expected that they will be employed by Oda on completion of their training. We are also supporting a student doing a nursing degree at KAHS, and have agreed to support two PHASE nurses through further training.

Medical equipment and resources:

By early 2023 all the equipment purchased through our equipment appeal had finally reached its destinations in hospitals in Karnali in the Far West, and Patan teaching hospital in Kathmandu. The process took a year, with complex and time-consuming problems over sourcing and movement. DFN supported Dr. Lalit, our first DFN Consultant, to travel to the Kalikot hospitals to train staff in the use of the new equipment, to ensure that it is used effectively..

A donation from DFN has enabled PHASE to purchase an ultrasound machine for use in the Far West, and PHASE has trained 12 nurses in its use. The machine is used to monitor pregnant women in labour, and diagnose cardiac conditions, which will have a significant impact in improving patient outcomes in remote hospitals.

Trustee visits:

Trustee visits to Nepal are absolutely vital to the effective work of the charity, to keep in touch with and build relationships with our students and graduates, and our partner training institutions and NGOs.

This year's visit included very productive meetings with senior staff at KAHS, who are keen to extend and deepen collaboration with DFN. This college has the great advantage of offering training and work placements close to the homes of students from remote areas. In contrast, our ties are weakening with Kathmandu-based PAHS.

The highlight of the trip was a 3-day meeting near Kathmandu, drawing together the experiences of some of our senior Nepalese medics to start planning the content and delivery of a health camp for 2024 (see below). It was also great to see the DFN team in action during a team-building day in Kathmandu, involving six DFN doctors, two medical students and one of our nurses.

Electives:

An elective is a period spent away from UK medical school, giving the opportunity to experience healthcare outside the NHS. In 2023 DFN facilitated, through PAHS, the electives of four students from Cardiff University, who spent time in Kathmandu. In the months leading up to the trip, DFN helped them with communications with the medical school and advice about preparation. DFN

also organized a group of our scholars to meet them at PAHS in order to welcome and support them. The group's elective fees were waived by PAHS and donated to DFN.

Website:

This year the website was enhanced by a new 5-minute film introducing DFN and its work. The film is based on material shot on a recent trustee visit by professional film-maker and DFN supporter Gareth Taylor, who makes no charge for his time working for the charity. We are delighted and very grateful that Dame Joanna Lumley, who is well known for her support for Nepali causes, enthusiastically agreed to narrate the voiceover for the film.

Looking ahead

Although the Nepal government provides full or partial scholarships for the tuition fees of 75% of places at medical school, at both undergraduate and postgraduate level, there is still a need for DFN tuition fee scholarships to assist students from needy rural backgrounds if they are offered one of the 25% partial-funded, or 25% unfunded, places. There is no Government financial support for living and studying costs, so DFN has a vital role in providing subsistence scholarships that cover these additional costs, to enable applicants from poor rural backgrounds to take up their places.

DFN continues to offer help to existing students from remote areas who would have to drop out of their courses without additional financial support, because of changes in their family circumstances.

There continues to be a bottleneck with regards to the small number of funded postgraduate places available, and therefore it is likely that DFN will be called on to fund postgraduate training of its doctors at private institutions.

There have been issues recently with finding appropriate employment for nurses in remote rural areas. KAHS candidates will be supported by DFN on the basis that the college finds appropriate government posts. We continue to collaborate in this with our partners Oda and PHASE, by providing nursing and midwifery scholarships for appropriate members of staff; the organisations then provide bonded employment, in posts if necessary financed by DFN.

An exciting initiative for 2024 is a DFN health camp. Health camps are a well-established and effective way of bringing healthcare to remote and under-served areas. They are mobile medical facilities run by doctors, nurses, midwives and other professionals to help impoverished patients to obtain free healthcare in accessible locations in rural areas of Nepal. They are a lifeline for patients, allowing communities to benefit from screening, consultations, treatment and referrals that they would not otherwise access. Vitally, they increase the chance that patients will be seen early enough to improve their health outcomes. The DFN team will be working in collaboration with KAHS and our partner NGOs. The camp is likely to take place in the autumn, and will be based on a health centre in Kalikot or Jumla District. Women of reproductive age will be invited, and it is likely that they will be offered screening and contraception, and health education and advice including family planning, menstrual hygiene and nutrition.

4 Fund-raising and donations

As always, a huge thank-you to all those who have given of their money, time and skills to support DFN during the year. The charity would not exist without you.

Our income this year was boosted by substantial donations totalling over £10,000 (although this was much less than the nearly £40,000 received the previous year).

Fund-raising efforts by supporters included a memorable performance of Handel's "Messiah" by a Lewes choir; a sponsored bike ride by a trustee and friend; fungus walks by a trustee; and a magnificent £4,000 raised by a UK doctor whose life was saved by local medical care while travelling in Nepal.

5 Statement of financial activities for the year ending 31 December 2023

A summary of income and expenditure is given on page 11 below.

Income

Over the year income from all sources totalled £37,027, a net decrease of £31,215 from the previous year (which had included several sizeable donations).

At £15,196, standing orders again remained almost exactly the same as the previous year. .

Donors are encouraged to confirm that they are eligible for Gift Aid, which substantially increases their donation.

Expenditure

At £55,032, expenditure for the financial year was very slightly down on 2022. Support for students amounted to £29,675 (about double the previous year). It should be noted that the expenditure figure for student support does not necessarily reflect the actual student numbers that year, as expenditure depends on when the colleges submit invoices for payment.

Costs continued to be minimised by much of the work being done by the trustees and other volunteers, who also donated most of their expenses. A part-time paid UK Operations Manager continues to give essential and invaluable assistance with fund-raising, publicity, communications, and general administration. She is backed up by our two part-time Nepali administrative staff in Kathmandu.

Reserves policy

The charity had, at 31 December 2023, unrestricted reserves amounting to £100,308 in the bank account (about £18,000 less than at the end of 2022). The policy of continuing to hold solely an unrestricted reserve is deemed appropriate by the Trustees given the size and the nature of the charity. The Trustees do not foresee any need to change this policy.

Of this sum, £25,000 is held in reserve to ensure that student fees can be met; the remainder is working cash.

In addition, the charity held £5,000 in a restricted fund, which was a donation specifically designated for a nursing/midwifery scholarship

Future financial commitments

It is anticipated that about £12,400 will be required for support of existing students in 2024, and about £13,000 for administration and overheads.

The projected health camp will involve substantial expenditure, probably of at least £25,000, to cover travel to Nepal for the UK team; travel, accommodation and subsistence within Nepal; equipment, medicine and health post costs, etc. Trustees plan targeted fund-raising for this project. .

The financial statements were approved by the Board of Trustees on 23 September 2024 and were signed on its behalf by:

X *Nigel Lewers*

Nigel Lewers
Trustee and Hon. Treasurer

 CHARITY COMMISSION FOR ENGLAND AND WALES	Charitable Name		UIC (if any)	CC16a
	Receipts and payments accounts			
	For the period from	Period start date 01/01/2023	Period end date 31/12/2023	

Section A Receipts and payments

	Unrestricted funds	Restricted funds	Endowment funds	Total funds	Last year
	to the nearest £	to the nearest £	to the nearest £	to the nearest £	to the nearest £
A1 Receipts					
Standing orders	15,196	-	-	15,196	15,061
CAF donations	555	-	-	555	455
Easyfundraising	213	-	-	213	292
Justgiving	7,195	-	-	7,195	7,346
Fundraising events	2,485	-	-	2,485	4,316
Donations	10,101	-	-	10,101	39,911
Electives	656	-	-	656	781
Interest on reserve	220	-	-	220	13
Miscellaneous	406	-	-	406	67
Sub total (Gross income for AR)	37,027	-	-	37,027	68,242
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	37,027	-	-	37,027	68,242
A3 Payments					
PHASE internships	-	-	-	-	3,181
PAHS scholarships	4,479	-	-	4,479	11,358
KAHS scholarships	13,743	-	-	13,743	407
ODA nurses support	11,453	-	-	11,453	-
Medical equipment	639	-	-	639	8,164
PHASE medical equipment	-	-	-	-	2,500
Administration	14,829	-	-	14,829	13,282
Administration Nepal	-	-	-	-	75
PHASE administration	-	-	-	-	1,546
Visit to Nepal by trustee & operations manager	4,693	-	-	4,693	11,988
Filming costs	2,090	-	-	2,090	1,350
Justgiving	216	-	-	216	446
Printing	780	-	-	780	149
Event costs	-	-	-	-	156
Venue hire	-	-	-	-	160
Bank charges	260	-	-	260	285
Administration expenses	203	-	-	203	66
Website	390	-	-	390	363
Merchandise	909	-	-	909	293
Other fundraising costs	348	-	-	348	875
Sub total	55,032	-	-	55,032	56,644
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	55,032	-	-	55,032	56,644
Net of receipts/payments)	- 18,005	-	-	- 18,005	11,598
A5 Transfers between funds					
A6 Cash funds last year end	118,313	-	-	118,313	106,715
Cash funds this year end	100,308	-	-	100,308	118,313

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds	Restricted funds	Endowment funds
		to nearest £	to nearest £	to nearest £
B1 Cash funds	Working cash	75,051	-	-
	Reserve	25,257	-	-
		-	-	-
	Total cash funds	100,308	-	-
	(agree balances with receipts and payments account(s))	OK	OK	OK
	Details	Unrestricted funds	Restricted funds	Endowment funds
		to nearest £	to nearest £	to nearest £
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
B3 Investment assets	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
B4 Assets retained for the charity's own use	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
		-	-	-
		-	-	-
		-	-	-



CHARITY COMMISSION
FOR ENGLAND AND WALES

Doctors for Nepal

No (if any)

CC16a

Receipts and payments accounts

For the period
from

Period start date
01/01/2023

Period end date
31/12/2023

Section A Receipts and payments

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A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	37,027	-	-	37,027	68,242
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A6 Cash funds last year end	118,313	-	-	118,313	106,715
Cash funds this year end	100,308	-	-	100,308	118,313

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B1 Cash funds	Working cash	70,051	5,000	-
	Reserve	25,257	-	-
		-	-	-
	Total cash funds	95,308	5,000	-
	(agree balances with receipts and payments account(s))			

	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-

	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
B3 Investment assets			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
B4 Assets retained for the charity's own use			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
B5 Liabilities			-	
			-	
			-	
			-	
			-	

Signed by one or two trustees on behalf of all the trustees

Signature
Nigel Lewers

Print Name

Nigel Lewers

Date of approval

2.9.24

Independent examiner's report to the trustees of Doctors for Nepal

I report to the trustees on my examination of the accounts of Doctors for Nepal (DfN) for the year ended 31 December 2023.

Responsibilities and basis of report

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

I report in respect of my examination of DfN's accounts 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.

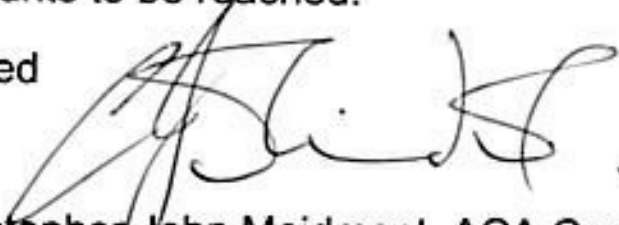
Independent examiner's statement

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

- accounting records were not kept in accordance with section 130 of the Act; or
- the accounts do not accord with the accounting records;

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

Signed



Christopher John Maidment, ACA Crest, Paddockhurst Lane,
Balcombe, West Sussex, RH17 6QZ

2 September 2024