

DOCTORS FOR NEPAL

Doctors for Nepal (“DFN”)

Trustees’ Annual Report and Unaudited Financial Statements

Year ended: 31 December 2021

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,

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Other contact information

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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. Consideration of new trustees was deferred until after the covid pandemic has passed, in the interests of stability and continuity.

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 also committed to personally raise funds for the charity.

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 or nurse 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 (2-4 years, depending on scholarship received).

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

The continuing covid 19 pandemic during 2021 continued to pose risks to the charity and its work which the trustees kept under review. In particular:

- Implications for fund-raising: live fund-raising events (eg marathons, concerts, auctions) continued to be affected by lockdowns and restrictions on gatherings through much of the year. However, overall income continued to hold up well, and the charity has ample reserves to meet commitments to its current students.
- Effects on our students' teaching and training programmes: the training establishments sent their students home again during a second national lockdown between May and September 2021. Web-based teaching took over again, with all its problems of limited internet coverage in remote areas, and the loss of hands-on "clinical" training.

A trustee meeting to Nepal in December 2021 did not expose any long-term education issues as a result of the Covid pandemic, and the academic faculties' were confident that the long-term education of the students had not resulted in inferior levels of medical knowledge or experience.

- Inadequate PPE again posed a risk to our students and doctors, and the rural hospitals where our doctors work had woefully inadequate equipment to treat covid patients. Later in the report we outline the steps that we took to improve PPE and equipment.
- Pandemic restrictions made communication more difficult with our students, doctors, and training colleges, although our part-time administrative staff in Nepal are invaluable as a link. Because of travel restrictions, no trustee visits to Nepal were possible for almost 2 years, between a visit in March 2020, just prior to the first UK lockdown, and a visit in December 2021.

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 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 rural areas of Nepal. (2-4 years, depending on scholarship received). Apart from providing scholarships, DFN may also implement health care projects and provide continuing education for health care staff such as midwives and nurses, and support postgraduate medical education.

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: 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 focus on the improvement of health care standards in rural Nepal and therefore deliver a tangible public benefit there. We are now looking towards measurable outcomes to evaluate the impact of the charity.

DFN's main focus continues to be the funding and support of 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 our students, although its remote location does present challenges for trustee visits. As more of our medical students graduate, we are extending our educational support to their post-graduate medical training, which is essential if our doctors are to be effective practitioners.

Students currently supported by DFN (at the end of 2021):

- 4 medical students (studying in Kathmandu)
- 1 midwifery student (studying in Jumla – far west Nepal)
- 5 nursing students (studying in Jumla)

Graduates from DFN scholarships:

- 7 doctors
- 7 nurses

They currently work in the following districts: Kalikot, Mugu, Jumla, Humla, Doti, Kathmandu.

DFN in Nepal: year 2 of covid 19

Covid was a dominant feature of life for a second year running, and students were sent home during a second national lockdown between May and September 2021. This time, covid reached remote rural areas which had been spared the first wave. Medical services were overwhelmed, and we received desperate messages from our doctors working in remote hospitals where lack of oxygen for patients was the main issue. DFN promptly launched a **fund-raising appeal for covid relief**. Generous responses to the appeal raised a total of over £18,000, plus a grant of £5,000 from the Texel Foundation. This purchased eight life-saving oxygen concentrators for the hospitals where our doctors work and a generator for Kalikot Hospital, as well as pulse oxymeters and PPE. The equipment was quickly and efficiently sourced and delivered by our partner PHASE, and will continue to be useful post-covid.



District Hospital Kalikot

14 mins · 🌐

Thank you Doctors For Nepal for providing us with medical supplies as well as power backup at this crucial stage where the medical supplies are at scarce nationwide. We are so grateful for your help at this time of need where we have been dealing with uprising covid cases with limited resources and manpower. Special thanks to Dr. Kate yarrow, Dr. Lalit Jung Shahi, our seniors dr nahakul, dr Meena Chaulagain and Dr. Kamal Hamal and everyone in the Doctors For Nepal family ❤️🙏❤️
#COVID19 #CovidPandemic #ruralhealth #fightcovidtogether

Regards
Dr Kiran Shahi
Admin



Our students had again to cope with on-line learning during the lockdown, with all its problems and disadvantages, but we are proud to report that, in spite of the difficulties in studying, all DFN students passed their exams in 2021.

During the year Purna passed his finals, to become DFN'S seventh doctor. He is currently working his internship in Kathmandu.

Our doctors and nurses

Dr. Prakash continues to work his bond as the only doctor in the extremely remote Far West district of Doti, mainly doing ante-natal work. He aims for postgraduate training.

Drs. Apsara and Dr. Kamal have completed their year as interns at Patan Hospital Kathmandu, and have obtained placements in their remote western home districts. Apsara is working at Manma Hospital in Kalikot, and Kamal at Jumla Hospital.

Dr. Meena gave birth to a baby boy during the year and is currently on maternity leave. She has every intention of continuing with a government post in her home district of Mugu.

Dr. Nahakul completed his 4 year DFN bond, and is working in Kathmandu while preparing for postgraduate exams.

For the first half of the year Dr. Lalit continued with his postgraduate training in Obstetrics and Gynaecology at the University of Cairo, with tuition funded by a Nepal Government scholarship, and DFN funding his living, travel and exam expenses. This was a challenging placement, with gruelling hospital work at the same time as studying for his exams and preparing his exam thesis. In the summer we were proud to announce that Lalit had passed his exams at the first sitting, to become DFN's first doctor with a post-graduate qualification. Following a brief holiday with his family, whom he had not seen for 2 years, he has taken up a post as the first-ever obstetrics and gynaecological specialist at Surkhet Hospital in the Far West. In exchange for his Government and DFN postgraduate scholarships he is bonded to work for at least 4 years in a remote rural area of Nepal.

Binita Rai and Apsara Jirel, our graduate nurses, continue to work with PHASE Nepal in the remote western regions of Mugu and Humla.

Our recruitment of **new students** was again limited by covid upheavals, and an on-going restructuring of Government support and regulation of medical education in Nepal. The implications are outlined in the next section of this report.

However, during the year two students, a medical student and a nursing student, did join the DFN family. They were already part of the way through their courses when their financial situations changed, so that they would have to drop out without financial support. Their stories are typical of the situations in which timely help from DFN can make all the difference.

X is a promising 1st year medical student. Her parents are in poor health, farmers in a remote area, and whose house was destroyed in the earthquake. She has a full Government scholarship which covers her fees, but not living expenses. She had therefore been living in Kathmandu with an aunt, but this was two hours' from college by public transport, and with obligations of chores and childcare. She was on the point of having to give up her training when DFN stepped in with financial support for a place at a college hostel.

Y is a nursing student in her 3rd and final year, from a Dalit family in rural Ghorka. Her father lost his job during the pandemic and is no longer able to support the education of his three daughters. Again, a grant from DFN means that she can complete her training.

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. Because of covid restrictions no visits had been possible since March 2020. In December this year our Chair, Dr. Kate Yarrow, and Treasurer Nigel Lewers, visited both Kathmandu and the Far West in an action-packed trip, with vital meetings with our partner colleges as well as with many of our students and doctors. They were accompanied by a film-maker, who recorded our doctors and nurses in action in the Far West. This material will be edited into several short films for use on the website and for publicity and fund-raising. DFN covered his expense, but he worked for a nominal fee.

Here are a few snippets from Kate's report to trustees on the visit:

The visit included face-to-face meetings in Jumla with the Karnali Academy of Health Sciences (KAHS), and in Kathmandu with Patan Academy of Health Sciences (PAHS). It was the first time that any trustees had visited the far west of Nepal for 4.5 years, so it was also useful to assess up to date travel and accommodation options.

Whilst we met with many of our students (including our doctors and nurses), it was not possible to meet all of them as some were working in remote areas, or away on clinical placements. However, those we did meet were delighted to see us, and it was useful to have one on one time with them.

The importance of face-to-face meetings with our colleagues in Nepal cannot be overstated enough. There was so much information that we simply cannot gauge from emails or from video conferencing.

We visited Manma hospital, where we were given a warm reception, including a ceremony with speeches. The importance of our ongoing commitment to the area seemed to be the focus of the speeches, and how DFN's work is making a palpable difference to the health of the community.

We were able to see Dr Apsara working, and Dr Lalit undertook a "pop up" antenatal scanning clinic for all the pregnant women attending. It was humbling to see so many of our scholarship students at work in the one place, and for the first time ever, it became apparent that providing these scholarships really does make a palpable difference to the local communities.

The hospital is undergoing a period of rapid growth and expansion in line with government policy to turn all district hospitals into 50 in-bed facilities. Whilst there is a lot of building work, they still seem to be severely lacking in equipment, power supply, and retention of staff.

The highlight of the journey from Manma to Jumla was that we were greeted by Lalit's family who had walked three hours to meet us – just for 10 minutes (it was the first time they had seen him after he had returned from Egypt). It really hit home where our students come from, and the challenging lives and upbringing from which they originate.

Looking ahead

There have been significant changes to the selection processes and funding of undergraduate and postgraduate medical students over the last two years. The entrance examinations for both undergraduate and postgraduate education are now nationalised, so all potential candidates sit the same exams irrespective of their location or training institution of preference.. Although there is no longer a system that positively discriminates towards students from marginalised backgrounds, a certain number of places at each medical school will be allocated to students from disadvantaged backgrounds, such as remote areas. The allocation of students to a particular institution is decided nationally rather than by the individual medical schools. The courses will continue to have a strong focus on community/remote medical care. In future the Government will provide full scholarships for tuition fees for 75% of places, at both undergraduate and postgraduate level, which will lessen the need for DFN tuition fee scholarships. However, there will be no Government financial support for living and studying costs, so DFN will have a vital role in providing subsistence scholarships that cover these additional costs. This will enable applicants from poor backgrounds to take up their places.

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

DFN is committed to supporting its doctors through postgraduate training, so that they can become effective practitioners, and leaders in medical care. Drs.Nahakul, Prakash, Apsara, and Kamal are all eager to progress onto postgraduate education as quickly as possible. There is to be an increased number of government-funded places for postgraduate training, at government institutions such as KAHS and PAHS. However, there is no financial support for training places at non-government (private) hospitals. There is currently a severe 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.

Trustees have also agreed in principle to fund clinical resources at the expanding district hospitals in the Far West where our qualified doctors and nurses are working, so that they can practice effectively. We will be asking our qualified doctors and nurses what equipment they would ideally need and have the largest impact on patient care

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.

The charity is very grateful to the Texel Foundation for its continuing grant to enable the Karnali project.

The online appeal for covid equipment raised over £18,000 - a tremendous response. Our annual story-telling evening by a professional storyteller moved on-line as a live broadcast - not the same atmosphere as crowded around him in person, but it meant that supporters around the world could enjoy and contribute to the event, A few live fund-raising events were possible in spite of the continuing pandemic, including a supporter opening her garden to the public, raising £1,200 in an afternoon..

As well as directly raising funds, events raise the profile of the charity and often result in standing orders, which are so important to the charity's financial planning.

5 Statement of financial activities for the year ending 31 December 2021

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

Income

Over the year income from all sources totalled £77,850, a net increase of £11,000 from the previous year's £66,859. This is mainly accounted for by the very successful on-line appeal for covid equipment.

We are very encouraged that the charity managed to increase its income in spite of fund-raising difficulties during the pandemic. At £15,710, standing orders 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 £57,378, expenditure for the financial year was slightly down on 2020. Support for students amounted to £15,000, and covid relief to over £17,000.

Costs continued to be minimised by the majority of work being done by the trustees and other volunteers, who also donated most of their expenses. A part-time paid organiser continues to give

essential assistance with fund-raising, publicity and communications, and general administration, and the Texel grant for the Karnali project includes support for two part-time Nepali administrative staff in Kathmandu.

Reserves policy

The charity had, at 31 December 2021, unrestricted reserves amounting to £132,310 in the bank account. 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.

Future financial commitments

It is anticipated that about £10,000 will be required for support of existing students in 2022, and about £20,000 for administration and overheads.

In addition, trustees have agreed in principle to allocate £20,000 for the living costs of additional students; £10,000 for postgraduate support; £15,000 for clinical equipment, and £5,000 for PPE.

All sums are dependent on exchange rates. .

The financial statements were approved by the Board of Trustees on 4 September 2022 and were signed on its behalf by:



Nigel Lewers
Trustee and Hon. Treasurer



Nigel Lewers
Trustee and Hon. Treasurer



CHARITY COMMISSION
FOR ENGLAND AND WALES

Doctors for Nepal

No (if any)

Receipts and payments accounts

CC16a

For the period from 01/01/2021 To 31/12/2021

Section A Receipts and payments

	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
A1 Receipts					
Standing orders	15,716	-	-	15,716	15,710
CAF donations	445	-	-	445	360
Easyfundraising	184	-	-	184	238
Justgiving	30,799	-	-	30,799	7,428
Global Giving	-	-	-	-	203
Virgin Money	475	-	-	475	351
Fundraising events	3,947	-	-	3,947	5,236
Other donations	23,055	-	-	23,055	26,169
Giftaid	-	-	-	-	8,965
Nepal visit expenses	1,693	-	-	1,693	-
Miscellaneous	1,536	-	-	1,536	2,199
Sub total (Gross income for AR)	77,850	-	-	77,850	66,859
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	77,850	-	-	77,850	66,859
A3 Payments					
PHASE scholarships	3,333	-	-	3,333	3,333
PAHS scholarships	7,708	-	-	7,708	15,707
KAHS scholarships	3,013	-	-	3,013	10,209
Graduate support	967	-	-	967	5,378
Covid relief	15,000	-	-	15,000	-
PHASE Covid treatment	2,185	-	-	2,185	2,000
Administration	9,203	-	-	9,203	10,904
Administration Nepal	631	-	-	631	400
PHASE administration	1,614	-	-	1,614	3,190
Trustee visit to Nepal	6,207	-	-	6,207	2,298
Filming costs	2,684	-	-	2,684	-
Justgiving	331	-	-	331	215
Printing	135	-	-	135	240
Event costs	608	-	-	608	49
Venue hire	-	-	-	-	1,000
Bank charges	424	-	-	424	616
Administration expenses	372	-	-	372	260
Website	284	-	-	284	1,701
Merchandise	891	-	-	891	348
Other fundraising costs	1,788	-	-	1,788	391
Sub total	57,378	-	-	57,378	58,239
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	57,378	-	-	57,378	58,239
Net of receipts/(payments)	20,472	-	-	20,472	8,620
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	86,243	-	-	86,243	77,623
Cash funds this year end	106,715	-	-	106,715	86,243

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	106,715	-	-
	Reserve	25,023	-	-
	Cash	572	-	-
	Total cash funds	132,310	-	-
	(agree balances with receipts and payments account(s))	Agreement Error	OK	OK
		Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
B3 Investment assets		Fund to which asset belongs	Cost (optional)	Current value (optional)
		-	-	-
		-	-	-
		-	-	-
11		-	-	-
B4 Assets retained for the charity's own use		Fund to which asset belongs	Cost (optional)	Current value (optional)
		-	-	-
		-	-	-