

DOCTORS FOR NEPAL

Doctors for Nepal (“DFN”)

Trustees’ Annual Report and Unaudited Financial Statements

Year ended: 31 December 2024

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

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Bank account details

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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. It had been employing a part-time admin team in Nepal through one of our charity partners, PHASE Nepal; during the year this arrangement was terminated, and the charity directly recruited a part-time Nepal Liaison Officer, Rajee Daivasigamani.

Trustees are proud and delighted that Dame Joanna Lumley, who has a strong and high-profile commitment to Nepal, has agreed to become Patron of 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, 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, midwifery or health assistant 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 delivering health camps), and provide continuing education for its 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.

We provide undergraduate scholarships for medical, nursing, and midwifery and health assistant students, who are funded for a full or partial scholarship depending on individual need and whether or not they have other funding (e.g. through a government scholarship or from another NGO). We may also support students who have other scholarships but could not continue without support for ancillary costs such as living and studying expenses. All our students sign an agreement to work in a rural area for two years following their graduation. 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 2024 our qualified doctors and nurses worked in the following districts: Kalikot, Mugu, Jumla, Humla, Surkhet, Gorkha, Bajura and Dolpa.

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.

This year we agreed a collaboration with Karnali Academy of Health Sciences (KAHS) to provide the first ever postgraduate scholarships to students from the Karnali Zone in the Far West, all of whom receive full tuition fees and a minimum of three years' forward employment at KAHS. These will be the future professors and health leaders in this remote area, raising both the standards of healthcare and medical education in western Nepal. As well as becoming faculty members at KAHS, they will be sent out to remote health posts within the college's catchment.

We partner with other NGOs who are employers in order to ensure work in a remote rural area for any scholars who are unable to gain government employment due to a lack of positions.

DFN's first Health Camp

The highlight of the year was undoubtedly DFN's first health camp- a women's health camp, held in Raskot, Kalikot district (in the far West), in collaboration with Karnali Academy of Health Sciences (KAHS). 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 relatively 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.

It was decided to concentrate on women's health because maternal and infant mortality rates in rural Nepal remain stubbornly high; the camp would cover antenatal screening, symptomatic gynaecology (with screening), and family planning.

After nearly a year of complex preparations, the international team met in Kathmandu on 16 October: Dr. Kate Yarrow and Nigel Lewers (trustees), Alicia (UK co-coordinator), Dr Rasana (UK O&G consultant) and Gareth and Tania (filmmakers). Raskot is a series of mini-villages perched across a steep mountainside, accessible via a nail-biting journey along a mountain track. When the team and their precious medical equipment eventually reached Raskot, they were met by an opening ceremony by the mayor, and a such throng of women that the local police were called in to control the crowd.

Here is an extract from Dr. Kate's initial report, written straight after the camp:

"The first afternoon was a manic stream of activity, but this settled to a manageable level for the subsequent 2 days. Almost everyone complained of several symptoms (usually vague), so much of the time was spent conducting in-depth histories to ascertain who had pathology versus wanting a check-up. By the end of the first day, we had depleted stocks of certain medications (notably – antibiotics for urine infections, and Candida treatment), so we had to try and call in supplies from Manma (3–4-hour drive) and purchase them where possible from local pharmacies.

There were a few interesting patterns that emerged in the camp that are worth mentioning: Uterine and pelvic floor prolapses were extremely common; this is likely due to several factors; large numbers of pregnancy, uncontrolled deliveries, and working strenuously (heavy lifting). This was by far the most common onward surgical referral made by us to KAHS. Another interesting issue was

a reluctance to use long-acting contraception. Despite the high average parity (number of children), it was almost impossible to persuade anyone to have a coil or an implant. This is again, a complex social issue – and will be explored further when we analyse the data collected at the camp.

On day 3, the camp closed with another elaborate ceremony; swathes of scarves and certificates given and received. The feedback from the patients, staff, and community was overwhelmingly positive, and we were immediately invited back to offer another camp. I politely declined and said we would consider it after we had time to get home and reflect on the first camp! Tears were shed; a combination of relief, exhaustion, and overwhelm in equal measure.

I would like to reflect on how well the team worked together, especially given the unusual circumstances we found ourselves in. It was the first time we had ever brought our DFN team together to provide clinical care, but despite the range of experience levels, and different cultural backgrounds, the team jelled extraordinarily well. Of particular note – Satya (nurse) was clinically exceptional. But it would be unfair to name other individuals - other than to say that we are so proud of how the team came together and delivered such a successful camp. It was a true example of how training medics from these areas can deliver high quality care to their communities."

The camp provided healthcare to over 620 women, ranging in age from teenagers to women in their 70s; 30 prolapses were diagnosed and referred onward for treatment. All patients received menstrual hygiene packs and health education, which should bring lasting and long-term health improvements

The camp was attended by Dr Mangal Rawal, Vice-chancellor of KAHS, who commented that, of the over 50 health camps that he has attended, this was one of the best managed and most effective. Not least, it was a great training opportunity for DFN doctors and nurses. It gave the charity a unique opportunity to bring together for the first time our growing team of Nepal-trained healthcare professionals as working clinicians. They benefitted from bedside clinical teaching from two UK consultants, as well as receiving extensive group teaching before and during the camp. They gained not only clinical skills, but management and leadership experience, and also gained hugely from reinforcing their sense of group camaraderie: the "DFN family", as they like to be known. This was an experience that built strong personal bonds, and helped establish the support network and sense of family which will be so vital during their future careers in isolated and challenging settings.

The health camp brought the opportunity for the charity to work directly with government health workers (MOH clinicians) and with the local government, and gained attention in the national media, so further extending the positive reputation and working relationships of DFN, and raising our profile in the Nepali political and medical communities.

Subsequently, our film makers Gareth and Tanya (who donated their time to the charity), produced a moving film about the health camp and the DFN team, narrated by Dame Joanna Lumley. Film showings are planned in Manchester, London and Lewes (Sussex), and it will be available on the DFN website at <https://www.youtube.com/watch?v=-ViiaRbwEzg>, and will be used at future fund-raising events. The film is invaluable in raising awareness and understanding of the work of the charity and the healthcare challenges of western Nepal, and cultivates commitment to the charity, as well as financial contributions.

Our doctors, nurses and students:

By the end of 2024, DFN had supported 37 scholars:

- 1 qualified medical consultant
- 10 qualified doctors (of these, DFN is currently supporting 1 through postgraduate training)
- 3 additional postgraduate doctors (these are not counted in the 12 above as DFN did not support them to graduate)
- 13 qualified nurses (of these, DFN is currently supporting two through BNS training)
- 1 qualified midwife
- 4 current medical students
- 1 current nursing student
- 2 current health assistant students

All of the students that we were already supporting at the beginning of the year (two health assistant students, two medical students and one PHASE nursing student), continued to move forward with their studies in 2024.

Of our ten qualified doctors, two are currently working as interns at Patan Hospital and two others are working their two-year bonds at hospitals in the Far West. Our first DFN consultant doctor 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.

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 one of the limited number of government MD scholarships. Four of our doctors have completed their bonds and sat postgraduate exams in 2024. Of these, two were awarded government scholarships and the other two are to be supported through this training by further DFN scholarships. During the year DFN set up a new collaborative scheme with Karnali Academy of Health Sciences to expand the provision for postgraduate scholarships there. Through this project, DFN have so far awarded postgraduate scholarships to three more doctors, who upon qualifying will be employed by KAHS as consultants.

One nursing student qualified this year, joining our other nurses who 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. Of the five nurses that qualified last year, all have gone on to work in the Far West. Two of our qualified nurses have returned to study for their bachelor in nursing, supported by their second DFN scholarships. They will go on to do further bonded periods in rural Nepal upon qualifying.

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 four nurses completed their bonded periods in remote areas with our partners PHASE and Oda, with their posts financed by DFN. The two PHASE nurses continue to work with PHASE; one of the Oda nurses is now studying for a BNS degree at KAHS, supported by DFN.

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, and plan and develop projects and collaborations.

This year's first visit was perhaps the most productive one to date, with a packed schedule of meetings helping to indicate the future direction of the charity, and strengthening collaborative bonds with KAHS, the ODA Foundation and the Nick Simons Institute. It included a meeting with the Minister of Health, helping to forge important political connections and awareness of the charity). The second visit was to participate in the health camp (see above)..

Electives:

An elective is a period spent away from UK medical school, giving the opportunity to experience healthcare outside the NHS. In 2024 DFN facilitated, through PAHS, the electives of two students from Plymouth 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.

Looking ahead:

Through working with KAHS and meeting the health minister at the Ministry of Health in 2024, it has become clearer that there are continuing needs for clinical specialists (consultants) willing to work in remote areas. To help address this, DFN will continue to expand its support for postgraduate education, by providing scholarships for doctors to become specialist consultants . These scholarship recipients will be bonded for a further three years of work in remote districts, once they achieve their postgraduate qualifications. DFN is committed to extending its fruitful collaboration with KAHS, and trustees have agreed to fund two further postgraduate scholarships there in 2025,

In addition, some of our more junior nurses (auxiliary nurse-midwives (ANMs), or basic nurses) have requested upskilling to gain their bachelor in nursing. This qualification allows them to undertake more procedures, and work independently to a higher level, and accords with the Nepalese national aim to upskill all ANMs. Therefore DFN is expanding its bachelor of nursing and midwifery scholarships, including for some of our scholars who have already been supported by DFN through their basic training in nursing (in other words, some nurses will be offered a second scholarship with DFN).

Following the success of the 2024 health camp, it is anticipated that DFN will build on this by providing the funding to collaborate again with KAHS and others in running further DFN camps in the Karnali zone over the coming years, to benefit more rural communities.

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.

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.

Income this year was boosted by £9,560 of sponsorships for individual students and a grant of £10,000 from the Texel Foundation towards the health camp, as well as a number of generous smaller donations from individuals.

5 Statement of financial activities for the year ending 31 December 2024

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

Income

Over the year income from all sources totalled £63,240, an increase of £26,213 from the previous year. Income this year included £9,560 of sponsorships for individual students and a grant of £10,000 from the Texel Foundation towards the health camp.

At £15,236, 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. Income this year was boosted by a 3-year gift aid reclaim of £9,947.

Expenditure

At £78,055, expenditure for the financial year was £23,000 up on 2023. This was largely accounted for by health camp expenditure of £22,530. Other costs associated with the health camp were filming expenditure and a second trustee visit. Support for students amounted to £20,437 (about £9,000 less than 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 has been backed up by our two part-time Nepali administrative staff in Kathmandu, replaced during the year by a part-time Nepal Liaison Officer..

Reserves policy

The charity had, at 31 December 2024, unrestricted reserves amounting to £85,493 in the bank account (£14,815 less than at the end of 2023). 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, £25,500 is held in reserve to ensure that student fees can be met; the remainder is working cash or held in an instant access savings account.

Future financial commitments

It is anticipated that about £29,500 will be required for support of existing students in 2025 (four postgraduate students, four medical students, two nurses doing BNS degrees, one nursing student, two health assistant students). One of the postgraduate students and the two health assistant students are being funded through the generosity of sponsors (totalling about £10,000 in 2025),


In addition, it is likely that one more, or possibly two, of our trained doctors will during the year request financial assistance in order to accept postgraduate training offers.

About £14,000 will be needed for administration and overheads, and final health camp reimbursements will be due to KAHS.

The financial statements were approved by the Board of Trustees on 12 August 2025 and were signed on its behalf by:

X *Nigel Lewers*

Nigel Lewers
Trustee and Hon. Treasurer

	CHARITY COMMISSION FOR ENGLAND AND WALES		Decisions for this year	0000 (£1,000s)	CC16a
	Receipts and payments accounts				
	For the period from	01/01/2024		31/12/2024	

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	15,236	-	-	15,236	15,196
CAF donations	530	-	-	530	555
Easyfundraising	266	-	-	266	213
Justgiving	4,763	-	-	4,763	7,195
Gift Aid	9,947	-	-	9,947	-
Fundraising events	1,789	-	-	1,789	2,485
Donations	4,672	-	-	4,672	10,101
Sponsorship	3,000	16,560	-	19,560	-
Electives	384	-	-	384	656
Health camp reimbursement	4,017	-	-	4,017	-
Interest on reserve	301	-	-	301	220
Interest on savings	915	-	-	915	-
Miscellaneous	860	-	-	860	406
Sub total (Gross income for AR)	46,680	16,560	-	63,240	37,027
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	46,680	16,560	-	63,240	37,027
A3 Payments					
PHASE scholarship	2,415	-	-	2,415	-
PAHS scholarships	-	-	-	-	4,479
KAHS scholarships	6,192	6,560	-	12,752	13,743
ODA nurse support	270	5,000	-	5,270	11,453
Women's health camp	12,530	10,000	-	22,530	-
Film costs	8,895	-	-	8,895	2,090
Administration	12,802	-	-	12,802	14,829
Trustee visit to Nepal	8,841	-	-	8,841	4,593
Medical equipment	219	-	-	219	639
Giving.com	216	-	-	216	216
Printing	158	-	-	158	780
Bank charges	309	-	-	309	260
Administration expenses	379	-	-	379	203
Website	213	-	-	213	390
Merchandise	720	-	-	720	909
Entertaining	555	-	-	555	-
Other costs	1,781	-	-	1,781	348
Sub total	56,495	21,560	-	78,055	55,032
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	56,495	21,560	-	78,055	55,032
Net of receipts/payments)	- 9,815	- 5,000	-	14,815	- 18,005
A5 Transfers between funds					
A6 Cash funds last year end	95,308	5,000	-	100,308	118,313
Cash funds this year end	85,493	-	-	85,493	100,308

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	Reserve	25,558	-	-	
	Savings	25,915	-	-	
	Working cash	34,020	-	-	
	Total cash funds	85,493	-	-	
	(agree balances with receipts and payments account(s))	OK	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)	
			-	-	
			-	-	
			-	-	
			-	-	
B4 Assets retained for the charity's own use		Fund to which asset belongs	Cost (optional)	Current value (optional)	
		11	-	-	
			-	-	
			-	-	
			-	-	