



**Roads to Rehab
Nepal**



ROADS TO REHAB NEPAL ANNUAL REPORT FOR THE FINANICAL YEAR 2022 - 2023

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NAMASTE AND WELCOME TO OUR ANNUAL REPORT FOR THE 2022 – 2023 FINANCIAL YEAR

1. ABOUT US

Roads to Rehab Nepal is an Australian based organisation located in Canberra and registered with the Australian Charities and not-for-profits Commission (ACNC). We were registered as an organisation in December 2016 and are entering our eighth year of working in partnership with Medical Rehabilitation Organisation (MeRO).

MeRO is a Nepal Social Welfare Council registered organization, which means it has regulatory and reporting requirements to the Nepalese government. It was established following the devastating earthquake in 2015 when it was called Nepal Healthcare Equipment Development Foundation (NHEDF). It has since since changed its' name to better reflect what they do.

2. WHAT WE DO

We work together to improve health outcomes for people in Nepal who experience life changing injury or illness, but cannot access medical care and/or rehabilitation services due to poverty.

Our primary aim is to fund specific aspects of MeRO's work. Such funds are used by Mero to pay for medical and surgical intervention, nursing care, physiotherapy and rehabilitation services for patients admitted to their medical shelter in Kathmandu.



We are both small organisations but we are very effective. We are both 100% operated by invaluable volunteers and almost 100% of what is donated goes to our project on the ground. Our outcomes are easy to measure.

3. HOW WE DO IT

Both organisations rely 100% on donations. The number of patients we can help and the amount of support we can give to MeRO is determined by the generosity of our invaluable mutual donors, because without them, we could not do anything.



Most of MeRO's patients come from remote or regional parts of Nepal.

Patients are referred to MeRO and if they meet admission criteria they are either admitted directly to hospital or are brought to MeRO's Shelter depending on the nature and severity

of their illness or injury.

Patients are then assessed, diagnosed, hospitalized for treatment as appropriate and then transferred back to the Shelter when their condition is stable. When patients do not meet admission criteria, MeRO provides advice on where to go and what to do next.



At the Shelter, everything is provided for free for both the patient and their accompanying family member. This includes accommodation, food, clothing, transport, medications, medical and surgical intervention, nursing care, physiotherapy and rehabilitation services.



Having a facility like the Shelter also means that patients and their family member have somewhere to stay in Kathmandu as they can be there for many months.

One of MeRO's main aims is to advocate for their patients and help them navigate the medical system and their often long road to rehabilitation. They are not discharged until this is complete.

4. OUR MISSION - WHY WE EXIST

Both organisations believe access to free health and medical care should be a universal human right regardless of income, age, gender, caste, religion or geographical location.

5. THE CHALLENGES OF MEDICAL CARE IN NEPAL

In Nepal in 2019, 17.4 % percent of Nepalis were multi-dimensionally poor. This term is believed to capture a more complete picture of poverty because it measures not just how many people live in monetary poverty, but illustrates how many people are deprived across three dimensions – lack of money, lack of education and lack of basic infrastructure. This translates to over five million people who do not have access to medical care and rehabilitation services and it is estimated that about half a million people are pushed below the poverty line every year.

There are many complex reasons for Nepal's sub-standard medical care. These include, but are not limited to: government policy and political uncertainty, under-resourced per capita funding for medical care, poverty, illiteracy and poor health literacy, cultural beliefs and a reliance on traditional medicine, geographical location and place of residence, expensive emergency transport and rugged terrain with poor road infrastructure, a lack of government medical and tertiary care facilities, long government hospital waiting lists, documented poor performance of government hospitals, inadequately funded hospitals, healthcare infrastructure deficits and sub-standard medical resources including insufficient suitably trained and skilled staff.

It is not uncommon to have one nurse to 40 patients in a government hospital ward and many nurses and medical practitioners are leaving in droves for other countries. The cost of medical care is also one of the highest in Asia.

According to data from the Ministry of Health and Population there are only 123 government hospitals for a population of 30,709,063. In comparison, there are 366 private hospitals of which 99 are located in the Kathmandu Valley. Consequently, in recent years, there has been a huge explosion in private medicine and many turn to the private sector intentionally, or sometimes unintentionally, or by accident or as a consequence of vulnerability and exploitation. In the private system, nothing is free.

Whilst there is a National Health Insurance Program, voluntary private health insurance and a number of different social welfare schemes to attempt to reduce catastrophic expenditures, these are not working well, and the system is plagued with problems. MeRO is a drop in the ocean.

6. HOW NEPAL'S MEDICAL SYSTEM IMPACTS MERO'S PATIENTS

Even when patients have savings or private health insurance, a diagnosis, an illness or an injury, whether it is caused by negligence, trauma or accident can quickly turn life into a cycle of debt and increasing poverty.

It can result in significant disability or even death, a poor prognosis, poor physical and psychological health, a high level of personal and family distress, significant debt to family, friends, one's community and/or money lenders, and economic loss, deepening poverty, discrimination, homelessness, and significant feelings of being a burden to one's family.

By the time a patient is referred to MeRO their clinical pathway is often very different to what it would have been had they had effective treatment at the time of injury or illness. Some of MeRO's patients have contemplated suicide.

Many people in Nepal are illiterate, and those from regional and remote areas with complex medical issues are required to seek treatment in the nation's capital because district hospitals do not have the resources. Many patients have never been to Kathmandu before, have no-one to stay with and have no understanding of how the complex, and often corrupt medical system works. This makes them extremely vulnerable to exploitation.



In Nepal people like Susma and Sujana cannot pay for surgery. They decline treatment as the estimated cost is unaffordable and they end up with a disability. Other patients accept treatment with no idea of how much it will actually cost, and with no means to pay for it, because they believe they have no choice.



Families like Dipaks' will try to raise funds within the community in which they live to help cover costs and/or go into debt to pay their medical expenses.



Other people like Bishwokarma sell their land, their house, and their livestock. Eventually most have nothing left.

7. HOW THE ABOVE RELATES TO WHAT WE DO



None of MeRO's patients have private health insurance, nor do they necessarily have hospitals on their doorstep. Patients regularly have to walk for many hours to reach medical care. They may have to travel by bus to the nearest hospital or travel for up to 3 days to reach Kathmandu. Many patient's conditions worsen during this time. Raaju, for example, walked for four hours to get to a hospital with a fractured spine, having fallen out of a tree.

For some patients with specific diagnoses e.g. renal failure, treatment in a public hospital is free. For some patients from remote regions requiring major surgery, like Mina and Gautam who needed cardiac surgery, a capped subsidy is provided but this does not covers all costs.



In a government hospital, the bed and actual surgery is free, but investigations, diagnostic tests, x-ray, pathology, meals, medications, medical equipment and supplies are not.



Consumables required before, during and after surgery must be purchased prior to admission. These include items like intravenous tubing and cannulas, wound drains, catheters, units of blood, anaesthetic drugs, analgesic and antibiotic medications, dressing products, bandages and so forth. This is the case regardless of whether the hospital is public or private. Meals must also be paid for. MeRO is also required to pay for good quality prostheses and implants like screws, plates, metal hip and knee joints because locally made implants often fracture.



8. YOUR IMPACT & OUR ACHIEVEMENTS – OUR MISSION, AIMS AND OBJECTIVES

We support MeRO in a number of ways. Our aim is to improve health outcomes for all patients who walk through the doors of MeRO's Shelter and we do this with your help.

This financial year, yet again, your wonderful generosity supported MeRO's work by enabling us to fulfil our financial and other commitments to this wonderful partner organisation with whom we work.



This financial year, we improved health outcomes for 57 patients

Your generosity has enabled us to continue to fund MeRO's work and has changed 57 lives. Because of you, 38 adults and 19 children have had access to the best surgical, medical and nursing care, physiotherapy and rehabilitation services possible and have been treated with kindness, compassion, dignity, safety and respect.

We paid the wages of MeRO's four nurses and physiotherapist



Your support of our staff sponsorship programs has meant that patients have access to both around-the-clock nursing care and physiotherapy six days a week for as long as necessary.

and a liability to their family.

Without physiotherapy, many of MeRO's patients would experience loss of function and increased disability. Many then become a physical and economic burden

Physiotherapy is a relatively new in Nepal. It is not free, and rural and remote regions simply do not have physiotherapy services, nor could patients afford them if they did.



This financial year, MeRO employed an extra staff nurse to ensure nursing cover was provided to all patients 24 hours a day 7 days a week. We are still about \$1000 short of meeting our goal for complete staff sponsorship for next year, so if you would like to help pay the wages of MeRO's clinical staff, please let us know!

We provided funds for medical costs

These covered the first US\$200 of medical care for three patients and also provided additional costs for eleven patients as required.

Our 'Love our Work on Valentine's Day' campaign through Global Giving in February secured sufficient funding to provide the first US\$200 for the next 100 patients admitted to MeRO's Shelter.



MeRO has many wonderfully generous supporters both inside and outside Nepal who regularly fund patient's medical care. When they can't, we step in. Orthopaedic surgery for example, such as that required by Susma and Arya, is very expensive due to the cost of implants. We contributed additional funds for both, as well as paying medical and surgical expenses for nine other patients.



We paid US\$1000 per month of MeRO's pharmacy bill

This paid a large part of MeRO's total cost of medications and also covered medical, nursing and physiotherapy supplies. Many patients following discharge from hospital require ongoing nursing care and physiotherapy and may need medications, crutches, dressing products, air mattresses, catheter bags, bandages, splints, naso-gastric tubes, cannulas, oxygen, monitoring equipment and so forth.

Other achievements over this financial year included the following

1. We continued to grow our supporter base, publicised what we do and increased awareness of our work. We informed and communicated with our community through quarterly newsletters, quarterly staff sponsorship communications, regular Facebook posts and timely communication with donors.
2. Thanks to regular online meetings with MeRO's director Samrat, and a visit to Nepal, we were able to stay up to date with everything that was happening at the Shelter.
3. We reinforced our partnership with MeRO and their capacity for good governance by working with them to strengthen safeguarding practices and the reduction of risk. We shared resources and provided mentorship, friendship and support. This was enhanced, as it always is, by a visit to Nepal.
4. We continued to promote and encourage best practice and ongoing professional development for MeRO's clinical staff through ongoing education through a subscription from Ausmed and we hope they will continue this over the next financial year.
5. We continued to generate increased revenue and engage in fundraising activities. We were one of several organisations especially selected by GlobalGiving to take part in a one-off matching campaign where all donations up to US\$10,000 were doubled. Thanks to your incredible generosity and this amazing one-off opportunity, our 'Love our Work on Valentine's Day' campaign met our goals and meant we raised an additional US\$20,000.
6. We continued to do our best to practice good governance, and foster accountability and transparency, enhance our strong organisational capacity and responsible financial management by updating and further developing our policies, communicating effectively with our supporters and complying with all due diligence and reporting requirements of the ACNC and GlobalGiving as well as staying abreast of changes as they are implemented.

9. HOW MERO OPERATES

The number of patients MeRO can admit is primarily determined by funding, but is also influenced by other factors such as patient acuity, resources and staffing.

MeRO's rent is paid for by a wonderful organisation in the Netherlands called StichtingCare4Nepal.



When in hospital, or at the Shelter, patients are always accompanied by a family member who assists with personal care, as is customary in Nepal. It is the responsibility of this family member, and the patient if they are able, to help with the day-to-day running of the Shelter and Krishna-hari's father is the best gardener ever!

MeRO also receives wonderful support from many individuals, organisations and medical practitioners inside Nepal who help fund food, transport, bills and other incidentals. Some doctors regularly discount surgical fees and some hospitals reduce their charges for MeRO's patients. Many individuals volunteer to donate blood for MeRO's patients should a blood transfusion be required.



10. ABOUT THE PEOPLE WHOSE LIVES YOU HAVE CHANGED

None of the following would be possible without your support.

Krishna-hari remains MeRO's longest staying patient. He has an acquired brain injury. No one in ICU ventilated him when the electricity went off whilst he was being treated for tetanus following an injury sustained during the earthquake. He continues to be cared for by his father. Due to the need for a permanent catheter and a naso-gastric tube through which he is fed, he cannot return home. There is nowhere else for him to go.



Nine patients have been treated for cancer. Four patients for osteosarcoma (bone cancer) and five with other cancers. Four had chemotherapy including Pooja.

Laxmi had a synovial tumour resected and many complications. Both her and Pooja were finally discharged this year, both having had especially long roads to rehabilitation!

Milan had surgery for deafness and will return for one more.

Saugat had two surgeries to remove a large facial hemangioma and also requires another surgery at a later date.



Bhim, Biraj and Dipsika, all children, required surgical release of burns contractures as did Gulchana and Gurung. Gulchana had previously been admitted to MeRO prior to COVID-19.

Lohsari and Suparna were admitted with acute burns injuries, and Suparna was also assessed for blindness which tragically happened to be caused by an inoperable brain tumour.





Two adults and two children were admitted for cardiac surgery. Sandeep survived against all odds and he, Mina, Purna and four-year-old Gautam made wonderful recoveries. Imanuel has been assessed for cardiac surgery which he will have when his pneumonia has cleared up.

Five patients required amputations of their legs for infected wounds, infected burns and electrocution and were fitted with prostheses.



Bishwokarma had to have his arm amputated due to osteosarcoma. He was unable to have a prosthesis.

Prem was attacked by a bear and required surgery and wound management. Another patient was admitted specifically for wound management, which also forms part of MeRO's nurses daily routine for almost all MeRO's patients. One patient was admitted but transferred elsewhere for psychiatric care.



Sita Giri and Lila were admitted for treatment of ongoing medical issues indirectly related to obstetric fistula and Moti was admitted for management of a gynaecological condition.

Orthopaedic injuries are common at the Shelter. One patient had a craniotomy, and seven patients had fractured limbs. All needed surgery except for Sujan and a young boy who is still undergoing assessment. Susma had a hip replacement for a previously untreated fractured pelvis, Arya had her congenital hip dysplasia successfully operated on and Raaju had surgery for a spinal fracture. Shoba sustained previous spinal fractures and requires rehabilitation, support and reassessment for increasing pain and numbness.



As you can see, it has been a busy year for Team MeRO!

11. TWO SPECIAL STORIES

We have two very special stories to share with you. Both involve children whose lives have been significantly changed, thanks to you. Our regular readers may be familiar with them already.

ARYA'S STORY

Arya was born with congenital hip dysplasia and lived with a permanently dislocated hip.

Her parents received no support from their family or their community. Her condition was perceived to be a punishment from the gods because her mother married a man from a lower caste.

Luckily Arya's parents did not see it that way and were determined to do the best for their daughter. They managed to secure a small loan and brought her to Kathmandu thinking that what they borrowed would be



sufficient, however the hospital advised them that surgery would be in the region of \$2000.

Her parents were devastated and her father said *"I had already taken a loan of \$200 to come to Kathmandu, so how could I possibly manage the huge amount which the hospital told me it would cost for her surgery? I could not stop thinking about this and I felt it was killing me inside. Every day, I asked many people for a loan, but no one was willing to help me. Also, if I worked for my entire life, I would never be able to pay back this amount"*.

Luckily, Arya was discovered by a journalist working in the area and he referred them to MeRO. Arya was initially treated conservatively with a simple surgical procedure, a plaster cast and traction, but none of these interventions were successful. After a longer period of traction she eventually had major surgery, lots of physio and was finally discharged nine months later having made a great recovery.



She will require more surgery as she grows, but hopefully not for several years yet, and in the meantime, she can run, skip, hop and jump and go to school like any other child and she no longer lives with pain.

Whilst Arya was at the Shelter, she made friends with two year old Dipsika. She even loaned her her walker!



DIPSIKA'S STORY



Dipsika was only a few days old when a burning log fell out of the fire onto the blanket she was wrapped in. She received burns to 30% of her body. Her parents took her to the local health post but they could not help. She was referred to Kathmandu where she had skin grafts to her legs but unfortunately had to have her forefeet amputated.

She was discharged home but over time, scar tissue developed into burns contractures which made it impossible for her to walk. She got around on her knees. Like many patients in Nepal she required further surgery to have the burns contractures released.



Dipsika was referred to MeRO by an organisation called Burns Violence Survivors Nepal. She was operated on and received lots of nursing care and physiotherapy. Splints were fitted by MeRO's amazing prosthetist, and she too can now stand, walk, run, hop, skip and jump and an added bonus, she can also hitch a lift on her dad's shoulders when she gets tired of dancing!





12. TRUSTEE'S REPORT

I would like to say a huge thank you for another year of wonderfully generous giving.

Last February, for the first time since COVID-19, I was able to return to Nepal. Even better, Paul, who happens to be my husband of almost 40 years and is our Treasurer, came also!

We were able to take over some lovely knitted goodies for patients which Sue and friends made during COVID-19 lockdowns, as well as lots of physio equipment donated by Duntroon physiotherapy department. All were much appreciated by the recipients.



It was wonderful to see Samrat again, spend time at the Shelter, and get to know MeRO's patients who I hear so much about. We also got to know two of MeRO's new nurses, Sushmita and Nirmala. We had fun spring cleaning and reorganising the nurses' room. They were probably relieved to see the back of me at the end of the two weeks!

Our 'Love our Work on Valentine's Day' campaign concluded whilst we were in Nepal which was exciting! We then returned to Australia with lots of auction items for our fundraising dinner in July and were thrilled when Samrat, MeRO's Director was granted a tourist visa so he could will be our guest speaker!



We have had some incredibly generous donations this year, and I would like to thank each and every one of you for your outstanding generosity, especially those of you who donate year after year.

We look forward to our eighth year of working with MeRO and to your ongoing support. My grateful thanks for your support are shared by every single one of MeRO's patients and their family members, whose lives you have changed forever.

With best wishes,

Virginia Dixon President, Roads to Rehab Nepal

13. FROM MeRO'S DIRECTOR, SAMRAT

Namaste,

Two-year-old Dipsika may have thought that we were her biggest enemy. Sometimes she cried

when she saw us because we did things to her that she did not like which were painful for her, but one day, she will see videos and photos of how, thanks to people like you, she can stand on her own feet and walk like normal people, instead of on her knees. She will remember us, and remember you, even though she does not know you, and she will thank us all.



On behalf of everyone at MeRO, we want to thank you all for joining with us to create memorable moments like these. We are so proud of what we do, and we hope you feel proud to support us.

We also want to thank you from the bottom of our hearts for your amazing support during Roads to Rehab Nepal's Valentine's Day fundraiser and thank you from all of us to all of you for supporting the wonderful work done by Roads to Rehab Nepal.

Yours respectfully,

Samrat Singh Basnet

Director, Medical Rehabilitation Organisation



14. OUR NURSE AND PHYSIOTHERAPIST SPONSORSHIP PROGRAM

Integral to our commitment to improve the health of people who have experienced life changing illness or injury are our Nurse and Physiotherapist Sponsorship Programs. These fund the wages of MeRO's four nurses, Kusum, Sushmita, Nirmala and Sony, and physiotherapist, Anjeela.



MeRO's clinical staff continue to provide non-discriminatory, person-centered, individually tailored, nursing care and physiotherapy to all patients at the Shelter, whilst adhering to all registration requirements, standards for practice and codes of conduct. They also enjoy sending their sponsors a quarterly newsletter to demonstrate the difference you make and to say thank you.

One of the main challenges MeRO faces with respect to staffing is the loss of their nurses to other countries. Since our involvement with MeRO staff nurse Kunga went to the US, Ranjani came to Australia, Aashika is coming to Australia and Sushmita wants to go abroad. Kusum and Anjeela remain, who knows for how long but we hope it is forever!



15. A BIT ABOUT GOVERNANCE

Both ourselves and MeRO have registration with and reporting requirements to our respective government bodies - the Australian Charities and not-for-profits Commission (ACNC) and the Social Welfare Council (SWC) in Nepal. In order to maintain our respective registration with our governing bodies, both organisations are required to comply with all legislative, regulatory and reporting requirements and obligations.



For us in Australia, ACNC registration also provides us with structure, guidance, resources and advice which also help facilitate transparency, accountability, due diligence and good governance.

The SWC requires MeRO to submit audited accounts on an annual basis. We are not required to do this, as we are defined by the ACNC as a 'small' charity because our annual revenue is under \$500,000. We do, however, have to submit our annual financial report, as well as our annual report to both the ACNC and GlobalGiving as part of our due diligence and reporting requirements.



Our governing policies guide our work. They mitigate and manage risk, dictate our financial management, determine how we operate as a committee, and what we can fund. They are there to safeguard all resources and individuals associated with each organisation. We share relevant resources with MeRO and have worked hard to mentor and strengthen their capacity for good governance and due diligence.

The ACNC also has specific requirements which govern a registered charity's operations outside Australia and considers that engaging in overseas activities also carries additional risk. As such, we comply with the ACNC's External Conduct Standards which are a set of standards, steps and requirements that govern how ACNC registered charities must manage their operations, activities and resources when working overseas. Compliance with these standards ensures appropriate standards of risk management, behaviour, governance and oversight.

We can demonstrate that we have taken all appropriate steps to date to safeguard our funds, assets, volunteers, MeRO's staff, and the beneficiaries of our work. We have also met all our reporting requirements, obligations and due diligence to GlobalGiving.

We would also like to mention that both organisations are 100% operated by volunteers. No one receives payment or benefit of any kind.



16. FINANCIAL INFORMATION

ANNUAL FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2023

MeRO ACCOUNT

BANK BALANCE AS AT 30 JUNE 2022	18,934
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RECEIPTS

Donations	51,138 ¹
Clinical staff sponsorship	8,783 ²
Fundraising dinner tickets	1,200
Donations for felt items	70
Transfer from Fistula Account	500 ³

TOTAL RECEIPTS	61,691
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EXPENDITURE

Pharmacy	17,315
Clinical staff wages	15,480
Medical and surgical treatment	9,164 ⁴
Website maintenance	755
Website and email hosting service	546
Overseas transfer fees	<u>100⁵</u>

TOTAL EXPENDITURE	(43,359)
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BANK BALANCE AS AT 30 JUNE 2023	<u>37,266</u>
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FISTULA ACCOUNT

Bank balance as at 30 JUNE 2022	2,763
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RECEIPTS	NIL
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EXPENDITURE

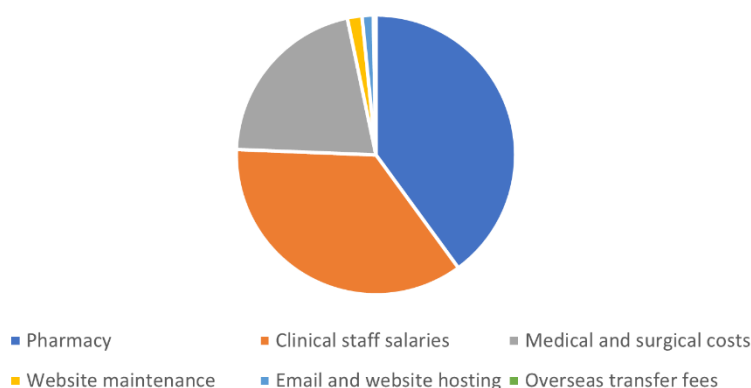
Patients' medical costs (transfer to MeRo account)	<u>500</u>	(500)
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Bank balance as at 30 JUNE 2023	<u>2,263</u>
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NOTES:

- 1) Our income increased considerably this year, due mostly to two factors. Firstly, Roads to Rehab Nepal received an incredibly generous single donation of US\$10,000. Secondly, we were selected by Global Giving to participate in a special one-off matching grant whereby all donations received during a specific period were matched 100% up to US\$10,000. This resulted in US\$20,000 or AU\$27,654 being received during March and April. Roads to Rehab Nepal also received a number of significant donations from several other generous supporters over this financial year.
- 2) This sponsorship was donated specifically under Roads to Rehab Nepal's Nurse (\$4,550) and Physiotherapist (\$4,233) Sponsorship programs.
- 3) This amount was transferred from the Fistula account to the MeRO account to pay for medical treatment for two patients with obstetric fistula.
- 4) Roads to Rehab have funded medical and surgical costs for 14 patients.
- 5) From April 2023, Roads to Rehab is no longer being charged for overseas transfer fees.

How we spent our funds during 2022 - 2023



- Medications, medical equipment and supplies accounted for 40% of our expenditure
- Salaries of MeRO's clinical staff accounted for 35.7% of our expenditure
- Medical costs accounted for 21.1% of our expenditure
- Administration costs accounted for 3.2% of our expenditure (website maintenance, website and email and bank transfer fees)

This means 96.8% went directly to our project partner organisation in Nepal.

As explained on our website, please note that donations to Roads to Rehab Nepal are NOT tax deductible in Australia. ACNC registration does not confer tax deductibility in Australia. However, USA and UK donors can claim tax deductibility and GiftAid respectively when donations are made through Global Giving.

Paul Dixon

Treasurer, Roads to Rehab Nepal

Date: 8 July 2023

17. THANK YOUS & ACKNOWLEDGMENTS

To our amazing donors, nurse & physio sponsors & supporters



We gratefully acknowledge and thank our past and present donors, sponsors and supporters wherever you are in the world and like to emphasize that neither words nor photos can adequately express the gratitude of MeRO's patients and their families.

On behalf of ourselves, everyone involved with MeRO, all past and present patients and their families, we would like to say a million thank yous to everyone who has supported us and/or MeRO for your wonderful generosity over this financial year. Without your amazing support, none of what we did would have been possible.



Towards the end of our financial year, over the Christmas season, and during our 'Love Our Work on Valentine's Day' campaign, we received a number of incredible donations which have significantly impacted what we can do. We cannot thank these individuals enough.



We also really appreciate everyone who contributes to our Nurse and Physiotherapist Sponsorship Programs year after year. This greatly assists our budgeting and gives MeRO's clinical staff a sense of permanency and security.

Our ongoing gratitude goes to everyone who plays a role in the success of both organisations including our Management Committee in Australia, MeRO's Director Samrat and all their amazing Board Members, volunteers and clinical staff. Extra thanks go to Board Member, Devindra, who consistently goes over and above the call of duty.

In Nepal, our grateful thanks go to the following

Some special organisations and individuals play an important role in supporting MeRO's work and we would like to acknowledge and thank Prakrit Drug House for supplying MeRO with medications, equipment and supplies at discounted prices and with flexible credit.



Grateful thanks also go to Kundalini Diagnostic Centre who give MeRO a 40% discount on all diagnostic tests.



Our ongoing gratitude goes to long-term supporter Rani Kshyapati. This amazing woman continues to supply the Shelter with food every month and also supports MeRO in other ways, as required.

We would also like to thank Stichting Care4Nepal in the Netherlands for paying the Shelter's rent, and all the other things that you do, especially around nurse education in Nepal.

We would like to acknowledge the work of journalist Prakash Singh, a reporter from the Himalayan Times and Nepal TV who regularly raises awareness of the lack of medical care in remote regions of Nepal. His work has brought many patients to the Shelter. They are all really grateful too!





A huge thank you goes to all those wonderful hospitals, doctors, nurses and social workers for referring patients to MeRO. We would also like to acknowledge and thank those doctors and hospitals who discount their services and help keep medical costs to a minimum.

Our gratitude also goes to Nepal Ambulance Service who continue to provide free patient transport for all MeRO's patients.

Finally, we would like to thank every single one of you in Nepal who support MeRO's wonderful work,

whether it is contributing rupees to pay for services, medical care or bills, providing food or funding for patients, providing clothing, time and expertise and so much more.



In Australia, our grateful thanks go to

- Flat Gecko Design for overseeing our website
- Southside Physio Woden and Tuggeranong for their ongoing support of our Physiotherapist Sponsorship Program.
- Liz and friends for the wonderful morning tea fundraiser and your combined generosity during our 'Love our Work on Valentine's Day' campaign
- Lloyd for his ongoing generosity and support of patients at the Shelter.
- Adeline for creating our wonderful graphics for the GlobalGiving campaign and fundraising dinner. You are very talented!

18. HOW YOU CAN HELP

Stay informed: Subscribe to our mailing list through our website www.roads-to-rehab-nepal.org or by emailing us info@roads-to-rehab-nepal.org We will keep you in touch with our work through our quarterly newsletters, annual reports and occasional other correspondence when we have important news to share. 'Like' us and follow us on Facebook to stay up to date with patients stories and other news.

Make a donation: As both MeRO and ourselves rely solely on donations, the scope and limitations of what we can and cannot do are directly related to how much funding we receive by way of donations. You are also always welcome to fundraise on our behalf

Become a regular donor: We especially love our regular donors as they greatly assist our budgeting no end, and feel like our security blanket!

Contribute to the wages of MeRO's nurses or physiotherapist: All donations for this purpose support our Nurse and Physio Sponsorship program. Sponsors also form a special part of our security blanket and receive special quarterly communications sent to them by us from MeRO's clinical staff.

Going to Nepal? You are welcome to visit the Shelter. There are many ways you can help including taking pre-loved clothing, children's toys, unwanted bed linen, towels and sometimes medical equipment.

Want to donate your time? If you would like to volunteer or join our committee, please get in touch!

19. ANY QUESTIONS, SUGGESTIONS, FEEDBACK? CONTACT US

If you have any questions, suggestions or feedback, or would like more information about any aspect of our work, please contact us via our website <http://www.roads-to-rehab-nepal.org> or email info@roads-to-rehab-nepal.org

With best wishes and grateful thanks from all of us at Roads to Rehab Nepal, all past and present patients and everyone at MeRO for your incredible support and generosity during this financial year.

Yours sincerely,

Virginia Dixon

President, Roads to Rehab Nepal

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Website: www.roads-to-rehab-nepal.org



References:

<https://www.worldbank.org/en/topic/poverty/brief/multidimensional-poverty-measure>

<https://www.unicef.org/nepal/reports/nepal-multidimensional-poverty-index-2021-report>

<https://www.adb.org/countries/nepal/overview>

<https://www.newbusinessage.com/Articles/view/1964#:~:text=According%20to%20data%20from%20the,and%20government%20hospitals%20in%20Nepal>

<https://www.worldometers.info/world-population/nepal-population/#:~:text=The%20current%20population%20of%20Nepal,the%20latest%20United%20Nations%20data>

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00952-w>