NAMASTE & WELCOME TO OUR ANNUAL REPORT FOR THE FINACIAL YEAR 2024 - 2025

CONTENTS

PLEASE NOTE

If you are regular visitor to our Facebook page you may want to skip pages 8 – 15 as you would be already aware of many of the patient stories we have shared in our newsletter.

Please note that MeRO obtains informed revocable consent from patients for both MeRO and Roads to Rehab Nepal to share their photos and images for legitimate purposes of both organisations.

1. ABOUT ROADS TO REHAB NEPAL

Roads to Rehab Nepal is an Australian based organisation located in Canberra. We were registered with the Australian Charities and Not-for-profits Commission (ACNC) in December 2016. We are entering our tenth year of working in partnership with Medical Rehabilitation Organisation (MeRO) and we fund specific aspects of their work.

2. ABOUT OUR PROJECT PARTNER ORGANISATION, MEDICAL REHABILITATION ORGANISATION (MeRO)

MeRO is registered with the Social Welfare Council in Nepal. As such, it has annual regulatory and reporting requirements to the Nepalese government. MeRO was established following the devastating earthquake in 2015 under the umbrella of Nepal Healthcare Equipment Development Foundation (NHEDF). MeRO's Director, Samrat, a biomedical engineer, in an attempt to improve medical care in Nepal, operated a non-profit organisation fixing broken medical technology for free, and returning it to the hospitals in perfect working order. NHEDF underwent a name change and became MeRO to better reflect what it does.

MeRO operates out of a building known as the 'Shelter'. They advocate for patients referred to them, and fund and facilitate the often long road to rehabilitation for those who meet their admission criteria. Almost all of MeRO's patients have either incurred significant medical debt (often up to AU$30,000/US$20,000) prior to being referred to the Shelter, or without MeRO, they would incur significant debt and be driven deeper into poverty. Everything at the Shelter is provided for free.

MeRO has a broad supporter base in Nepal which helps fund medical care and the day to day running costs of the Shelter. It also has a small number of international donors and receives support from an organisation in the Netherlands called Stichting Care4Nepal who, amongst other things, pays the Shelter's rent.

3. OUR MISSION

Medical care is not free in Nepal. Both organisations believe that access to universal, equitable, timely, appropriate free health and medical care should be a universal human right.

Our mutual mission is to advance health outcomes by funding and facilitating access to medical and surgical intervention, nursing care, physiotherapy and rehabilitation services for people in Nepal who experience life-changing injury or illness and cannot access the above due to poverty.

MeRO cannot change any of the complex and challenging factors that make access to medical care difficult, or sometimes impossible for people in Nepal who live in poverty, especially when they come from rural and remote regions, which most of MeRO's patients do. All they can do is to change their lives, one life at a time. They also reduce or potentially reduce poverty by preventing people from incurring huge or huger medical debts.

4. OUR AIMS & OBJECTIVES

Our aim is to improve health outcomes for all patients referred to MeRO.

Our objectives include the following:

- To work with MeRO to fund and facilitate the delivery of medical and surgical intervention, nursing care, physiotherapy and rehabilitation services to all patient referred to the Shelter
- To fund the wages of MeRO's clinical staff
- To provide a fixed monthly amount to help cover the cost of MeRO's pharmacy bill. This includes all medications, medical, nursing and physiotherapy equipment and supplies required by patients during their hospitalization and stay at the Shelter
- To fund the first AU$300/US$200 of medical costs for all patients referred to the Shelter, as required and to fund additional medical costs as we are able
- To work with MeRO to help them deliver best practice and good governance
- To achieve the above objectives ethically, transparently, responsibly and with good governance

A few important points:

- We are both small organisations but we are very effective
- Our outcomes are easy to measure
- We are both 100% operated by volunteers
- We both rely 100% on donations
- Almost 100% of what we raise goes to fund MeRO's work
- The amount of support we can give to MeRO is determined by the generosity of our supporters
- The number of patients MeRO can treat is primarily determined by funds available
- Patient numbers are also influenced by factors such as patient acuity, resources and staffing. Patients with burns and orthopaedic diagnoses are the most expensive to treat and the most time-consuming in terms of patient care
- When patients do not meet admission criteria, MeRO refers them elsewhere

5. WHY NEPAL NEEDS MERO AND WHY MERO NEEDS US

Medical care is not free in Nepal, nor is it equitable.

One of MeRO's patients, Roshan, required surgery for a cerebral abscess. We share his story later, but when speaking to Samrat about their medical journey, his mother shared the following words*: "I am eternally grateful to MeRO for helping us through this dark and challenging time. Coming from a farming family, we lack the knowledge and resources to navigate such crises. MeRO has not only provided us with shelter, food, and financial support for medical care, but has also given us a second chance at life and a second family. I thank every member of the MeRO team for being a ray of sunshine in the darkest chapter of our lives."*

The need for an organisation like MeRO stems from poverty and a lack of access to timely and appropriate medical care for a multitude of complex reasons. Access to medical care is limited by poverty, illiteracy, poor health literacy, corruption, cultural beliefs and a reliance on traditional medicine. The adequate resourcing of medical facilities in rural and remote regions and the quality of medical care in Nepal is limited due to government policy, political instability, under-resourcing and a low per capita funding for medical care.

In Nepal about one fifth of the population currently live in poverty and it is estimated that about half a million people are pushed below the poverty line annually. Nepal is also one of the most expensive countries in Asia in terms of medical care and inflation is high at 6 to 7% per year.

MeRO's patients are extremely vulnerable to exploitation due to poverty, illiteracy, a lack of health literacy and a poor understanding of how the medical system works. They are often discriminated against, are geographically disadvantaged and socially isolated due to location, poverty, gender, disability, caste, religion and/or their medical diagnosis.

Few of MeRO's patients have hospitals on their doorstep. Most live in rural and remote regions where rugged terrain and poor road infrastructure means transportation is challenging. Patients have to walk (or be carried) and/or travel on public transport for several hours or even three days to reach the nearest district hospital. From there they may be referred to Kathmandu or the nearest large city. There is no free ambulance service between Kathmandu and regional and rural areas. Often people cannot even afford bus fares, let alone a flight or ambulance transfer and even if they could afford air transport, the airline will often not accept them.

In Nepal, a serious illness or accident can result in financial ruin, homelessness and enormous debt. Whilst there are Government funded hospitals and a National Health Insurance Program along with a number of different social welfare schemes which attempt to reduce catastrophic expenditures, these are not working well. Government hospitals are inadequately funded, poorly resourced, have documented poor performance, insufficient and inadequately skilled staff and long waiting lists. The duration of patient stays is short to facilitate rapid patient turn-around so more patients can be treated.

The public hospital system is generally unable to meet demand and this has resulted in a proliferation of private hospitals to fill the gaps. There are now three times as many private hospitals than government ones. In private hospitals nothing is free. Corruption is endemic and a lack of health literacy means many people turn to the private sector not knowing the difference, or are inadvertently or intentionally referred to private hospitals as a consequence of vulnerability and exploitation.

Whilst the Government does provide some subsidies for people living in remote or rural regions who are within a specific age range, or have a particular diagnosis, many of the things that you and I take for granted require payment. Whilst the actual surgery and the bed in a public hospital may be free, investigations, diagnostic tests, x-rays, scans, blood tests, pathology, meals, medications, medical equipment and medical supplies are not.

Following an injury, accident or diagnosis, patients consent to medical care without having any real understanding of how much it will actually cost, nor how long their medical journey will be, or what is involved. They believe they have no choice. The alternative is simply to return home with no treatment which happens regularly. Jaula, whose story we tell later, is a prime example of this.

There are many barriers to timely, appropriate first aid and emergency medical care and the series of potentially devastating delays experienced by patients in remote and regional Nepal means that by the time patients present to hospital or are referred to MeRO, their clinical pathway is more critical, complex, challenging and consequently more expensive than what it should have been.

When you live in poverty in Nepal, a life-changing illness or injury can result in significant disability, a poor prognosis, poor physical and psychological health, high levels of individual and family distress, discrimination, significant financial hardship, economic loss due to an inability to earn an income, deepening poverty, homelessness and significant debt.

Some of MeRO's patients have had regular employment and even some savings. Many however have little, or none and no immediate means of paying for treatment. If patients do have savings, it does not take long for these to be spent. Many patients organise a loan from family, friends, their community or occasionally money lenders.

By the time patients reach MeRO, some have incurred significant debt of up to AU$30,000/US$20,000. They have no means of paying it. If they have a house or land that has been in the family for generations they may sell it which means they become homeless. Sometimes patients end their life to relieve the financial burden on

their family. Sometimes they die due to the delay in receiving treatment. In Nepal, there are no universal unemployment benefits or comprehensive workers compensation schemes for people who are injured at work, whether they are working in Nepal or as guest workers overseas. Some patients live in hope that their children will be able to pay these debts for them by working overseas. One of MeRO's patients, Sita, whose story we tell later, told Samrat *"Every hospital starts from the beginning again. We have taken a lot of money from friends, family, and neighbours. My children are very small. my husband is bedridden, and I don't know when I am going to pay the loans. Hopefully, when my children grow up, they will pay it."*

6. MeRO'S SHELTER

MeRO operates a medical Shelter which functions as a home away from home for all patients and their accompanying family member(s). It is a large, central, safe house for patients and their family member(s) to stay. It has rules and responsibilities and everyone is expected to contribute to the home-like family atmosphere. Everything at the Shelter is provided for free, whether patients are there for days, weeks or months.

The Shelter is essential for four reasons:

- Hospitals in Nepal do not provide accommodation for out-of-town relatives. Without the Shelter, any accompanying family member(s) has to either rent accommodation which they can ill afford, or stay with friends or relatives. If they know no one they 'camp' on the ward, sleep on the street, or in the hospital foyer, or simply take their loved one home without treatment.
- In Nepal it is customary for a family member to provide all personal care. If the patient is a parent, they often bring a child or children with them, as they may have no one to leave them with.
- To keep costs down, relatives also assist with cleaning duties and the day to day running of the Shelter.
- The Shelter is where MeRO's patients receive around-the-clock nursing care from a team of three nurses and receive physiotherapy six days a week.

MeRO employs a part time cook to provide two meals a day for patients and their family members, as well as a live-in care-taker who doubles as a security guard and assists with maintenance duties.

MeRO also has supporters both inside and outside Nepal who cover the Shelter's rent and the cost of bills, food, patient transport and other incidentals. They also contribute to the cost of medical care as required. Some doctors and pharmacies regularly discount surgical fees and pharmaceutical items, and some hospitals reduce their charges for MeRO's patients.

Most of MeRO's patients come from remote or regional parts of Nepal. They are referred to MeRO by doctors, nursing staff, regional hospitals, journalists, or simply people who know of MeRO's work. Sometimes patients have been treated in a health post. Alternatively they may have been admitted to a regional hospital or referred to a hospital in Kathmandu. Occasionally they are simply languishing at home, simply unable to afford medical care, or may already be in Kathmandu and looking for help. Patients are either referred to MeRO before they start their medical journey or part-way through when they can no longer afford to be treated.

Depending on their diagnosis and the severity of their condition, patients are brought to the Shelter either in Samrat's car, by public transport or by ambulance. Very occasionally they may be transferred by plane or

helicopter. Sometimes they bypass the Shelter and Samrat arranges for them to be admitted directly to hospital.

When patients are admitted to MeRO, they are assessed, diagnosed, and a treatment plan is made. They are then transferred to hospital for surgery or medical treatment, and are then discharged back to the Shelter for ongoing nursing care and rehabilitation when their condition is stable. Occasionally patients are discharged home straight from hospital. This is not ideal unless their wounds are fully healed, they do not require any follow-up appointments and they do not need ongoing nursing care or physiotherapy. Most patients remain at the Shelter until their rehabilitation is complete. Sometimes it is not just the patient that needs medical care, but their accompanying family member(s). Sita and her family are examples of this, as is Karna and his wife Sima.

Some patients return regularly for ongoing long term follow-up. Very occasionally patients discharge themselves from hospital or the Shelter against medical advice.

7. TRUSTEES REPORT

Namaste,

Any thank yous always feel inadequate and neither words nor photos can accurately express the gratitude of MeRO's patients and their families, but on behalf of all of us, I would like to say a huge thank you for another year of wonderfully generous giving.

I would like to acknowledge the incredible long-term support of Lloyd Donnelly who sadly passed away this year from a glioblastoma – the most aggressive form of brain cancer. He will be very much missed. He used to visit the Shelter whenever he was in Kathmandu and enjoyed putting his work skills to good use!

Due to personal reasons I was not able to get to Nepal during the course of this financial year, which always means my regular chats with Samrat were twice as long!

This financial year we were asked by MeRO to fund the part-time wages of a Practice Manager at the Shelter. We welcomed Wanchhu who has made such a difference to Samrat's time management, not to mention his stress levels. We also welcomed new nurse Anjana who replaced Sony.

We often get asked about tax-deductibility. We have neither the expertise nor the manpower to independently acquire tax deductibility in Australia. As you will read in section 9.4 we did apply for partnership with an Australian organisation called Global Development Group in the hope of getting tax deductibility for our Australian donors and were excited to be accepted. Unfortunately GDG changed the conditions after our application had been accepted and we had to withdraw. Our apologies to all our amazing Aussie supporters that we could not proceed with this. As a small organisation who provide mainly aid rather than development, we have neither the expertise nor the manpower to acquire tax deductibility independently. If it is any consolation, our administrative costs are minimal and unlike GDG almost 100% of what you give will go to support MeRO's wonderful work.

My grateful thanks are shared by every single one of MeRO's patients and their family members, whose lives you have changed forever though your generosity. We look forward to sharing another year with you.

Virginia Dixon, President, Roads to Rehab Nepal

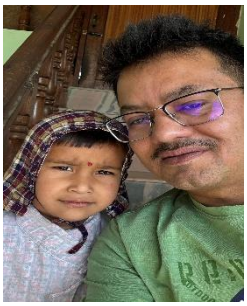
8. FROM MeRO'S DIRECTOR, SAMRAT

Namaste,

The year 2024 started with the terrible monsoon floods. We were lucky that these did not impact our Shelter or our work. We were expecting to receive many patients because of this disaster but because of the severity of the event, there were sadly not many survivors.

2024 was another tough year for our organization, not just financially, but also because of the complicated renewal process with the Social Welfare Council (SWC). Previously we engaged a lawyer to do this but now we are doing it ourselves. As a not-for-profit organization, we are required to renew our registration with the Social Welfare Council (SWC) every three years. We also need to get pre-approval from the SWC to receive ongoing funding from foreign countries every five years. Both these processes involve a lot of work, but it is all done again now and we can continue to receive support from international partners like Roads to Rehab Nepal without any issues.

As the Director, Chairman and founder of MeRO, I've had to manage many responsibilities, including patient admissions, shelter operations, hospital bills, surgery planning, and much more. All of these tasks are connected - if one thing goes wrong, it can affect everything else. Thankfully, with support from Roads to Rehab Nepal, we now have a new part-time staff member to help me. Wanchhu Sherpa is our Practice Manager and recently finished his Bachelor in Commerce. He oversees the smooth operation of the organization, helps with administrative tasks and with the day to day running of the Shelter. This has taken a lot of pressure off me, allowing me to focus more on patient care and planning their surgeries rather than administrative and financial tasks.



This year, we handled many challenging cases, including severe burns, amputations, tumours, heart surgeries, and more. We are so happy when our patients were able to return home successfully. One of the best moments is seeing them go back home without any financial burden. Thanks to Roads to Rehab Nepal, we've been able to cover the cost of many patients' initial medical costs and more. This allows us to start treatment immediately when patients arrive in Kathmandu.

When we talk about success, we must also speak about our losses. Sadly, this financial year we lost two patients, Krishna and Nirmala who were cardiac patients. We did everything we could, but not everything is in our control. Krishna needed a bit of luck, but unfortunately, it wasn't on his side. Nirmala needed surgery many months ago and an urgent rescue, but by the time we heard about her, it was already too late. Even the doctors and nurses were surprised that she was still alive after traveling for three days in a jeep. We all tried our best. We believe that if she had reached Kathmandu earlier she might have been saved. When a life is lost due to such situations, it feels like the whole system has failed.

I want to thank you so much for making all our successes possible and your support helps us with the failures too as we know we tried our best, and it enables us to do everything we could in such difficult circumstances.

With many thanks for your generous donations and ongoing support. We could not do it without you.

Samrat Singh Basnet Chairman/Founder Medical Rehabilitation Organization (MeRO)

9. YOUR IMPACT & OUR ACHIEVEMENTS

Patient acuity, funding and finances determines how many patients MeRO can admit to the Shelter and this year was no exception. However, over the last financial year, the number of patients MeRO has been able to treat has been a little lower due to financial constraints and the steady depreciation of the Australian dollar continues to impact our budget.

THE STATISTICS

During this financial year, your generosity has changed the lives of 50 people. Sadly, two patients passed away through no fault of MeRO's. MeRO had 52 admissions to the Shelter of which 31 were adults and 21 were children. 14 of the adults were men and 16 were women. Out of all admissions Shelter 28 were male and 24 were female.

Two patients were admitted twice within the year for further treatment. Four ex-patients returned for follow up. When this happens they are treated like a new patient as they still require funding for diagnostic tests like MRIs, PET scans, Halter monitors, blood tests and so forth.

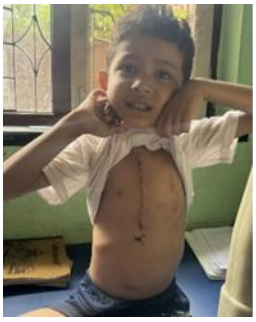
Thanks to your wonderful generosity, all these individuals had access to the best medical and surgical intervention, nursing care, physiotherapy and rehabilitation services available, and both they and their families have been treated with kindness, compassion, dignity and respect.

9.1. YOUR IMPACT & OUR ACHIEVEMENTS - ABOUT THE PEOPLE WHOSE LIVES YOU HAVE CHANGED

We have been able to fulfill all our commitments to MeRO for another year and covered the first AU$300/US$200 of medical costs for 19 patients and paid additional medical expenses for 13 patients as required. That initial $300/200 is so important as it covers all diagnostic tests including blood tests, ECGs, CT scans, X-rays etc. Our monthly contributions to MeRO's pharmacy bill means that patients have all the medications, equipment and supplies they need for a hospital admission. Furthermore, when surgery is elective, blood transfusions and required accessories are all organised prior to admission.

The following patient stories are examples of what can happen when you live in poverty, in remote, rural or regional areas, far from reliable, adequately funded and resourced medical care, where there is a lack of skilled experienced practitioners, a scarcity of diagnostic facilities, no free ambulance transport, and there is a series of delays in obtaining appropriate and timely first aid and medical care.

9.1.a) THIS FINANCIAL YEAR TWELVE OF MERO'S PATIENTS WERE TREATED AT THE SHELTER FOR HEART CONDITIONS.



These patients included Arpan, Bhabana, Bhakta-Maya, Bibek, Gautam, Riuli, Sanjina, Saul, Krishna, Mamata, Mansara and Nirmala.

Five patients (six-year-old Arpan, 30-year-old Bhakta-Maya, 56-year-old Riuli, 28-year-old Sanjina and 30-year-old Mamata) required open heart surgery.

This was either due to congenital heart defects which were not detected at birth, or as a consequence of Rheumatic Heart Disease (RHD). Bhabana was referred to hospital for medical management of cardiac failure caused by RHD.

Mansara is a little bit different. She had a double valve replacement and was on lifelong blood thinning medications. This is a challenge for doctors to manage even in Australia, let alone for those working in remote or regional parts of Nepal. Mansara had had a previous stillbirth due to complications caused by blood thinners in pregnancy. She and her husband were desperate for a baby and Mansara became pregnant again. Her cardiologist and gynaecologist wanted her to remain in Kathmandu for her entire pregnancy for monitoring but this was impossible for the couple to afford. Fortunately she was referred to MeRO. She had weekly follow-ups and monitoring but sadly she lost this baby too at around twelve weeks.

Eleven-year-old Bibek and six year old Gautam had had heart surgery and been patients previously at the Shelter. They both required follow-up visits with their cardiologists. Diagnostic tests to check for complications including ECGs and a halter monitor were done.

Eighteen-month-old-Saul had had four cardiac surgeries in his little life and just needed a place to recuperate with his mum, attend follow-ups and after a few weeks he was ready to be discharged home.

Tragically, Krishna and Nirmala passed away before their surgery took place. Krishna was supposed to be Nepal's first heart transplant patient. The Government had requested MeRO's support and he was at the Shelter waiting for a suitable heart. Sadly one was not found in time.

Fourteen-year-old Nirmala also passed away after a life-time of delays. She was born with a congenital heart condition which had never been diagnosed or treated. She was transferred to MeRO acutely unwell, admitted straight to ICU for surgery but passed away several days later before surgery could be attended. Sadly, her death could have been prevented.

9.1.b) THIS FINANCIAL YEAR THREE PATIENTS WERE ADMITTED WITH ACUTE BURNS INJURIES.

Thirteen year old Tekendra was admitted for wound care and physiotherapy for an electrocution injury to his hand.

Three-year-old Sampadha's clothing caught alight whilst she was warming herself by the fire. It took days before she was referred to MeRO by which time her condition was critical and she was transferred directly to ICU.

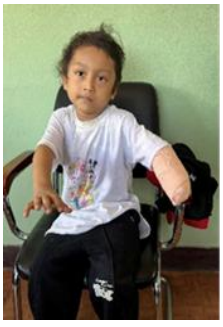
Amazingly, despite burns to18% of her lower body and no appropriate first aid or medical intervention for many days, she survived several surgeries involving debridement of non-viable tissue, skin grafts and dressing changes. She was then transferred to the Shelter for ongoing wound care, nursing care and physiotherapy, and made a great recovery.

As a consequence of a lack of timely appropriate first aid and inadequate medical care she will experience burns contractures which will requiring ongoing surgical release throughout her life. At least her family know where to come. Other patients, who do not know of MeRO have to often put up with the terrible disabling consequences of these simply because they cannot afford surgery.

Thirty-four-year-old Rabindra also sustained an acute burns injury. His story is an example of what can happen when you work away as a guest worker in another country. Whilst working in Malaysia, his hand became caught in a heated machine and was badly burned. His employer did not have insurance for him, he was denied treatment in Malaysia. His employer would not release his passport. This resulted in a two month delay before he was able to return home.

Eventually he got his passport back and returned to Nepal. He admitted himself to a government hospital and was operated on to debride and graft the wounds. The hospital wanted to discharge him the next day and told him to stay in Kathmandu and return to the Outpatients Department regularly for wound care and assessment of his fingers which were possibly going to need amputating. Fortunately, he was referred to MeRO where he received amazing ongoing wound care from MeRO's nurses, life-changing physiotherapy from Anjeela, and was discharged after a month or so with no need for further surgery.

9.1.c) THIS FINANCIAL YEAR, FIVE PATIENTS WERE ADMITTED FOR MANAGEMENT OF BURNS CONTRACTURES



This a common complication which occurs when timely and appropriate burns first aid and treatment is not received.

Patients included five-year-old Samir whose hand had to be amputated following a burn when he was a baby.

11-year-old Jesika received burns to 35% of her body the previous year, and returned for follow-up. She will require surgery at a later stage for release of burns contractures. Thirty-four-year-old Amit was injured when a gas cannister exploded at work. The burns affected his face and hands and were impacting his ability to earn a living so he had these released. 25-year-old Santosh required release of contractures affecting his neck and face and 45-year-old Pari required contracture release to his neck and abdomen.

9.1.d) THIS FINANCIAL YEAR FOUR PATIENTS WERE ADMITTED FOR MANAGEMENT OR REVIEW OF NEUROLOGICAL CONDITIONS

Laxmi, now 17, was a patient at MeRO for many months a few years ago. She experienced endless complications resulting from the removal of a nerve tumour and returned for follow up. Everything is still good which was great news. Sunita was referred for a follow up visit and wound care for an electrical burn to her arm. 32-year-old Lok was admitted for further assessment and management of a spinal injury and required physiotherapy and referral to a spinal unit.

Sixteen-year-old Roshan's story is an example of what can happen when you live in poverty and an accident changes your life. He was one of five patients this financial year whose family had to sell their land and house to fund medical expenses. We shared his mother's comment earlier.

He was pushed into a pond by a friend whilst they were horsing around and almost drowned. As a consequence of immersion in filthy, stagnant water, he developed severe infections of his sinuses and ears and over time developed a cerebral abscess for which he required many antibiotics and eventually brain surgery.

Roshan's parents were faced with daunting medical expenses of over AU$7,000/US$5,100. They were forced to make the difficult decision to sell their land to fund his medical expenses. With AU$3,370/US$2,190 in their pocket, they went to Kathmandu, hoping to obtain the remainder of funds as a loan or as donations from family and community. Stranded in an unfamiliar city and knowing no one, they were fortunately referred to MeRO. Roshan was admitted to hospital for a craniotomy, underwent physiotherapy and ongoing nursing care and was discharged having made a great recovery.

9.1.e) THIS FINANCIAL YEAR, FIFTEEN OF MERO'S PATIENTS WERE ADMITTED WITH ORTHOPAEDIC CONDITIONS.

Orthopaedic surgery can be incredibly expensive, no matter where in the world you live, due to the cost of the implants which are used to strengthen, repair, replace or reconstruct bone. Three of MeRO's 14 orthopaedic patients came with significant debt.

Fifty-three year-old Ram and 22-year-old Saraswati were nice easy patients, just requiring prosthetic limbs, which incredibly, neither of them had ever had before. Saraswati was over the moon as she is training to be a teacher and having two arms will make such a difference to her.

Navraz had surgery for a 'club foot'. Ten-year-old Najjkan was referred to MeRO for assessment of pain in his knee following an injury. He ended up being diagnosed with osteosarcoma and was referred to a specialist oncology hospital for all his care.

Forty-four-year-old Meghnath is another of MeRO's patients who incurred significant medical debt over this financial year. He was diagnosed with osteomyelitis (infection of the bone). He had had a previous motor-bike injury and fractured his femur requiring what in 'medical speak' is called an ORIF (open reduction and internal fixation). He developed complications, including an open wound and osteomyelitis and visited so many hospitals trying to obtain appropriate, effective medical care that he had to sell his house and land to pay his medical bills. He eventually ended up in Kathmandu and was referred to MeRO where he received ongoing wound care, antibiotics and physiotherapy. He will return for review and hopefully no further surgery will be required.

Fifty-three-year-old Nagendra had a dislocated hip and required traction for five weeks. He will eventually need a hip replacement.

Padam had osteomyelitis of his toe and required treatment with antibiotics and daily dressings.

Fifty-year-old Karna had a shoulder dislocation and requires an elbow and a shoulder replacement.

Fifteen year-old Anushka had a congenital disability and was born without a knee joint. She learned to walk on both legs, but as time went on, the imbalance in her gait was causing damage to the joints in her other leg. Doctors gave her a choice of two options – an amputation or a rotationplasty. The latter is a very complex orthopaedic surgery. She opted for this as felt too young to lose her leg, but unfortunately it was not successful, so she had to have an amputation after all. She was a patient at the Shelter for three months and will return for the fitting of a good quality prosthesis.

Sixteen year old Susaan had a two month history of knee pain. She was admitted to the Shelter and investigated for osteosarcoma. Whilst a tumour was found, it was not malignant but she required complex, major surgery including a knee replacement. She was discharged five months later after lots of nursing care and physiotherapy. She was very apprehensive and it took a while for her to build up her confidence, but she did really well and was so compliant with physiotherapy!

Thirty-one-year-old Sita was another patient with a huge medical debt having been treated for osteosarcoma.. She had developed pain and swelling in her knee joint. First she went to the district hospital, then to the zonal hospital, then to an oncology hospital, but none were able to provide a diagnosis. It took three years before she was eventually referred to a hospital in Kathmandu where she was diagnosed with and treated for osteosarcoma. The diseased bone or joint was removed and replaced by a metal implant (an endoprosthesis). This had become infected. Fortunately she was referred to MeRO as by this time she had already spent more than AU$30,000/ US$20,000 on medical care. She was effectively treated with high doses of antibiotics and required regular wound care over a two month period. Fortunately the infection cleared, the wound healed and she was discharged home.

Sita's husband also became a patient at the Shelter when MeRO learned his story. He was bedridden following a spinal injury two years previously and needed assessing. He was referred to a spinal unit for rehabilitation. As well as being carer for her husband, Sita also has two young children and told MeRO *"I now have all the responsibility for the family"*. She was finding life tough and it was her who told Samrat that she hoped her children would one day be able to pay off her debt.

Fifty-two-year-old Jauli began experiencing problems with her right knee at the age of 41 but poverty meant she could only go to her local hospital where there were no specialist doctors or appropriate diagnostic tests available. She was repeatedly referred to higher-level hospitals and despite enduring significant pain and increasing disability, decided against further hospital care due to financial constraints. She would go to hospital for pain killing injections only, until she was eventually told that she had uterine cancer so was sent to a local cancer hospital.

Her husband took out substantial loans from villagers within their community to cover incurred medical expenses. By then they had spent more than AU$3,000/US$2,000. Eventually she was told she did not have uterine cancer at all, and was instead diagnosed with osteosarcoma. The doctors recommended knee replacement surgery, and she was told that this would cost around AU$7,500/$US5,000. Again, her husband borrowed money from villagers, friends, and family to cover medical costs.

The osteosarcoma of her right knee was diagnosed in 2018. Her knee joint was removed and replaced with an endoprosthesis but it was of poor quality and fractured, causing her considerable pain and distress. She endured this for six years and finally underwent knee replacement surgery. Although the doctors assured her that the new joint would last for many years, she still needed crutches to walk.

Over the next six years, Jauli and her husband worked hard to repay half of the loans they had taken out to pay for her medical care, however, nine months before she was admitted to MeRO, the implant fractured. She went to the hospital in Chitwan, secured a correct diagnosis and was advised to undergo further surgery to replace it at a cost of AU$5,000/US$3,750.

Jauli remained in hospital hoping for compassion and some financial support as the family were ultimately unable to raise the necessary funds. She even developed severe bedsores. Desperate, they reached out for help and fortunately were connected with MeRO.

When MeRO heard her story, they coordinated with an awesome team of oncology specialists in Kathmandu and brought her to the Shelter. Arranging funds for her surgery was a significant challenge. She had twelve hours of surgery with four surgeons operating on her, received eight units of blood and eventually made a great recovery. She was at the Shelter for five months receiving ongoing nursing care, both for her wound and for the pressure ulcer she received in hospital. She also required intensive physiotherapy and was finally discharged.

Eighteen-year old Paras had to have a left hemi-pelvectomy for a type of bone cancer called Ewings Sarcoma. This involves the removal of part of the pelvis and an amputation of the left leg. It was a high amputation which makes rehabilitation especially challenging due to the difficulty of fitting a prosthesis. He was a patient at the Shelter for eight months as he developed a post-op wound infection whilst in hospital. He was transferred back to the Shelter requiring ongoing antibiotic treatment, wound care, daily dressings and intensive physio. He also had significant mental health issues and was not happy to be missing school either. Thanks to lots of great nursing care, physiotherapy and lots of TLC, he eventually recovered sufficiently to be discharged home after and will return to have a prosthesis fitted.

Fifty-five-year-old Narsingha's story is another example of what happens in Nepal when you live in poverty, far away from good medical care. A devastating accident changed his life forever.

Samrat described Narsingha as having "*lived a life marked by struggle. Born into a marginalized community, he was often excluded and discriminated against, and his days were spent toiling to survive. After his brother's death he became responsible not only for his own family, but for his brothers wife and their children. Without land or wealth, Narsingha depended on hard work to make a living. He did this by cultivating others' fields, grazing cattle, or gathering firewood from the jungle. His daily life revolved around the uncertainty of work and feeding his extended family.*"

He was referred to the Shelter following a traumatic injury to his left arm. He was out with friends sourcing wood to sell as firewood. Whilst cutting branches from high up in a tree, he lost his grip and fell, almost severing his arm. His friends took him to the local hospital and after waiting for three days, he was operated on, discharged home, and told to return for regular wound dressings. He ended up with an infection and was advised to seek treatment in Kathmandu or India. Narsingha said he was *"trapped in a cycle of despair"*. Fortunately he came across someone who knew of another organisation who knew of MeRO. As always, MeRO jumped into action, sorted transportation for him and brought him to the Shelter. He had to have his arm amputated and required ongoing nursing care and physiotherapy. Samrat described Narsingha's story as *"one of resilience against unimaginable odds, and evidence to the power of kindness and community. For a man who had nothing but his will to survive, his new chapter is a reminder that even in the darkest moments, a spark of hope can reignite a life."*

16-year-old Sobita is an example of what happens when you live in poverty and have not had recommended childhood vaccinations. Like Sita, she also developed a condition that local hospitals could not diagnose.

Sobita comes from one of the most remote and poverty-stricken areas of Nepal. Samrat described life there as being "*incredibly tough, with little food, no proper roads, and countless families struggling just to survive. Many mothers in this region have lost their babies due to malnutrition - a heartbreaking reality that shows just how difficult life is. Sobita's challenges began when she was only three months old. In a tragic accident, she burned her leg on a wooden stove. Her toes had to be amputated, and the burn left a deep scar on her thigh. Despite this, Sobita grew up strong and determined. She learned to walk and even made the two-hour journey to and from school every day, walking four hours to and from her village just to get an education.*"

Two years ago, Sobita developed pain in her leg. Her family thought it was just her old burns scar, so they took her to the nearest hospital and she was given some ointment but the pain continued to get worse. Over time the pain became so severe that she could hardly walk. A journalist working in the region referred her to MeRO.

Initially it was thought she could have osteosarcoma and she was referred to an orthopaedic specialist, but following assessment, Samrat said "*What we discovered shocked us all - Doctors were amazed that she had managed to walk at all as her right hip was completely damage. She was diagnosed with tuberculosis of the hip."* Traction was recommended and she was started on Government funded TB medications for 12 months and discharged from the Shelter after several weeks of traction. She may eventually require a hip replacement and she will return to MeRO for further assessment at six and twelve months. Samrat described her story as *'one of hope and resilience. She has faced unimaginable challenges with a smile and strength far beyond her years."*

9.1.f) OVER THIS FINANCIAL YEAR, NINE GENERAL MEDICAL OR SURGICAL PATIENTS WERE ADMITTED.

Fifty-six-year-old Rawuli was admitted for removal of cataracts, and young Milan was admitted for his third and final ear reconstruction surgery. Nine-year-old Indra was admitted for simple urological surgery. Radhika was admitted for follow-up after chemotherapy for her breast cancer diagnosis two years ago. Everything was clear! Rekanti was referred with a sarcoma and was referred elsewhere. Sima was admitted with a liver infection and was being monitored for previous gastrointestinal issues. Sunita was assessed for lung disease and was diagnosed with asthma.

Eight-year-old Krishna was admitted for investigations into a lump in his neck which turned out to be a malignant tumour. He was treated with chemotherapy with the plan being for him to have surgery to remove it once it had shrunk.

Twenty-two-year-old Dhan is another example of what can happen when a congenital abnormality is not treated early. MeRO became aware of Dhan's story in the local media. He was born with a urological condition where the bladder develops externally on the abdomen rather than internally. In developed countries this would have been fixed at birth. He comes from a remote region of Nepal. His mother died when he was three years old, and his father remarried and moved away, leaving him in the care of his uncle and aunt, who also faced financial hardship.

His condition resulted in a life filled with physical pain, psychological distress, social isolation, disability, embarrassment and stigma. His bladder constantly leaked urine causing many physical, psychological and social issues similar to those experienced by women with fistula. He did not attend school, was unable to work and lived in an outhouse rather than the family home due to the terrible smell of constant urine leakage.

Thanks to an article in the Nepal media, MeRO became aware of his plight. Samrat said *"when we learned about his situation, we immediately coordinated to help him get the treatment he needed."* Consequently, a wonderful team of surgeons performed surgery and Dhan was discharged home after a short stay at the Shelter.

Samrat said *"Dhan has finally found a glimmer of hope and is starting a new chapter in his life. He is a different person to his former self"* Dhan said *"I never thought I would be cured. For 22 years, I carried this pain and was constantly neglected by people around me. Now, I'm finally healthy and truly happy."* The icing on the cake is that Dhan has secured employment thanks to a wonderful local government official who organised it. He said *"this job will help Dhan live a respectable life after years of suffering."*

This is yet another example of the difference that good people, the media, yours, ours and Mero's support makes and everyone is truly grateful. Samrat said *"The years of suffering in his life have finally come to an end.*

We cannot express how happy we are as well. Together, we have been able to build a new life because every single life matters to us".

9.2. YOUR IMPACT & OUR ACHIEVEMENTS - OUR NURSE & PHYSIOTHERAPIST SPONSORSHIP PROGRAM

Rehabilitation and ongoing nursing care are integral components of what MeRO does. We fulfilled our commitments to MeRO by funding the wages of MeRO's physiotherapist, Anjeela, Bachelor Nurse Kusum, and Staff Nurses Nayna and Sony through our Nurse & Physiotherapist Sponsorship programs.

Our Physiotherapist Sponsorship Program: Physiotherapy is not free in Nepal and is non-existent in rural and remote regions. Without physiotherapy many patients would experience loss of function and increased disability resulting in them becoming a potential physical and economic burden to their family. Your support of our physiotherapy sponsorship program means patients can receive physio six days a week and they, and their family members can be taught exercises and strategies to continue their rehabilitation at home.

We always appreciate feedback and this year received two lovely emails from two of Anjeela's sponsors saying "Anjeela's *stories really mean a lot to us. I share the email with the whole team. They all enjoy reading about what our sponsorship is used for and seeing the result of the wonderful physiotherapy work done in Kathmandu".*

The other said *"Thanks so much for these emails. The recovery stories are so heart-warming, doubly so, as we can feel that our donations are making a real difference. Many folk would think of physiotherapy as "nice to have but not crucial", whereas this particular story (and several others) have shown that it is indeed crucial for return of basic function to these people's lives".*

Our Nurse Sponsorship Program: Your support of our Nurse Sponsorship Program has meant that all patients have had access to around-the-clock nursing care for the duration of their stay as well as all the extra things that nurses provide like lots of TLC, emotional and psychological support, encouragement and patient education.

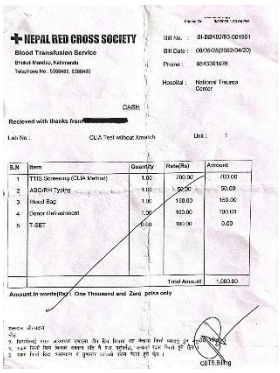
Staff nurse Sony resigned in February to commence her Bachelor's Degree in Nursing in Pokhara. She was replaced at the end of the financial year with staff nurse Anjana.

MeRO's Practice Manager: Towards the end of the previous financial year MeRO asked if we could fund the part-time wages of a Practice Manager. Wanchhu Sherpa joined the team and works part time, two days a week. He has been a huge help to Samrat with respect to administrative and reporting requirements and graduated this year with a Bachelor in Business Studies. Congratulations Wanchhu!

9.3. YOUR IMPACT & OUR ACHIEVEMENTS – THE PROVISION OF MEDICATIONS & MEDICAL, NURSING, PHYSIOTHERPY AND PATIENT EQUIPMENT & SUPPLIES

Part of our commitment to MeRO is to provide a fixed monthly amount of funds towards payment of their 'pharmacy bill'. The amount we send is determined by our budget. Budgetary constraints this financial year required us to temporarily reduce our monthly commitment to MeRO's pharmacy costs from AU$1500/US$1000) to AU$1000/US$650 a month.

A pharmacy shop in Kathmandu is not like our pharmacies in Australia, just like their hospitals are very different to ours. Pharmacies are often more like a medical warehouse where everything ranging from medications and intravenous fluids to dressing products and hot water bottles can be purchased.


NEPAL RED CROSS SOCIETY
Blood Transfusion Service

All patient equipment required before, during and after a patient's hospital stay must be purchased either from the hospital pharmacy or from a private supplier like Prakrit Drug House, whom MeRO has been using for many years. Surgery will not proceed until these items have been provided, or alternative arrangements have been made. Patient supplies are then topped up as required. These items include blood and blood products, intravenous fluids and IV tubing, cannulas, catheters, wound drains, anaesthetic drugs, analgesics, and antibiotics, dressing products, bandages, slings, splints, and so forth.

MeRO elects to purchase good-quality imported prostheses rather than have patients use locally made implants because these are of poor quality and often fracture. Such implants include prosthetic joints for bone cancer surgery and joint replacements and 'hardware' for fractured limbs like screws, pins, plates, and rods. This is one reason why medical costs for orthopaedic patients are so expensive.

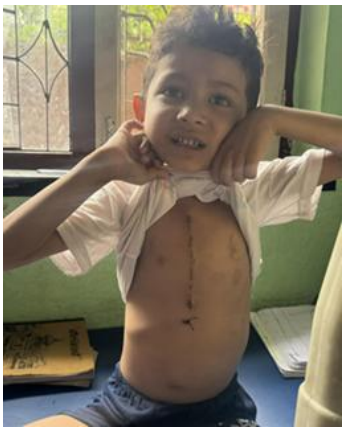
Once patients are discharged from hospital, most continue to need items like medications, catheter bags, naso-gastric tubes, feeding tubes, air mattresses and wound care products. MeRO's nurses and physiotherapist also need medical and nursing supplies to be able to effectively treat patients. Patients may also require items to take home with them when they are discharged. Our support helps provides all of this.

9. 4. YOUR IMPACT & OUR ACHIEVMENTS - A BIT ABOUT GOVERNANCE, COMMUNICATION & FUNDRAISING OVER THIS FINANCIAL YEAR

1. We regularly informed and communicated with our community to publicise what we do and increase awareness of our work. We delivered an annual report, quarterly newsletters and regular communication with nurse and physio sponsors. We acknowledged all donations with personalised thank you emails, and delivered quarterly reports to our GlobalGiving supporters, as required by GlobalGiving. We engaged in two GlobalGiving fundraising campaigns and held our regular annual fundraising dinner to generate sufficient revenue to meet our financial commitments to MeRO. We maintained and updated our website and posted news and patient stories regularly on our Facebook page.
2. We continued to hold registration with the Australian Charities and Not-for-profits Commission (ACNC) and membership with GlobalGiving. We complied with all due diligence and legislative, regulatory and reporting requirements of both organisations, as well as staying abreast of changes as they are implemented.
3. We continued to practice good governance in line with ACNC recommendations and kept abreast of any changes through their regular newsletter. We have continued to enhance our strong organisational

capacity and responsible financial management by reviewing, updating and further developing our policies as required.

4. The ACNC has specific requirements which govern a registered charity's operations outside Australia and considers that engaging in overseas activities carries additional risk. These outline how ACNC registered charities shall manage their operations, activities and resources when working overseas. As such, we complied with the ACNC's External Conduct Standards.
5. Our constitution, governing policies and Memorandum of Understanding with MeRO guide our work. They mitigate and manage risk, dictate our financial management, determine how we operate as an organisation and outline what we are able to fund. Our adherence to these help safeguard our resources and ensure best practice and good governance.
6. Global Development Group is a Brisbane-based, Australian-founded non-government, humanitarian development organisation that works overseas. They provide 'comprehensive quality management to help achieve development effectiveness' for their partners. As mentioned in the Trustees Report, we submitted a rigorous and time-consuming application to become a partner and we were excited to be accepted. For us, this meant potential exposure to a much wider audience of prospective donors. Also, GDG would take care of the governance of our organisation and their local SE Asian staff would provide support and mentoring for MeRO. In return, our Aussie supporters who donated through GDG would receive tax-deductibility. Membership was similar to GlobalGiving in that GDG takes an administrative fee for each donation. However they do not provide matching funds or organise fundraising campaigns the way that GlobalGiving does. When we applied in May, one of the requirements was that we had to provide evidence that we had raised $25,000 per year over the last three years and we had exceeded this. Unfortunately GDG made a decision at the start of the 2025 – 2026 financial year to double that amount to $50,000. Sadly, we had to withdraw our application as we had not raised that much on an annual basis and were not confident that we could.
7. MeRO has legislative, regulatory and annual financial, auditing, registration and reporting obligations and requirements imposed on them by the Social Welfare Council (SWC). They have complied with these in order to maintain their respective registration with this governing body and all safeguards are in place to ensure the transparency of funds received from overseas and ensure they are spent in accordance with their mission, aims and objectives.
8. We maintained regular communication with MeRO through online meetings and calls with MeRO's director, Samrat. We continued to share relevant resources with MeRO and have worked hard to mentor and strengthen their capacity for good governance and due diligence through regular communication and the sharing of ideas, advice and resources.
9. We would also like to mention that both organisations are 100% operated by volunteers. No one receives payment or benefit of any kind and any travel expenses incurred by members of either organisation are always self-funded.



10. FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

MeRO ACCOUNT

BANK BALANCE AS AT 30 JUNE 2024		**14,346**
RECEIPTS		
Donations	11,459	
Clinical staff sponsorship	7,328	
Fundraising dinner tickets	1,760	
Sale of auction items at fundraising dinner	1,070	
Fundraising dinner lottery	250	
ATO refund of tax withheld from term deposit	192	
Transfer from Fistula account	2,263	
Transfer from term deposit	8,967	
TOTAL RECEIPTS		**33,289**
EXPENDITURE		
Pharmacy	14,593	
Clinical staff salaries	16,254[1]	
Medical and surgical care	7,983[2]	
Practice manager salary	1,273	
Taj Agra fundraising dinner	1,475	
Website/email maintenance and hosting service	1,250	
TOTAL EXPENDITURE		**(42,828)**
BANK BALANCE AS AT 30 JUNE 2025		**4,807**

FISTULA ACCOUNT[3]

BANK BALANCE AS AT 30 JUNE 2024	**2,263**
Transfer to MeRO account 1st April 2025	(2,263)
BANK BALANCE AS AT 30 JUNE 2025	**NIL**

NOTES:

1. This sponsorship was donated specifically under Roads to Rehab's Nepal nurse ($3,515) and physiotherapist ($3,813) sponsorship programs.
2. Roads to Rehab Nepal contributed US$200 to medical and surgical costs for 25 patients.
3. As our fistula program was merged with our general Roads to Rehab Nepal's this bank account has now been closed.

TERM DEPOSIT

Amount invested on 8 June 2024		
@ 4.14% maturing 8 November 2024	**20,400**	
Interest paid 8 November 2024	354	
Amount reinvested for three months @ 4.08%		
maturing 8 February 2025	20,754	
Interest paid 8 February 2025	213	
	20,967	
Transferred to MeRO account 10 February 2025	8,967	
Amount reinvested for three months @ 3.98%		
maturing 8 May 2025	12,000	
Interest paid 8 May 2025	119	
	12,119	
Amount invested on 8 May 2025 @3.86%		
for three months maturing 8 August 2025		**12,119**
TOTAL CASH RESOURCES AS AT 30 JUNE 2025		**16,926**

As we are only a small organisation, the Australian Charities and Not-for-profits Commission (ACNC) does not require our financial accounts to be audited. We are however required to submit our annual financial report to both the ACNC and Global Giving as part of our due diligence and annual reporting requirements.

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 if donations are made through Global Giving.

Paul Dixon

Treasurer, Roads to Rehab Nepal

10. THANK YOUS & ACKNOWLEDGMENTS

We would like to say a huge thank you to all our supporters for your wonderful generosity over our 2024 – 2025 financial year. Without your incredible support, none of what we did would have been possible.

Our deep appreciation goes to everyone who contributes, year after year, to our Nurse and Physiotherapist Sponsorship Programs. This greatly assists our budgeting and gives MeRO's clinical staff a sense of permanency and security. Southside Physio in Canberra deserve a special mention as they have been contributing to our Physiotherapist Sponsorship Program since 2017.

We are also so grateful those of you who make regular or one off donations in response to our fundraising campaigns. These help raise funds for the first AU$300/US$200 which is usually sufficient to start a patient's medical journey, contribute to MeRO's monthly pharmacy bill and cover additional medical costs as required.

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, clinical staff, Board Members and volunteers. Extra thanks always needs to go to Vice-President, Devindra, who consistently goes over and above the call of duty.

Our ongoing gratitude goes to long-term supporter, Rani Kakshyapati in Nepal. This amazing woman continues to supply the Shelter with food every month. We would also 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 continues to bring patients to the Shelter. They are all really grateful too!

We would also like to thank Stichting Care4Nepal in the Netherlands for continuing to pay the Shelter's rent, providing the Shelter with an awesome water purification system, and all the other things that they do, especially around nurse education.

Our ongoing thanks goes to 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 gratitude goes to all those wonderful hospitals, doctors, nurses and social workers for referring patients to MeRO; treating them; discounting services and helping MeRO keep medical costs to a minimum. It is greatly appreciated. Last but not least, 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.

12 . HOW YOU CAN HELP

- **Stay informed about our work** by subscribing to our mailing list through our website or contact us, and we will add you. We send out quarterly newsletters, our annual report and other occasional correspondence when we have important news to share.
- **Find us, 'Like' us and follow us on Facebook** to stay up to date with patient's stories and other news.
- **Make a donation or contribute to one of our GlobalGiving fundraising appeals where funds are regularly matched.** As both MeRO and ourselves rely solely on donations, the scope and limitations of what we can and cannot achieve are directly related to how much funding we receive by way of donations. You are also always welcome to fundraise on our behalf!
- To our wonderful Australian donors, we are sorry we could not obtain tax deductibility for you. The only consolation we can give is if funds are deposited directly into our bank account almost 100% of what you give is spent fulfilling our mission, aims and objectives as our administrative costs are minimal.
- **Contribute to the wages of MeRO's nurses or physiotherapist through our Nurse & Physio Sponsorship program -** 100% of what you give will fund their wages. Donate annually or set up a monthly or fortnightly regular, recurring donation through your bank or GlobalGiving.
- **Want to donate your time or skills?** If you would like to volunteer, do any regular or one-off jobs for us, or join our committee, please get in touch.
- **Visiting Nepal?** You are welcome to visit the Shelter and there are many ways you can help including taking pre-loved clothing, children's toys, unwanted bed linen, towels and sometimes medical equipment.

13. QUESTIONS, SUGGESTIONS, FEEDBACK, COMPLAINTS, CONTACT US

If you have any questions, suggestions, feedback, compliments, complaints or would like more information about any aspect of our work, please contact us via our website http://www.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