ROADS TO REHAB NEPAL

ANNUAL REPORT FOR THE FINANCIAL YEAR 2025/2026



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Roads to Rehab Nepal is an Australian based non-profit organisation registered with the Australian Charities and Not-for-profits Commission since 2016.

We partner with Medical Rehabilitation Organisation, a Social Welfare Council registered non-profit organisation located in Kathmandu.

Between us we facilitate medical and surgical intervention, nursing care, physiotherapy and rehabilitation services for people in Nepal who cannot access medical care due to poverty.



WELCOME TO OUR ANNUAL REPORT

Namaste,

Welcome to our annual report for the financial year 2025/2026.

As you read this please keep the following points in mind.

This report contains some patient stories which are hard to read, and may cause distress or discomfort. Not all patient stories have happy endings. Whilst these stories are rare, they cannot be glossed over and we want to share these also. None of these stories reflect anything that MeRO has or has not done. They simply demonstrate the consequences for people in Nepal who live in poverty and the series of delays that occur when living in a rural or remote region.

MeRO obtains informed revocable consent from patients for both MeRO and Roads to Rehab Nepal to use information about them and their images. We are grateful for the sharing of patient stories and their photos. Such content is only used for the legitimate purposes of both organisations.

Please also keep in mind that:

- 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. This means that the amount of financial support we can give to MeRO is determined by the generosity of our donors.
- Our administrative costs are minimal and almost 100% of what we raise goes to fund MeRO's work.
- The number of patients MeRO can treat is primarily determined by donations but is also influenced by factors such as patient acuity, available beds and staffing.



ABOUT US

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 in our 10th year of working with our Nepalese partner, Medical Rehabilitation Organisation (MeRO) and we fund specific aspects of their work.



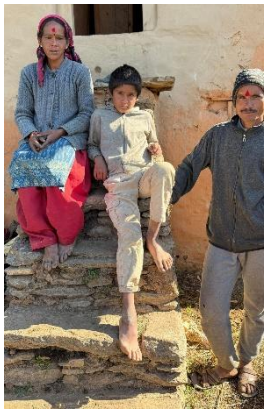
We want to begin by saying that we cannot thank you enough for your support and generosity over the course of the last financial year which has been one of extraordinary resilience, profound challenges, remarkable achievements and occasional setbacks.

Your support has enabled us to continue to provide funding and fulfil our commitments to MeRO so that they can continue providing vital life-changing medical and surgical intervention, nursing care, physiotherapy and rehabilitation services to some of Nepal's most vulnerable people. Your generosity has changed the lives of 64 people who could not afford access to the above due to poverty. You have helped us change their lives, one life at a time.

WHAT WE DO AND HOW WE DO IT

OUR MISSION

We advance health and improve health outcomes for patients who experience life-changing injury or illness.



WHY WE EXIST

Medical care is not free in Nepal and a fifth of the population live in multi-dimensional poverty, meaning they simultaneously experience multiple disadvantages as a consequence of being poor.

Most of MeRO's patients live in rural and remote regions of Nepal where they face significant challenges. Environmental, political, economic and structural barriers exist that prevent, delay and restrict timely access to appropriate and medical care. Medical care is under-resourced, under-funded and hospitals are under-staffed and inadequately funded resulting in the delivery of inadequate, sub-standard, often inappropriate and delayed care. Specialist care and ancillary services are simply not an option unless you travel to major cities.

OUR AIMS

Our aims are to work with MeRO to fund and facilitate access to medical and surgical intervention, nursing care, physiotherapy and rehabilitation services for patients referred to MeRO's Shelter in central Kathmandu.

We are not MeRO's only source of funding. They receive support from many generous people both inside and outside Nepal and from two other international non-profit organisations.



ABOUT OUR PROJECT PARTNER ORGANISATION, MERO

ABOUT MERO

Our project partner, MeRO, has been around since the earthquake in 2015. It is registered with the Social Welfare Council in Nepal which means it receives regular visits and has annual regulatory and reporting requirements to the Nepalese government.



MeRO shares our mission and provides not only a unique model of care but a lifeline for patients who would otherwise be unable to access medical care and rehabilitation services due to poverty. Sometimes patients have initially accessed medical care but can no longer afford to continue it or have had their medical journey interrupted whilst they attempt to borrow money from family, friends and their community to pay for ongoing treatment.



Every year MeRO receives several patients who arrive part way through their medical journey and have incurred significant debt of anywhere up to AU$30,000/US$20,000. It is so much better for patients if they are referred to MeRO before they start their medical journey as everything they need will be provided for free.

WHAT DOES MERO DO AND HOW DO THEY DO IT?



MeRO advocates for their patients and helps them navigate the challenges and complexities of a dual public/private medical system. They ensure that all patients referred to the Shelter receive the very best medical care available. If admission to the Shelter is not appropriate, they refer them elsewhere.



MeRO rents a building referred to as the Shelter. An organisation in the Netherlands pays the rent. The Shelter provides a safe, supportive space where patients are accompanied by family members who assist with personal care, as is customary in Nepal.

These family members also assist with the day to day running of the Shelter which becomes a home away from home where friendships are created and support is given and received.



Team MeRO is made up of several dedicated individuals and a Board of seven, headed by Director, Samrat Basnet and Vice-President Devindra Gurung. The Shelter is staffed by three nurses - Kusum, Naina and Anjana, and physiotherapist, Anjeela, along with a part-time practice manager Onchhu. Kusum and Anjeela have been part of MeRO since the beginning, and are also Board Members, along with Sajina, Samrat's wife and two others.



MeRO's work continued to be supported by a broad donor base in Nepal. Some doctors and hospitals discounted their costs and several very generous individuals and organisations in Nepal again helped cover the day to day running costs of the Shelter, provided food and contributed to medical costs.

NURSING CARE & PHYSIOTHERAPY







MeRO's three nurses have delivered exceptional care over the last financial year, often in challenging circumstances.

Naina and Anjana have been supported and guided by MeRO's lead nurse, Kusum.

They have all expertly managed complex wounds, deteriorating patients, patients with post-traumatic stress and have educated, counselled, and provided much needed psychological and emotional support of patients and their family members. They have also risen to all the challenges placed before them.



MeRO's physiotherapist, Anjeela, has also acted as an unofficial counsellor, and has continued to deliver innovative, high quality, essential physiotherapy for patients admitted to the Shelter.



TRUSTEE'S REPORT

This year has been one of amazing patient stories. Stories of lives that have been changed and literally patients have survived because of what MeRO does. It has also been one of many challenges, deep concern for MeRO's Director, Samrat, and ongoing gratitude for everyone's ongoing support.

In April this year, MeRO faced significant operational challenges caused by the temporary absence of its Director, Samrat, for over six months, due to serious illness. He was admitted to hospital with a bowel obstruction in April, was diagnosed with bowel cancer, had surgery and by the time you read this report, has completed twelve courses of chemotherapy.



His presence has been deeply missed, but the Shelter has continued to operate with reduced patient numbers. MeRO has been reluctant to admit new patients with complex care needs until he is back, unless it is an emergency.

Both Samrat and Team MeRO have shown extraordinary resilience, and we are so grateful to all clinical staff and Board Members who have continued to keep things ticking over and have delivered exceptional care with professionalism, compassion, and unwavering commitment.



Our new Management Committee Member, Sue and I visited Nepal for ten days in February (at our own expense). We spent time at the Shelter, spent time with patients and their families, worked with MeRO's nurses, and had hours of conversation with Samrat and MeRO's clinical staff. I am always so impressed with Team MeRO's work and extraordinary dedication as for Samrat and Devindra, MeRO is their full-time unpaid



'job'. MeRO has also upgraded their patient data base and record-keeping system and even the Social Welfare Council is impressed!



Sue and I were asked by MeRO to do two days of professional education with 50 nurses at a new private hospital. Newest staff nurse Anjana also attended and took her new knowledge back to the Shelter. Sue as a Nurse Practitioner was in her element – me not so much!

Most evenings after a day at the Shelter we had fun shopping ceaselessly for the auction items which we donated for this year's fundraising dinner!



Sadly, at the beginning of this financial year a long-term supporter and contributor to our work, Lloyd Donnelly, passed way from brain cancer. He was the most generous person imaginable when it comes to supporting the Nepalese people and will be very much missed. Lloyd was a regular visitor to the Shelter, and as a massage therapist he loved sharing his skills with MeRO's clinical staff. Many patients and relatives accepted his offers of massage therapy, and he was wonderful with patients with burns scars and stressed relatives!

I would like to extend our heartfelt thanks to all donors, supporters, volunteers, MeRO's clinical staff and finally Superman Samrat and his wonderful wife Sajina for everything they do.

We look forward to sharing another year with you,

With best wishes and ongoing grateful thanks for your amazing support.

Virginia Dixon

President, Roads to Rehab Nepal

FROM MERO'S DIRECTOR, SAMRAT

Namaste,

Looking back over the last twelve months, 2025/2026 was another year of challenges, lessons learned and hope. Nepal faced climate-related disasters and political instability but despite these challenges, we continued to provide life-changing care to patients from all over Nepal. Like previous years it has also been an incredibly meaningful and fruitful year for me.

As a team, we worked tirelessly to save lives, provide care, support patients, and help families going through some of the most difficult moments of their lives. We were fortunate to save many lives and bring hope to many families. Sadly, despite all our efforts, occasionally we have lost a patient, not through any fault of ours or theirs, but because they live in poverty, have to choose between food or medical care, and live in remote and regional areas of Nepal. This made the difference between life and death. Those losses are never easy and are a painful part of the work we do. Life is truly unpredictable. Some stories bring us hope and joy, while others leave us with pain and loss. One of the biggest lessons I have learned through this journey is simple. Never lose hope, and keep moving forwards, no matter how difficult the road becomes.

This year was also tough for Nepal. The country witnessed major changes and large protests, during which we sadly lost many young lives. Even during those uncertain and unstable times, our team continued working. We managed our Shelter, supported our patients, and kept moving forwards because our patients are depending on us alone.

Then, a few months ago life gave me a different and difficult challenge that I never expected. I was diagnosed with colon cancer. It was a terrible and frightening time, not only for me, but also for my family. Suddenly, the person who was always trying to help others found himself in need of help and support. But when you have a strong team, wonderful friends, a loving family, and people who believe in you, even in the darkest moments, a cancer diagnosis become a little easier to face. This journey has reminded me once again that life is not about avoiding challenges but is about finding the courage to face them. I am grateful to everyone who stood beside me, supported our team, supported our patients, and continued to believe in the work we do. There were moments of happiness, moments of pain, moments of success, and moments of loss but through it all, we kept moving forwards.

A new year brings a new chapter. My cancer treatment is almost complete, and I am ready to keep moving forwards with hope, courage, compassion, and the same commitment to serving humanity.

Thank you to my family, my team, our supporters, donors, friends, and everyone who has been part of this journey. Together, we keep moving forwards in our challenge to change the lives of people in Nepal who cannot move forwards without us.

With respectful regards and Team MeRO's grateful thanks to you all for your ongoing support of our work.



Samrat Singh Basnet

Director, Medical Rehabilitation Organisation

YOUR IMPACT AND OUR ACHIEVEMENTS

Over this financial year we continued to fulfil our mission, aims and objectives. The funding we provided to MeRO enabled the delivery of medical and surgical intervention, nursing care and physiotherapy and rehabilitation services for patients referred to the Shelter.

FUNDRAISING & DONATIONS

Our fundraising goal is to raise a minimum of AU$30,000/US$20,000 a year and we continue to be blown away by the incredible generosity of our donors. Both MeRO and Roads to Rehab Nepal rely entirely on donations and the amount of money we both raise determines how many lives we can change.

- Our regular donors continued to contribute to our Nurse and Physiotherapist sponsorship programs which paid most of the salaries of MeRO's three nurses and physiotherapist, topped up with general donations. This ensured that all patients received around-the-clock nursing care and physiotherapy and rehabilitation services six days a week.
- Our annual fundraising dinner in August helped provide funds up to AU$300/US$200 of medical care for 23 patients which is usually enough to cover investigations and establish a diagnosis and a plan of care. This made it easier for MeRO to find people to contribute to further medical costs.
- We again participated in two fundraising campaigns run by GlobalGiving (July Bonus Day & Giving Tuesday) which also provided us with matching funds. The contributions from July Bonus Day helped cover additional medical costs for MeRO's patients and we funded further medical care for five specific patients over the course of this year.
- Giving Tuesday raised funds for patient medications, medical equipment and supplies required by patients for pre-operative, intra-operative and post-operative medical care for

the duration of their stay in hospital and at the Shelter. This helped enable us to contribute AU$500/US$350 per month to MeRO's 'pharmacy bill'..

GOVERNANCE

We value good governance and we continued to build on this.

- We fulfilled our mission, aims and objectives transparently, ethically and responsibly.
- We adhered to all governance, regulatory and reporting requirements imposed by the ACNC and GlobalGiving.
- We remained up to date with ACNC news, recommendations and developments
- We visited the ACNC's resources and GlobalGiving's Learn Library to try to do what we do better.
- We welcomed two new Management Committee members - Denise Castle, a Certified Practicing Accountant, who is now our Assistant Treasurer and is a huge help to Paul. Sue Reid is a Nurse Practitioner and also became our Nurse Education Officer. She has been communicating with MeRO's nurses regularly and supporting them remotely with any learning needs.
- We renewed our three-year due diligence with GlobalGiving which takes us to August 2030.
- We undertook a three-year review and update of our Constitution and all our governing policies.
- We renewed our three-year Memorandum of Understanding with MeRO which outlines our mutual responsibilities.
- We held our AGM and four Management Committee Meetings during the year.
- We engaged in good communication and stewardship practices including personalised thank yous to all donors, the delivery of quarterly newsletters, an annual report, regular GlobalGiving project reports and we kept our Facebook page current, mainly with patient stories.
- When Virginia and Sue visited Nepal, they delivered ongoing professional development to MeRO's nurses and held two days of education sessions at a new hospital in Kathmandu for their nursing staff. MeRO's newest nurse, Anjana was also able to attend and bring back what she learned to the others.
- Whilst in Nepal we spent time with Samrat to further strengthen and build on MeRO's capacity for best practice and good governance.

ABOUT THE PEOPLE WHOSE LIVES YOU HAVE CHANGED DURING THE FINANCIAL YEAR 2025/2026

Over the last financial year, 62 patients were admitted to the Shelter.

29 were male and 33 were female.

26 were children.

8 patients returned for follow-up visits.

This means there were 65 separate admissions, as follow-up patients are considered to be 'new patients' as they almost always required investigations, diagnostic tests as well as medical consultations. These can cost several hundred dollars if expensive imaging is required, for example CT scans and MRIs. Two of these patients required further surgery.

Patient occupancy has been reduced during Samrat's enforced absence but will increase again once he has recovered from chemotherapy and his final surgery will take place in October.

Reason for admission	Number of patients	Comments
Electrocution injuries	2	Lightning strike & contact with live wire
Acute burns injuries	3	Flame & electrical burns
Burns contractures	7	
Cardiac conditions	6	Congenital & acquired, Rheumatic heart disease, valve replacement surgery, hypertensive crisis
Cancer	5	Osteosarcoma, Ewings sarcoma, lymphoma, bladder cancer, secondary lung cancer; four patients needed chemotherapy and one also needed radiotherapy
Orthopaedic conditions	6	Osteomyelitis, amputations, fractures, joint replacements, congenital club foot, congenital hip dysplasia
Auto-immune conditions	1	Juvenile rheumatoid arthritis
Gastro-intestinal conditions	1	Bleeding gastric ulcer & hepatitis
Urological conditions	3	Congenital conditions
Renal conditions	2	Kidney stones
Hemangiomas	2	
Tuberculosis	2	
Disorders of the blood	2	Sickle cell disease; management of anti-coagulation during pregnancy,
Gynaecological disorders	1	Uterine prolapse
Eye problems	1	Eye injury
Dental	1	Saugat was admitted again for surgery requiring removal of 9 primary teeth
Rehabilitation	2	2 years post stroke; speech therapy post cochlear implant
Fitting of prosthetic legs	6	
Pressure injuries	1	Pressure injuries
Follow up appointments	8	Follow up patients are treated like new patients as all require blood tests, X-rays, CT or MRI scans, cardiac investigations etc

PATIENT STORIES

Below are just a few of the 62 patient stories that define the year and demonstrate the life-changing impact of your support.

Two patients were treated at the Shelter with electrocution injuries

Dhan is a great example of how delays in accessing appropriate and timely medical care occur when you live and work in remote and regional areas of Nepal with poor road infrastructure and no air ambulance. His story is an incredible story of survival.

Nepal is one of the top countries in the world for lightning strikes. It ranks fifth globally and last year alone, there were 295 lightning incidents in Nepal, which caused 51 deaths, 84 injuries, and heavy property loss.

Dhan was in the mountain pastures with his neighbour grazing his flock of 110 sheep when he was struck by lightning. He lost consciousness and his neighbour raised the alarm, but it took two days for a rescue team to reach him and another two days to carry him down and get him to the

nearest district hospital. He was admitted to a district hospital with severe burns to his chest and groin, confusion and paraplegia.

Luckily clinical staff at the regional hospital recognised the severity of his condition and he was promptly referred to hospital in Kathmandu. Dhan was treated in ICU and the family managed to cover initial medical costs; however, he needed a skin graft. The lovely nurse in charge recognised the family could not afford this, and she covered the cost of the skin graft herself.

After five days in ICU, he was admitted to the general ward. A couple of weeks later he was told the time had come for him to be discharged and return as an out-patient, but staying in Kathmandu was unaffordable. The other option was to forget about any further treatment and simply go home, but Dhan was unable to walk, still needed wound care and there was no possibility of follow-up visits, community nursing, physiotherapy, rehabilitation services or specialist medical care. Fortunately, a nurse working on the ward contacted MeRO and he was transferred to the Shelter.





Dhan arrived at the Shelter unkempt, neglected, emaciated, frightened, and in pain. After weeks of intensive nursing care and physiotherapy he slowly regained his health and his strength. Against all odds, Dhan progressed from being wheelchair bound to this.

Samrat wrote "Dhan has done the unimaginable - he is back on his feet. This shows that even in the darkest times, there is always hope for a new beginning."



Ten-year-old **Sima** was the third child referred to MeRO who was electrocuted. It was festival time and she was flying kites with her friends on a rooftop near a high-tension electric line. Her kite became entangled in the wire, and when Sima tried to free it, her head touched the power line and she was electrocuted. Luckily, she lived in Kathmandu and was rushed straight to a nearby private hospital. Her injuries were severe and within 10 days her family had spent everything they had trying to save her. The private hospital referred her to a government hospital, which eventually referred her to MeRO.

Like Dhan, she needed daily dressings for her scalp wounds, a skin graft and had a large exit wound on her leg. She also needed physiotherapy to help reduce the likelihood of contracture development. She also made a remarkable recovery and was discharged home.

Three patients were referred to MeRO with acute flame burns injuries but only two were treated.



Sixteen-year-old **Chandini** was a victim of crime. 15% or her total body surface area was burned, predominantly her neck, chest and axilla. She was initially treated in hospital but discharged when her family could no longer afford ongoing care. She returned home and a neighbour with no medical skills attended her burns dressings. She was eventually referred to MeRO where she received skin grafts and later a care package and 14 hours of microsurgery to her neck which was very generously partially funded by one of our supporters. During her time at the Shelter, she received lots of TLC, wound care, and physiotherapy and was discharged five months later.

Tragically, a **four-year-old girl** was referred to MeRO late in her medical journey after being diagnosed with burns to 35% of her body surface area. She had been managed at a local hospital but the delays in recognising the severity of her condition, providing appropriate timely first aid and medical care and transporting her to a higher centre resulted in a series of delays which meant she had deteriorated to the extent that she did not even survive the journey to Kathmandu.



Five-month-old **Divyans** was placed close to a wood fire for warmth when a burning log fell out and set the blanket, he was wrapped in alight. His left foot was badly burned requiring the amputation of two toes and skin grafts to the soles of his feet. He required lots of wound care from MeRO's nurses and physiotherapy from Anjeela and was discharged home.

Seven patients were treated at the Shelter with burns contractures

A sequela to burns injuries in a place like Nepal where burns first aid is poor and appropriate burns treatment is delayed are the development of burns contractures. These pesky complications are caused by the tightening and shortening of skin and underlying tissue which occurs as deep burns heal. They cause pain, restricted movement and disability and surgery is required, often repeatedly, to release them.



Thirteen-year-old **Bipula** was just six years old when she found some matches at home. Out of curiosity she lit one and her clothing caught fire. She was badly burned. Her father had to carry her for a day to reach the district hospital. He managed to sell some land and borrow from his community which enabled Bipula to receive treatment in India where medical care was cheaper.



Two years ago, Bipula had contracture release surgery but went on to develop two further contractures which greatly restricted movement in her arm. Her father had been to a number of hospitals and organisations seeking help for his daughter and none was forthcoming. He did not know what to do, as they could not raise any more funds to cover the cost of more surgery. After lots of searching he finally found his way to MeRO. Samrat said, "we are their only hope". She had surgery and was transferred back to the Shelter for ongoing wound care and physiotherapy to reduce contracture development by mechanically lengthening soft tissues, improving joint mobility, and preventing the connective tissue shortening that occurs with immobility and discharged home.

Eighteen-month-old **Dhiraj** had flame burns to his hand and leg and developed contractures. He was assessed for surgery which will take place at a later date. The same applies to nine-year-old **Anjali** who was transferred to MeRO two months after having had surgery for flame burns to 15% of her body involving her neck, chest and abdomen. These had become infected and she required ongoing would care. She was already developing contractures and will be operated on over time.



Sunita and **Sima** also had burns contractures released from acute burns injuries to their hands, as did **Bishal. Laxmi** had facial burns contractures released.

Five patients were treated for congenital and acquired cardiac conditions and one for hypertension.

Eight-year-old **Gautam** was a previous patient of MeRO's and underwent successful cardiac surgery at age six. Two years later his follow up visit indicated further surgery was required. Tragically he passed away in ICU post-operatively due to complications.

Twelve-year-old **Jharan** also had cardiac surgery for a congenital heart condition and returned for two follow-up appointments and is doing well.

Chandra, Radhika and **Muni** all had rheumatic heart disease and underwent successful surgery and follow-up care at the Shelter, and their lives have been changed forever! Radika had two admissions this year to the Shelter with one being a follow-up.







Min was admitted for successful treatment of a hypertensive crisis and management of blood pressure medications.

Five patients were treated for various cancers. Four required chemotherapy, and one also required radiotherapy.

Eight-year-old **Krishna** had a tumour in the muscles of his neck and required chemotherapy.

Dhana received chemotherapy for bladder cancer and returned to the Shelter having deteriorated. He wanted to go home as his condition was palliative. **Sara** was referred to the Shelter but diagnosed too late with Ewings Sarcoma. She was also palliative.

Fourteen-year-old **Sussan** had previously been treated at the Shelter for a tumour of her knee but was told it was not malignant. She returned recently with lung symptoms, and a CT scan revealed secondary tumours. She completed five cycles of chemotherapy before her family took her home due to a poor prognosis. This misdiagnosis was devastating to everyone.

Thirty-year-old **Janaki** incurred a huge medical debt whilst undergoing investigation what turned out to be osteosarcoma for which she had an amputation. She was discharged from hospital despite needing further care, as the family had exhausted all savings and all opportunities for borrowing. She was referred to MeRO where she received chemotherapy and radiotherapy and has done well. She was received at the Shelter about the same time as Samrat, and when he saw her again three months later, he could not believe the difference.



Six patients were treated for orthopaedic conditions.



Navaraj fell four stories while working as a security guard in India. He sustained multiple fractures of his left ankle, leg and thoracic spine. He also had severe infection in his leg and required a below-knee amputation. Following this his money ran out and he was discharged from hospital as he could no longer pay.



He returned to Nepal $15,000 in debt and like Chandini, his wound was dressed by a neighbour. His condition deteriorated and he was becoming critical. He was sent to Kathmandu and luckily staff at the hospital knew of MeRO.

Despite amazing wound care from MeRO's nurses, osteomyelitis meant a higher amputation was required. He was transferred back to the Shelter for more nursing care following this, and Anjeela worked her magic to get him ready for the fitting of a prosthetic leg. He was discharged "a different man" and will return for the fitting of a prosthesis when ready.



Twelve-year-old **Prakash** was diagnosed with club foot, a congenital orthopaedic condition which could have been screened for at birth. He underwent corrective surgery, required extensive physiotherapy and was discharged with excellent outcomes. His delay in receiving medical care was 12 years and he suffered physically, socially, psychologically as he was bullied and teased. He and him mum were so happy as it no longer takes him an hour to walk to school.

Yunish was diagnosed at the age of four with congenital hip dysplasia which could also have been detected at birth and is awaiting corrective surgery.

Meghnath had three admissions over the last financial year for osteomyelitis from a previous motor vehicle accident and required anti-biotics, wound debridement and ongoing wound care



Four-year-old **Aakriti** had surgery for a fractured arm.

Karna required elbow and shoulder replacement surgery as a result of work-related injury. He had the former and will receive the latter later.

Both he and Navaraj highlight the vulnerability patients face in the absence of adequate workers' compensation or social security in Nepal.

One patient was treated for auto-immune disease



After seven years of unrelenting and untreated joint pain which her parents could not afford to investigate, eight-year-old **Naina** was referred to MeRO and diagnosed with juvenile rheumatoid arthritis. Like Janaki, she now wears a huge smile on her face as she has responded well to treatment and will continue to be monitored.

One patient was treated for gastro-intestinal disorders.



Sima accompanied her husband, Karna, to the Shelter but became a patient herself when she developed abdominal pain. She was diagnosed with hepatitis and a bleeding gastric ulcer. Ten days after Karna's elbow surgery, she suffered a massive gastrointestinal bleed and could not be resuscitated. Karna returned home in grief but later returned to MeRO for physiotherapy. He will have his shoulder replacement over time.

Three patients were treated for urological conditions.



Eleven-year-old **Sagun** had urological surgery, as did 13-year-old **Prashant** and his younger brother **Hamenta.**



The brothers had a serious congenital abnormality affecting urination. Prashant had undergone surgery in India as a baby, but the family could not afford a second surgery, nor could they afford any medical care for Hamenta. Luckily a journalist, Prakash, who regularly refers patients to MeRO, discovered them during his work travels and referred them to the Shelter. Prashant underwent his second and final surgery. Hamenta had his first surgery with a second planned. Their father said he "could not express his happiness enough because his children can now have a normal life."

Two patients were treated for renal conditions.



Sita, who returns to the Shelter regularly as she still lives with problems following surgery for obstetric fistula needed treatment for kidney stones. This is common for women who have live with obstetric injury as they don't want to drink due to urinary incontinence and the medical, social and psychological sequelae of this.

Sunil also had treatment for kidney stones and made a good recovery.

Two patients had treatment related to hemangiomas



Two-month-old **Dhiren** was hospitalised for a tangled network of blood vessels in his liver and was discharged home.



Ten-year-old **Saugat** has been treated at the Shelter three times. The first was to have his eyeball removed, the second was to have the socket prepared to receive a prosthesis, and on the third visit he had a prosthetic eye inserted. He was fitted for glasses and is very happy with his new look! He returned to the Shelter twice this year for different reasons, with the second visit being for the removal of multiple teeth due to decay.

Two patients were treated with Tuberculosis



Fifteen-year-old **Sobita** was admitted, diagnosed with and treated for tuberculosis of the hip and required two follow-up admissions.

Thirty-five-year-old **Amrita** was diagnosed with tuberculous meningitis, a severe infection of the membranes covering the brain and spinal cord which was also treated. This can be fatal if treatment is delayed or ineffective, so she is lucky.

Two patients were managed for blood or bleeding disorders.

Rupa was diagnosed with and treated for sickle cell disease.

Mansara had a double valve replacement for rheumatic heart disease seven years ago and required lifelong treatment with anticoagulants. She became pregnant and living in a remote region meant her medical management became more complex. She was recommended to move to Kathmandu for the duration of her first pregnancy, but this was not feasible. The pregnancy ended in a miscarriage. She became pregnant again and travelled to Kathmandu. Luckily, she was referred to MeRO who facilitated her ante-natal care, as well as medical management of her anti-coagulation. Her husband even found work. Despite the best care, two months later she suffered another pregnancy loss.



Her story reflects the systemic barriers faced by women who live in rural and remote areas where basic ante-natal care is often poor and complex medical care is non-existent.

One patient was referred to the Shelter for management of a gynaecological condition.

Ram was investigated for uterine prolapse and required surgery. It was organised but she never returned. Samrat was unable to contact her.

One person presented to the Shelter with an eye condition.

Ganga had a history of an eye injury causing scarring which was affecting her vision. This was medically managed and she was discharged.

Two patients were admitted simply for rehabilitation.

Boudhi arrived at the Shelter in a wheelchair and left walking on his own two feet. He was working overseas to support his family because, like many, he "dreamed of giving them a better future". He told Samrat "though life was not easy for them, they were content living a modest middle-class life, filled with hope and purpose". Two years ago, he returned for 'home leave' and had a stroke which left him with a dense hemiplegia affecting the right side of his body, changing his life, and the life of his family forever.



He was initially admitted to a hospital in Chitwan, then transferred to another, and eventually transferred to Kathmandu where he had brain surgery. He had several days in ICU and a long spell in hospital. By this stage the family had spent all their savings and could not afford any further medical treatment, so he never received any physiotherapy or rehabilitation services and was wheelchair bound.



Two years later he was referred to MeRO. Two months later, he walked out thanks to intensive physiotherapy from Anjeela and the motivation of he and his wife.



Six-year-old **Arun** had been deaf from infancy. His grandfather was desperate for him to be able to communicate. He was led to believe that cochlear implants would fix the problem even though the implants were not inserted before 12-18 months of age which is preferred. He paid a small fortune for this to happen.

Cochlear implant programs in Nepal face major hurdles due to severe shortages of specialized medical professionals outside major cities, the initial and ongoing expense of the device, the need for frequent travel for replacement batteries, device mapping, troubleshooting, and so forth. Sign language as an alternative is also only available in major towns or cities.

For someone like Arun, whose family live in poverty, in a remote region, this is an example of the exploitation of vulnerable people by a private medical system. Despite six months of speech therapy two to three times a week, and a grandfather who was not willing to give up, Arun showed no improvement. His grandfather took him home. MeRO is looking into sourcing signing support for his family.

Six patients returned for the fitting of prosthetic legs

Prithi, Badhure, Bhakta-Maya, Madan, Krish a six-year-old who is a bilateral amputee who suffered burns in infancy and **Kamala** all attended the Shelter for prostheses.



Fourteen-year-old **Kamala**'s story is one shared by many of MeRO's patients. She had developed pain and swelling in her leg. After months of investigations, misdiagnosis, inadequate treatment, financial hardship and significant debt to her family, she was diagnosed with osteosarcoma. An above-knee amputation was recommended, but possibly not required, and this was followed by chemotherapy.



Over time Karmala felt she lost her childhood, her social connections, her education and her hope. Towards the end of her medical journey, she was referred to MeRO who gave her all the physical and emotional support she needed. She spoke some English and was desperate to return to school and continue her education. Physiotherapist Anjeela helped her strengthen her limbs, her balance, her confidence and manage her phantom limb pain. She was measured for and fitted with a high-tech prosthetic leg provided by the Polish team from Kathmandu Therapy Camp. Samrat wrote "*Kamala looks happier. She has motivation and there is light in her eyes again. She is receiving her freedom, her confidence and her childhood back*".



Her days at the Shelter were spent studying for her Grade 8 exams and she was discharged in time to sit them. Her story is an example of so much that can go wrong when you have a serious health issue and live in a rural and remote region in Nepal. The lack of diagnostic services to assist with differential diagnosis, inexperienced junior doctors who are sent straight out of medical school to hospitals where no one wants to work to repay their medical debt to the government lack experience, confidence, and have no specialists to call upon so errors of judgment and diagnosis are inevitable with devastating consequences.



Badure had been a previous patient at the Shelter, and his prosthesis had simply worn out. Several years ago, he had a wound on his leg which became infected. He is another example of how a simple wound can have catastrophic consequences as he eventually required an amputation due to infection. He and his wife brightened everyone's day, especially Samrat's, and were so grateful!

One patient was admitted for management of severe pressure injuries.

Kali's story (not her real name) is tragic. Her husband was working away, and she fell off the roof whilst fixing something. Following surgery for a fractured spine she developed severe pressure injuries. She was eventually admitted to hospital, was referred to MeRO and admitted to the Shelter for wound management.

Whilst the nurses did an amazing job of managing her wounds, after six weeks or so she developed severe pain and also required skin grafts. She was transferred to hospital but did not stay. Her family took her home and Samrat has been unable to make contact with them.

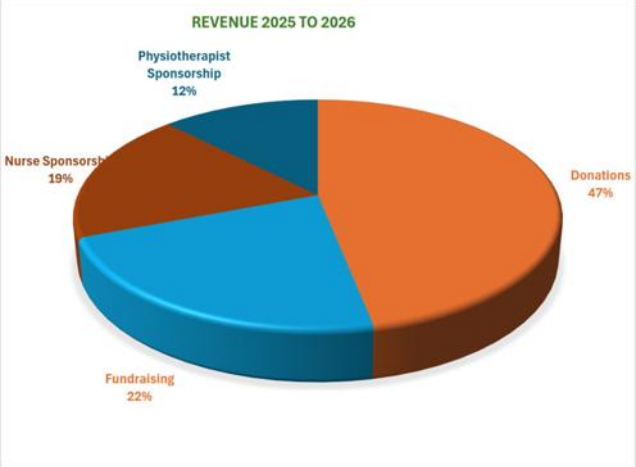
Eight patients attended the Shelter for follow up appointments

- **Sonam** required regular follow up following a previous kidney transplant.
- **Jharan** was followed up following his heart surgery and everything was good.
- Eighteen-year-old **Laxmi** returned for her annual check-up. About four years ago she was a patient at MeRO and was a victim of medical negligence. Following surgery for removal of a neuroma she developed vascular issues and almost lost her leg. She was a patient at the Shelter for several months and was finally discharged. She returned for follow up and everything seemed fine, but tragically, a few months later, her mum called Samrat to let him know Laxmi had committed suicide. She was struggling with school and her home life. Having been a patient for such a long time, and having returned regularly, this was devastating for everyone too.
- **Jauli** was operated on for osteosarcoma several years ago and returned for an annual follow-up appointment. She is doing well and is so tough. She lived with severe untreated pain for five years before she was referred to MeRO.
- Twenty-year-old **Radhika** returned for a follow up after previous cardiac surgery and all investigations showed she is doing well.
- **Pabita** was followed up post-chemo for spinal metastases and is doing well.
- **Anjali** was treated for osteosarcoma (bone cancer) returned for follow-up and is also doing well.
- **Radika** was a patient at the Shelter a few years ago and was treated for breast cancer. She came back for her annual follow up and everything was fine.

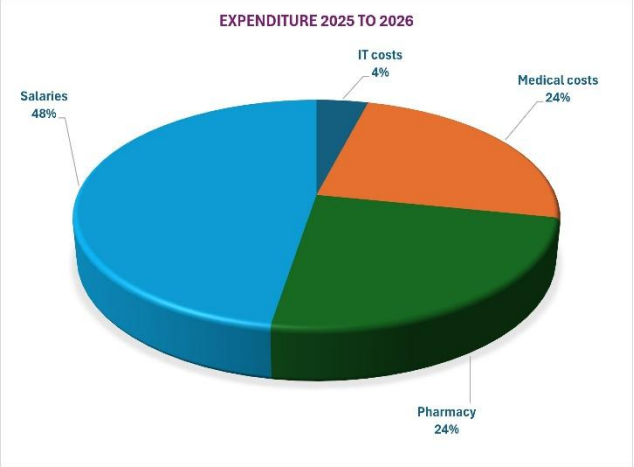
FINANCIAL INFORMATION & ANNUAL FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

BANK BALANCE AS AT 30 JUNE 2025		**4,806**
RECEIPTS – HOW WE RAISED OUR FUNDS IN 2025/2026		
Donations	13,888	
Clinical staff sponsorship	9,435[1]	
Fundraising dinner tickets 2025	3,520	
Sale of auction items 2025 fundraising dinner	2,160	
Fundraising dinner lottery 2025	510	
Fundraising dinner tickets 2026	495	
Transfer from term deposit	12,237	
TOTAL RECEIPTS		**42,245**
EXPENDITURE – HOW WE SPENT OUR FUNDS IN 2025/2026		
Clinical staff salaries	14,589	
Pharmacy	8,406	
Medical and surgical care	8,312[2]	
Taj Agra 2025 fundraising dinner	3,420	
Practice manager salary	1,743	
Website/email maintenance	1,392	
Wedding present for staff nurse	130	
TOTAL EXPENDITURE		**(37,992)**
BANK BALANCE AS AT 30 JUNE 2026		**9,059**
TERM DEPOSIT		
Amount invested on 8 May 2025 @3.86%		
for three months maturing 8 August 2025		**12,119**
Interest earned on term deposit		118
Transferred to operating account		**12,237**

HOW WE RAISED OUR FUNDS IN 2025/2026



HOW WE SPENT OUR FUNDS IN 2025/2026



NOTES

1. This sponsorship was donated specifically under Roads to Rehab's Nepal nurse ($5,526) and physiotherapist ($3,909) sponsorship programs.
2. Roads to Rehab Nepal contributed US$200 for medical and surgical costs for 24 patients. In addition, a donation of $1,000 was received to provide additional medical support for one patient.

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 GlobalGiving 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 GlobalGiving.

Paul Dixon

Treasurer

Roads to Rehab Nepal

Date: 29th September 2026

THANK YOUS & ACKNOWLEDGEMENTS

We extend our sincere gratitude to:

- All our amazing donors especially those who keep supporting us year after year.
- All those who make regular recurring contributions to our Nurse and Physio Sponsorship Programs.

- MeRO's Board Members for your amazing work, especially Samrat and Devindra,
- Anjeela, Kusum, Naina, Anjana and Onchhu for your amazing clinical care, patience and dedication to all MeRO's patients and their families and support of Samrat and Devindra.
- Southside Physio in Canberra for your ongoing support of our physio sponsorship program.
- Flat Gecko in Canberra for managing our website for us.
- Everest Outfit in Kathmandu for the donation of lots of great outdoor gear for out fundraising dinner which he gave to us when we were in Nepal.
- The Fiona Woods Foundation for some story books which made their way to the Shelter and are read by MeRO's nurses to patients and their families to help provide some basic first aid advice for the management of burns injuries.



HOW YOU CAN MAKE A DIFFERENCE TO WHAT WE DO

- Donations – all donations can be made directly into our account or via GlobalGiving if credit card payment is preferred or you live in UK or US and can claim it as a tax deduction. . If you would prefer your donation to be used for the wages of clinical staff, the funding of medical care, or the provision of essential medications, equipment and supplies, just let us know!
- Become a regular giver. We still have a shortfall of AU$3,000/US$2000 for our Nurse Sponsorship Program. If you would like to contribute a regular annual, monthly or fortnightly amount to help cover the wages of one of MeRO's nurses, please contact us.
- Participate in GlobalGiving's July Bonus Day and Giving Tuesday fundraising campaigns and attend our annual dinner.
- Or if you love fundraising, you could fundraise on our behalf!
- Join our mailing list to receive our quarterly newsletters, annual report and occasional other correspondence when we have important news to share
- Stay informed and share our work with others
- Visit our project partner in Nepal – MeRO loves visitors!
- Volunteer to help us do what we do better

If you ever have any questions, comments, suggestions, feedback or complaints please contact us info@roads-to-rehab-nepal.org

Virginia Dixon

President,

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