



ANNUAL REPORT 2008/2009

Reporting period: 1st July 2008 to 30th June 2009

PHASE Worldwide

**PRACTICAL HELP ACHIEVING
SELF EMPOWERMENT**



**PHASE WORLDWIDE
REGISTERED CHARITY NUMBER 1112734**

FOUNDED SEPTEMBER 2005

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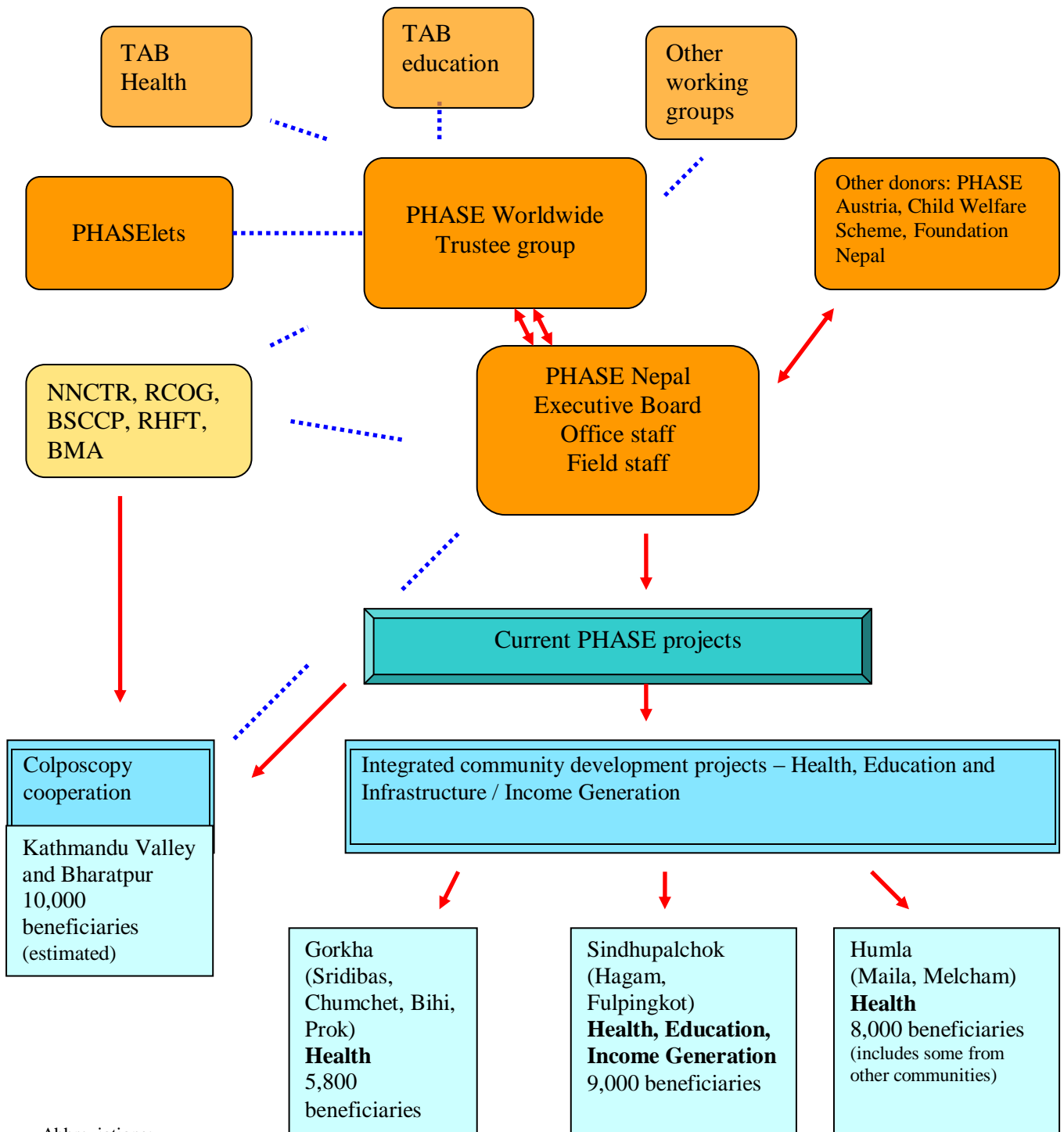
ANNUAL REPORT 2008/9

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PHASE ORGANISATIONAL STRUCTURE



Abbreviations:

- BMA – British Medical Association
- TAB – Technical Advisory Board
- NNCTR – Nepal Network for Cancer Treatment and Research
- RCOG – Royal College of Obstetricians and Gynaecologists
- BSCCP – British Society for Colposcopy and Cervical Pathology
- RHFT – Rotherham Hospital NHS Foundation Trust



PHASE Human Resources

PHASE Worldwide

Trustees	Nick Cragg, Marie Cragg, David Fenton, Gerda Pohl
Chair of Trustees	Nick Cragg
Treasurer	Marie Cragg
Secretary	Gerda Pohl
Fund Raising Co-ordinator	Marie Cragg
PHASElets lead	Marie Cragg, Jan Farrington
Medical Coordinator	Gerda Pohl
Colposcopy Lead	David Fenton, David Nunns
Education Lead	Peter Tully
Health Advisor	Andrew Ferguson

PHASE Nepal

Chairman	Rudra Neupane
Members (Trustees)	Rudra B Neupane, Rajendra Karki, Sukhadev Sapkota, Tara B Basnet, Dr Sheela Verma, Dr Renu Prasai
Executive Director	Jiban Karki
Health Supervisors	Urmila Adhikari, Nisha Chand
Field Staff	Health – 16 (all female), Community Development – 1 (male)
Office staff	2 accountants, one helper (all female)

PHASE Austria

Chair	Brita Pohl
Executive Board	Brita Pohl, Senta Vogl, Elisabeth Kopf, Reinhard Kopf, Ulrike Maier, Martin Maier



GOVERNANCE AND MANAGEMENT

PHASE is a South Yorkshire-based registered Charity, founded by a group of Nepalese and UK professionals with similar interests and motivation. The charity was founded in 2005 and is governed by the Trust Deed executed on 14 September 2005.

Trustees are appointed by unanimous decision of the group of trustees for a term of three years. They can be re-appointed by simple majority of the remaining trustees.

In appointing new trustees, the trustee group tries to ensure that the new appointee contributes positively to the skill mix of the existing trustees.

The current expertise within the trustee group is a mixture of business and financial management, people management and medical expertise.

Trustees meet every three months in meetings open to the public. Special meetings are called for appointment of new trustees and if there is any particular important decision to make between regular meetings.

Work with other organisations:

PHASE Worldwide cooperates closely with a number of other organisations: Within the UK, cooperation has taken place with several other charities for the purpose of fundraising and with the local education authority and local health institutions for various specific programmes.

In Nepal, PHASE works with three Nepalese NGOs, but mainly with our sister organisation, PHASE Nepal. One of the PHASE trustees regularly visits Nepal (at least twice yearly) for technical support and monitoring activities. Through PHASE Nepal we also work closely with Nepalese governmental institutions – particularly District Health Offices – and with several other NGOs working in similar geographic or technical areas.

Public benefit statement:

In the year 2008/9, the trustees have been able to ensure that the charity continues to fulfil its objectives for the public benefit in the target area:

The objectives of the charity as stated in the trust deed are:

- 1.) The relief of poverty primarily in Nepal and elsewhere as the trustees see fit
- 2.) The relief of sickness and the preservation and protection of good health primarily in Nepal and elsewhere as the trustees see fit
- 3.) To advance the education of communities primarily in Nepal and elsewhere as the trustees see fit

The following pages will explain how these objectives have been advanced in the reporting period. No individuals or groups in our working areas have been excluded from benefit, and the projects have been developed in such a way as to particularly benefit the poorest and least empowered members of society. No private individual has benefitted financially from the work of the charity.

Serious Incident Reporting:

I certify that the information presented in this report is correct to the best of my knowledge and that it has been brought to the attention of all trustees. I further confirm that there are no serious incidents or other matters which we should have brought to the Commission's attention and have not done so already.

Dr G Pohl (on behalf of all PHASE Worldwide trustees)



OBJECTIVES AND ACTIVITIES

INTRODUCTION

PHASE (Practical Help Achieving Self Empowerment) specialises in improving services and opportunities for the disadvantaged populations of remote hill villages in Nepal.

About PHASE

PHASE currently works mainly in community development programmes in Nepal and also in some development education and youth projects in South Yorkshire. PHASE's philosophy is that poor health, low educational levels and poverty are all aspects of the same problem, and interlink in a vicious cycle that prevents people in our project areas from taking control of their own futures. Ideally, we therefore aim to address all of these aspects simultaneously, to empower individuals and communities on all levels.

However, we always conduct a baseline assessment within our programme villages, when the communities take part in an assessment of which projects are most needed and most likely to help, and plan projects accordingly.

PHASE supports qualified Nepalese professionals to deliver integrated community development programmes that address the interlinked sectors of health, education and poverty. The PHASE team working in Nepal chooses the target communities on the basis of need and feasibility. They work in close co-operation with the communities, increasing local capacity.

Village programmes are being supported in eight communities and there is also a technical co-operation for cervical cancer prevention in Nepal. In two project areas progress has reached a point where PHASE can start to plan a controlled reduction of input. These communities are now in a much stronger position than at the start of the projects three years ago.



What makes PHASE special

There are many small charities working on various projects in developing countries, but PHASE stands out in various ways. It is:

- **Needs based:**

Projects are selected on the basis of greatest need and detailed pre-project needs assessments are conducted, followed by ongoing evaluation.

- **Integrated:**

The projects address problems in three interlinked sectors: education, health and poverty reduction.

- **Locally led:**

The project planning and implementation is led by Nepalese professionals and the projects offer local qualified staff opportunities for personal development whilst contributing to national development.

There is strong involvement of local communities in the planning and delivery of projects.

- **Sustainable:**

PHASE aims to support communities to a level where they become self-sufficient and the charity can gradually withdraw and focus on other areas.

- **Small yet professional:**

Although PHASE is a small charity, it takes into account national and international development policies and experiences. PHASE clinical guidelines are used by health workers from many other organisations, including government services.

- **Effective:**

PHASE has very low administration costs, so far much less than 10% of the total budget is spent on administration, and almost all of these costs are incurred in Nepal.

- **Personal:**

Strong partnership links between the UK and Nepal mean that communication works well without creating dependency.

PHASE is also characterised by its family atmosphere in fund-raising events and the direct involvement of local young people, the "PHASElets". Everyone can get involved and it also offers the opportunity for supporters to visit the PHASE projects in Nepal.



PHASE PROJECT AREAS IN NEPAL

About Nepal

Nepal is the 14th poorest country in the world: it ranks 142 out of 177 by UNDP Human Development Index and is the lowest ranking country in Asia apart from East Timor. The country has been shaken by political instability and violent civil conflict for more than 10 years.

In the remote areas where PHASE works, access to school education and health services is very limited, often non-existent. National literacy rates are well under 50% for adults. Half the children under the age of 5 years are malnourished and the mortality rate for this age group is 61 per 1000.

The official figure for maternal mortality is 281 per 10,000, although the United Nations' estimate is 850 per 10,000. These national figures have improved recently but the situation in the remote areas where PHASE operates is much worse.

Although there is now real hope for a change in the political situation with the abolition of the monarchy and a new democratic constitution being developed, even in the best scenario it will take many years for basic services and economic security to reach the poorest people and the remotest areas of the country.

PHASE project areas in Nepal





1. Sindhupalchok

There are two project villages within Sindhupalchok district in the Central Region of Nepal. Hagam, the first PHASE project village, is a large community of about 800 households, most of the population being of Tamang ethnicity. Fulpingkot, nearby on the other side of a steep valley, is a mixed community (Brahmin/Chetri/Newari). This village, being on the lower slopes, has access to more services and the people are better educated.

PHASE runs interlinked health, education and community projects in this area. PHASE-supported health workers are deployed in each governmental Sub Health Post and run an outreach clinic about an hour's walk away from the SHP. The education programme has been highly successful with five schools receiving support. Additionally nursery, "Catch-up" and adult literacy classes have been introduced. Both villages have several small-income generating projects such as the distribution of pregnant goats, animal husbandry courses, vegetable gardening and savings groups. A toilet construction programme was set up in 2006.

2. Gorkha

The Northern part of Gorkha, in the Western region, is a seriously neglected area of Nepal due to its remoteness. There is a lack of basic infrastructure including safe drinking water, toilets, rudimentary health services, roads, electricity and irrigation systems. The area is amongst the worst in terms of maternal, neonatal and postnatal health, malnutrition and child mortality.

PHASE started working in Northern Gorkha in January 2007, expanding the programme slowly from one to four communities. The programme, which is partly funded by the Child Welfare



Figure 1 Chumchet, Gorkha

Scheme, comprises essential primary care services, including high quality curative services, with emphasis on maternal and child health and preventive measures.

PHASE health programmes have a good reputation and the District Health Office in Gorkha has approached the charity to consider a co-operation. This would involve the district government paying the salaries of health workers, with PHASE managing the service.

3. Humla

Humla is situated in the most northerly part of the Mid-Western region and is the second least-development area of Nepal. PHASE has been working in two of the most remote communities, Maila and Melcham, since March 2008, covering a population of nearly six thousand. Financial support has been provided by Foundation Nepal, Ireland.

These communities are more than two days' walk from the nearest airstrips and more than a week's walk away from the nearest road. As a consequence, health service provision is extremely patchy and government health workers often need to be absent from their posts for several weeks at a time. Transportation of drugs and vaccinations is problematic and, despite the World Food Programme running a for rice distribution scheme, malnutrition rates are very high – up to 90% in children under the age of five years.

PHASE supports two governmental health posts with two trained health workers each. These see between 40 and 60 patients daily and provide general health services, but concentrate on maternal and child health. They have full access to governmental drug supplies, which PHASE supplements with drugs bought in Kathmandu. PHASE also supports one staff-grade nurse to supervise and support the health workers and to co-ordinate with the head office and district headquarters.



REPORT ON THE HEALTH PROJECTS IN NEPAL

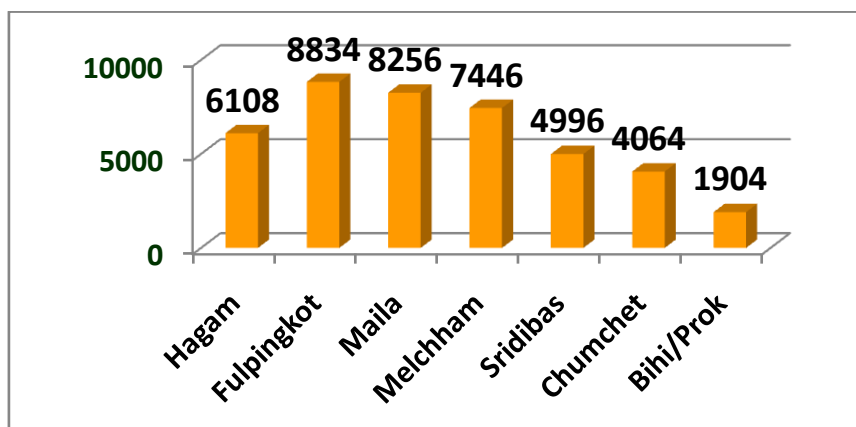
In the reporting period, PHASE health services have provided essential health services to 8 communities who would otherwise not have had any access to professional health care at all. This is a major achievement in itself, and it can be safely stated that many lives were saved or improved.

Although it is difficult to demonstrate real change in health outcomes in relatively small populations, partly because it is difficult to get accurate figures for the period before projects have been started and partly because changes in mortality rates can only be demonstrated over long periods of time or in large populations, we do have some hard figures to show:.

PHASE uses output indicators for some health outcomes, for example the number of deliveries attended by health workers as a proxy for maternal health, but it is also possible to demonstrate some changes in outcome.

OUTPUT INDICATORS

Consultation Numbers				
	Female	Male	TOTAL	% of Total
Patient Treatments	20399	16885	37284	100
Age under 1 year	1201	1339	2540	7
1-5 Years	2421	2552	4973	13
5-18 years	3688	4140	7823	21
Over 18 years	13095	8854	21949	59



Consultation numbers in PHASE health posts 2008/9: Bihi and Prok combined

Numbers of consultations at the health centres not only demonstrate need, but are also a reflection of the quality of service – a good service attracts more clients. In 2008/09 PHASE treated 37,284 patients in eight communities. The comparable figures for the health posts before PHASE became involved are 10-20 times lower. In the adult population the percentage of female patients is 60% and, of the total patients seen, 20% were under the age of 5 years. These figures reflect the PHASE objective of targeting maternal and child health.

The above figures include 3,254 episodes of acute respiratory infections and 4,093 consultations for diarrhoea. Most of these were in children, many of whom would have succumbed to their illness without treatment.

The average cost of a consultation at a PHASE health centre is about £ 2.- per patient, which is exceptional value for money.



Toilet Use

In Hagam and Fulpingkot, where the toilet-building programme is active, 400 families now use toilets compared to less than 10 before. This brings the total percentage of families who have access to a toilet to almost 50%.

Attended deliveries

Maternity Care					
	1 st	2 nd	3 rd	4 th	Total
Antenatal visit	554	263	150	101	1068
Deliveries attended					115
Postnatal care					160

In all the PHASE target communities, the number of deliveries attended by a skilled health worker was practically 0 before the projects started. In 2008/09 PHASE health workers delivered 115 babies, mostly in home deliveries, and made a total of 160 postnatal visits. The numbers are increasing and in some areas they are already close to 50% of expected deliveries, compared to a national average of 19%.



OUTCOME INDICATORS

Treatment for uterine prolapse

Uterine prolapse is a widespread problem in Nepal and causes much unnecessary suffering as most women in remote areas have no access to treatment. PHASE health workers are trained in insertion of ring pessaries and during door-to-door campaigns actively find cases and encourage women to be treated. 148 ring pessaries were inserted in the period 2008-09.

Numbers of women using family planning

Before PHASE started work, very few women in the target communities had access to any effective form of family planning. In 2008/09 PHASE health workers provided 2,894 clients with family planning counselling when they had come for health services. A total of 2,454 clients were provided with family planning methods, nearly 70% of which was injected contraception.

PHASE CLINICAL GUIDELINES

From the beginning of our work, our health workers in Nepal have been using a set of clinical guidelines in Nepali language, to help them reach correct diagnosis and give appropriate treatment. These guidelines had been developed over the years by PHASE trustee Dr Gerda Pohl and a number of other clinicians of different nationalities and backgrounds. The guidelines are very simple and practical, and very much appreciated by both our health workers and those of other partner organisations we have been sharing them with.

Previously, Dr Pohl had been given a grant by the Eric Gambrill Foundation to develop the guidelines further, and in 2009 we were able to attract a grant from the British Medical Association Charitable Purposes Fund in order to be able to bring the guidelines into print. The finalised printed edition was launched in October 2009.



REPORT ON THE EDUCATION/COMMUNITY DEVELOPMENT PROGRAMMES IN NEPAL

SUMMARY OF PROGRESS

PHASE has been supporting government schools with teaching materials, help to build toilets and water supplies and, in some cases, better buildings and support for playgrounds.

Salaries have been supplied for extra teachers where necessary, and help for schools to support the poorest students with free books and stationary. Teachers have been supported with extra training in child-friendly teaching methods, in-post supervision and financial incentives.

In Hagam, where the education programme has been in operation for three years now, school enrolment rates have almost doubled and more children are staying in school longer.

The figures include children studying in the child literacy classes. These are also known as “catch-up” or “alternative” classes and are small satellite schools where groups of twenty children of all ages are taught a slightly abbreviated curriculum. This allows them to “catch-up” with Class 3 of the mainstream schools within three years. PHASE is currently supporting three such classes in Sermanthang, Hapra and Kalangsa.

PHASE is supporting three nursery classes, in Bhimsen, Archale and Kalleri, all in Fulpingkot VDC. In these, trained local women look after young village children, giving them a chance to develop a “learning routine” and social skills before they start primary school. This is a well-tried, successful model in Nepal. These classes also free up mothers and older girls from child minding duties, reduce accidents to poorly supervised toddlers, and, if the children are given a snack at the nursery, can even improve child nutrition.



Figure 3 Adult Literacy Class

In the PHASE project villages adult literacy rates were as low as 30% for men and less than 10% for women. The adult literacy classes have been extremely popular with the villagers and ten six-month evening courses have been completed, benefiting about two hundred adults, mainly women.

Since the secondary school in Hagam was upgraded with the help of PHASE, for the first time students have been able to continue up to Grade 10 within their own village. This year the first 13 students sat the School Leaving Certificate examination, of which seven passed at the first attempt and two more at the supplementary exam. This pass rate of 70% is higher than the national average.

In Hagam and Fulpingkot, where the toilet-building programme is active, materials have been provided for the construction of one community and one hundred and ninety private toilet blocks. This is in addition to the toilet blocks constructed in seven schools. Four hundred families in these areas now use toilets, and access to toilets has risen from less than 5% to almost 50%.



DETAILED PROGRESS REPORTS

HAGAM VDC SINDHUPALCHOK – 16 JULY 2008 to 15 JULY 2009

SN	Activity	No	Remarks
1	Teacher support to schools: Salary part paid by PHASE - part community support	5	One teacher to each of 5 schools. This programme has helped the schools to maintain regular classes and good teaching. <i>This is continued from last year</i>
2	Teacher support to Jaldevi Secondary School Full salary paid by PHASE	1	PHASE is supporting one full-time teacher's salary to upgrade the school to Secondary level. <i>This is continued from last year</i>
3	Toilet Construction for schools	1	Jaldevi Secondary School three-roomed toilet block for new school site. <i>Already started but not yet completed</i>
		1	Sermanthang Alternative Education Class – one-roomed toilet block. <i>Repair only.</i>
		1	Kalangsa Alternative Education Class one-roomed toilet block
4	Alternative Education Classes	1	Sermanthang Alternative Education Class – fully run by PHASE, providing all the materials and one teacher. Currently twenty students. <i>This is continued from last year</i>
		1	Hapra Alternative Class – fully run by PHASE with complete materials, building and teacher support. <i>Started this year</i>
5	Adult Literacy Classes	6	<i>All six classes are complete</i>
6	Construction of water supply for schools	1	Kalangsa Alternative Education Class – one tapstand
7	Construction of water supply for community	1	Pepta village – three tapstands
8	Construction of private toilet blocks	75	Seventy-five families provided with materials for a basic toilet. <i>All complete and in use</i>
9	Other activities		Bankali Primary School Purchase of new roof with support from PHASE Provision of seven desks and benches
			Kalidevi Primary School Support to make ceiling and furniture
			Shree Primary School Construction of doors, windows and blackboard
			Panchakanya Primary School Support to purchase roof for new building



FULPINGKOT VDC SINDHUPALCHOK – 16 JULY 2008 to 15 JULY 2009

SN	Activity	No	Remarks
1	Teacher support to schools: Salary part paid by PHASE -part own support	2	One teacher to each of 2 schools. This programme has helped the schools to maintain regular classes and good teaching.
2	Teacher support to Nursery Schools Full salary paid by PHASE	1	Bhimsen Lower Secondary School - establishment of nursery class. Part salary support of teacher by PHASE
		1	Archale Nursery Class – support to provide own building
		1	Kalleri Primary School – support to run nursery class
3	Toilet Construction for schools	1	Bhimson Lower Secondary School –two-roomed toilet block
		1	Laxmidevi Lower Secondary School – three-roomed toilet block
		1	Kalleri primary School – two-roomed toilet block
		1	Simasing Primary School – two-roomed toilet block
4	Adult Literacy Classes	4	<i>All four classes are complete</i>
5	Construction of water supply for schools	1	Mangalamai Primary School, Chilaune – one tapstand
		1	Fulpingkot Secondary School – eight tapstands
6	Construction of water supply for community	1	Kalleri village water supply scheme – forty households benefiting
		1	Archale village – three tapstands
7	Construction of private toilet blocks	115	One hundred and fifteen families provided with materials for a basic toilet. <i>All complete and in use</i>
8	Construction of community toilet block	1	Manakamana Community Group provided with materials for one-roomed toilet block
9	Other activities		Manakamana Community Group Support for concrete roof for co-operative building. This is used as milk collection and distribution centre
			Training sessions for teachers – two sessions were held for all teachers from Hagam and Fulpingkot in coordination with District Education Office



REPORT ON THE EDUCATION PROGRAMMES IN THE UK

I. SCHOOL LINKING PROGRAMME

PHASE facilitates a link between the Secondary School in Hagam (Jaldevi Secondary School) and a Comprehensive School in Nottingham (Alderman White Language College). The benefits on both sides are a more global perspective for learners and teachers and an opportunity to exchange experiences and ideas regarding both daily life and the school curriculum.

With funding from the British partner school, PHASE has arranged for Jaldevi School to purchase a computer and train two teachers and a few pupils in its use. Pupils have also exchanged letters and drawings and have separately conducted development education activities embedded into the curriculum.

There was not much literature about the needs of the Southern link school, therefore PHASE arranged for a volunteer, (Samantha Watson), to spend 5 weeks in Hagam in June 2009. Her report provided high quality information about what support the school in Nepal will need. At the same time, she conducted several development education activities with the pupils and teachers. A full report is available on enquiry.

II. DEVELOPMENT EDUCATION ACTIVITIES

PHASE trustees and volunteers have always regarded it as part of our remit to help others understand issues of developing countries such as Nepal. For this reason, we have built relationships with several local primary schools and volunteers or trustees occasionally visit the school to discuss aspects of our work, and schools use this external input to inform project work. Some of the schools have adopted PHASE as their chosen charity and have organised fundraising activities for the benefit of the charity.

III. PHASELETS

The under 16 junior fundraising group of PHASE Worldwide – the “PHASElets” – are one of our flagship programmes, although they do not appear in the original trust deed:

This group of young people, facilitated by experienced adults, meets regularly, organises fundraising activities and development education activities and has been honoured as Rotherham Ambassadors and as Young Athenians.

PHASElets raise significant amounts of money for the projects in Nepal and in the process learn valuable life skills: conducting meetings, writing minutes, planning activities and making financial decisions are all part of their learning. – For details about their activities, please refer to the Fundraising Report.



Figure 4 PHASElets



TECHNICAL CO-OPERATION FOR THE PREVENTION AND TREATMENT OF CERVICAL CANCER IN NEPAL (COLPOSCOPY)

This project is a Technical Co-operation between a Nepalese registered NGO, The Nepal Network for Cancer Treatment and Research (NNCTR), and a group of interested professionals from the UK. This includes Consultant Gynaecologists and Nurse Colposcopists from Rotherham, Nottingham, Dewsbury and Shrewsbury & Telford hospitals, facilitated by one of the PHASE trustees, G. Pohl, who is a General Practitioner with a special interest in Women's Health. The project, which began in 2006, is coordinated through PHASE.

The main aim of the project is to develop a cervical cancer prevention programme in Nepal, thereby reducing the morbidity and mortality from this common disease.

The specific objectives of the project are:

1. to train a group of Nepalese Gynaecologists and Nurses in clinical and managerial aspects of a cervical screening and colposcopy programme.
2. to help develop several centres within and outside Kathmandu Valley that will conduct regular cervical screening, follow-up and minimally invasive treatment.
3. to enable involved Nepalese professionals to influence the development of a national policy for the treatment and prevention of cervical cancer.

The project involves repeated visits to Nepal by UK colposcopists, who deliver both theoretical and practical workshops to the Nepalese health professionals. The UK trainers are all registered with the Nepal Medical Council. Between 2006 and 2009, four such workshops took place, on in this reporting period.

Reciprocal visits to the UK have been made by Nepalese gynaecologists involved in the programme. They spend six weeks visiting different centres and taking part in the Basic Colposcopy Course run by the British Society for Colposcopy and Cervical Pathology (BSCCP). One such visit took place during the reporting period.

The UK professionals all offer their time free and financial support has been provided by both the BMA (British Medical Association) and BSCCP in the form of grants



Figure 5 Colposcopy Training in Kathmandu



FUNDRAISING REPORT

PHASE Worldwide raises most of its funds through;

- * regular supporter donations
- * ticketed events
- * sponsored events
- * events organised by supporters
- * PHASElet events
- * and one off donations.

Keeping supporters updated and feeling part of the PHASE 'family' is upmost when planning the annual events diary and as a result a wide variety of functions are held.

Events held in the 2008/9 financial year:

Celebrity Sports Dinners (shared with other Charities). Frank Bruno, Ricky Hatton etc
PHASE Fear Factor : Firewalk, Glass walk, Powerfan and Zipwire
Sheffield Half Marathon – 3 participants raising funds for PHASE
St Patricks Night Party
Dinner to celebrate PHASE's 4th Birthday at Vasco's restaurant
Night at the Dogs - Owlerton Stadium
Literary Supper with author Jack Sheffield
Donation from Return to the Forbidden Planet show at Magna
Stafforce/PHASE Charity Fun Day at Hayfield Lakes – Fishing competition, pet show etc
Supporters trip to Nepal
Pamper Day- Reflexology, massage etc
PHASE Supper Club
Fashion Show at Rotherham Rugby Club
Christmas Party
Dowsing workshop - donations

PHASElet Fundraising:

Sponsored Skydive
Rother Valley Junior Triathlon
Money raised selling programmes at Gillian Banks Theatre School shows
Sponsored Skipping at Northfield Primary School
Market Stall at Barnsley Market
Spring Quiz Night and Autumn Quiz Night
Sausage and Mash Supper
PHASElets Firewalk, Zipwire, Powerfan and Steel Bar Bending.
Carboot Sales
Christmas Fayre
Santas Grotto
Fishing 4 PHASE
Home Grown Plant sale

Other:

Haxey Village School (Lincolnshire) 'adopted' PHASE as their chosen charity and raised in excess of £2,000 through a variety of events including a sponsored walk.

YBE Stationary (South Yorkshire) introduced a scheme where 5% of all stationary sales to Stafforce Recruitment were donated to PHASE

Events organised by supporters: A Girls Night In; Village Hall Show and Tea; Magic Lantern Show presented by David and Linda Larder



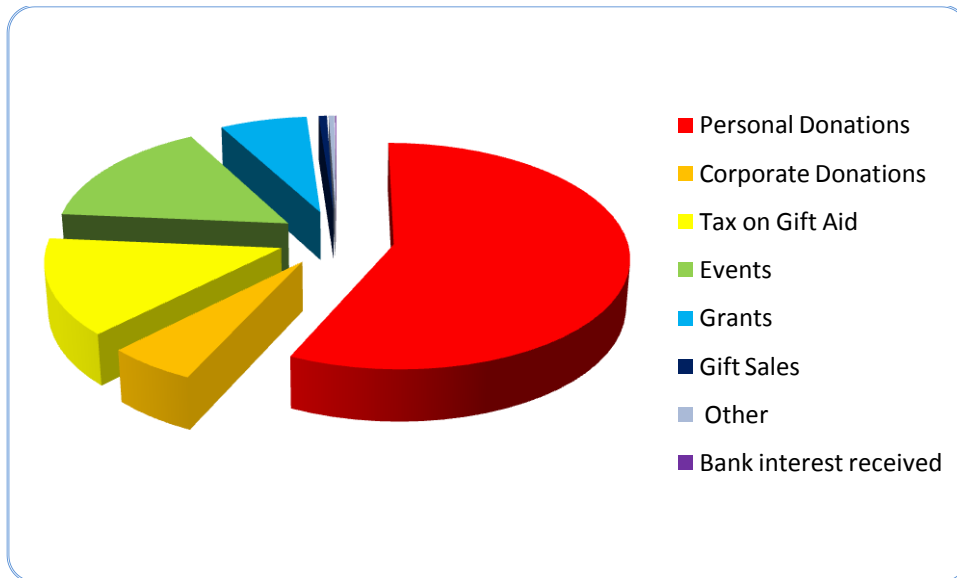
FINANCIAL REPORT

Income and Expenditure Account - Year ended 30 June 2009

INCOME

Personal Donations	£ 50,828.88
Corporate Donations	£ 4,912.00
Tax Return on Gift Aid (This includes some donations from the previous financial year and is still to be received from the Inland Revenue)	£ 12,435.69
Events	£ 13,975.85
Grants (BMA, Open Gate, BSCCP)	£ 6,055.00
Gift Sales	£ 573.50
Other (unable to allocate)	£ 388.26
Bank interest received	£ 81.02

Total Income	£ 89,982.28
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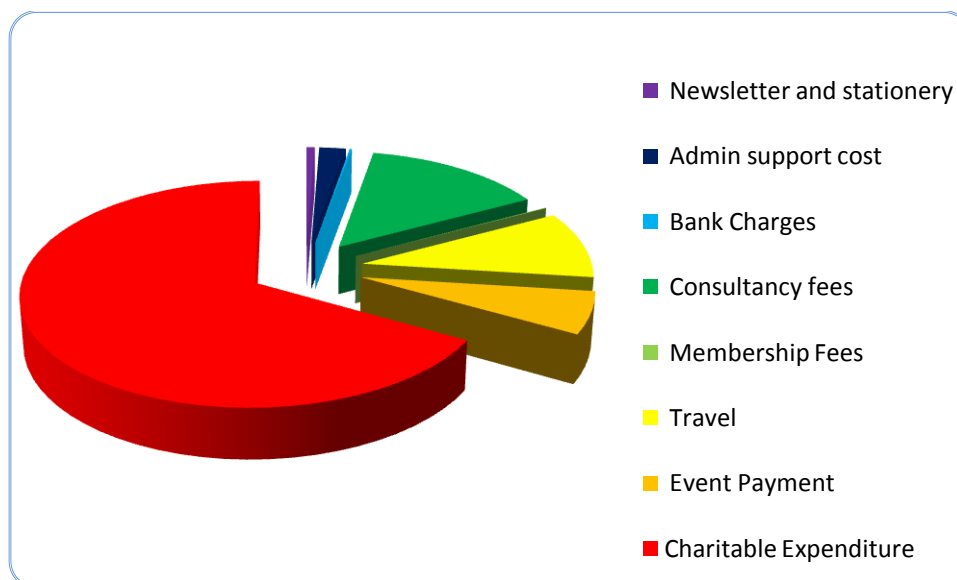




EXPENDITURE

Newsletter and stationery (The costs for this were sponsored, not funded through the charity's main income)	£ 508.00
Admin support cost (PHASE paid an admin worker on a contractual fee for service basis)	£ 1,641.15
Bank Charges	£ 140.00
Consultancy fees (These are fees paid to a medical consultant – they were sponsored, not funded from the charity's general income.)	£ 11,203.50
Membership Fees (PHASE is a member of the Development Education Association and latterly also Bond.)	£ 65.00
Travel (This includes travel by a group for the annual PHASE trek. Although the funds were handled by PHASE, all individuals contributed their own costs.)	£ 7,650.20
Event Payment (Costs incurred for fundraising events)	£ 4,847.00
Charitable Expenditure (In this financial year, all charitable expenses were made in Nepal.)	£ 52,588.18

Total expenditure	£ 78,643.03
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Net Surplus for the year	£ 11,339.25
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COMMUNICATIONS AND NETWORKING

The “family feeling” that pervades PHASE Worldwide is very important to us and we try in every possible way to foster this. We keep a database of all PHASE Supporters (with their consent) and use this to contact members with news.

Other important ways to keep in touch with our supporters and any others interested in what the charity does are:

1. Trustee meetings – are open to the public and minutes are circulated widely
2. “PHASE Supper Clubs” – approximately every 3 months; a group of PHASE volunteers organises a simple dinner for 50-60 supporters. The food is sponsored, but visitors donate to PHASE. A short update about the work in Nepal is given between courses
3. PHASE Christmas party – fulfils a similar function to the Supper Clubs
4. Newsletters – are published via the email database at least twice a year
5. Website – our website is updated regularly and serves as an easy way for supporters and volunteers to keep up to date with recent events and with project progress

We also send personal thank you letters to all major supporters and send them an update once a year.

We keep in contact with other charities with similar interests, and with popular local charities – we have shared several of our fundraising events with other charities such as the Samaritans, Safe@Last, Community Action Nepal, Titan’s Community Foundation, Rotary and Lions clubs and others.

Our leaflets are updated regularly and used to communicate recent developments.

PHASE trustees and volunteers frequently give talks in local schools and hospitals.

In PHASE we try to share our experience and expertise as much as possible with others – via Bond for Development, the Development Education Association, British Medical Association, or directly, meeting other charities with similar work in the UK or within Nepal.



2010 AND BEYOND

In the year 2008/9, we have been able to consolidate the work of PHASE in Nepal and to lay the foundation for expanding our work. In the next few years, we are hoping to grow and expand our reach in various ways:

1. Increasing current project areas

Between 2006 and now, PHASE projects have grown from covering just three villages to currently eight (from seven locations). Each health project costs between £ 5,000 and £ 10,000 per year, and as our fundraising increases, we are hoping to start another health project soon.

2. Working with UK health professionals

Through a brief article in the British Medical Association News journal, we have made contact with a number of General Practitioners in the UK who are interested in helping with training and quality assurance in Nepal. These professionals will also be able to help with our fundraising efforts.

3. Working with the Nepalese government to improve rural health care

We are currently in negotiations with the District Health Office in Gorkha district for a cooperation where PHASE will take on the supervision and monitoring of health workers who will be at least partially paid by the District Health Office. If this cooperation is successful it may provide a model for public private partnerships in other areas as well and a basis for increasing our working areas so as to be able to reach a much larger number of people who currently have no health service available to them.

We are also hoping that our clinical guidelines will be widely used in Nepal, to help improve quality of care.

4. Opening an urban clinic and training centre

Since we started work in Nepal, we have been hoping to open an urban clinic for women and children, which would not only provide health services to disadvantaged poor people in Nepal but could also be used as a training and referral centre for our rural health centres. The estimated running costs are approximately £ 10,000 per year.

5. Improving water and sanitation aspects and poverty reduction and education programmes

PHASE has always emphasised the idea that poor health, poor education and poverty itself are three interlinked aspects of the same problem, and that they are best addressed simultaneously. We have been very successful with this approach in one of our working districts (Sindhupalchok), but because of financial restrictions have not been able to expand the education and poverty reduction aspects to our other working areas. We are hoping to be able to do this soon.



Figure 6: Girls at Fulpingkot Health Centre