Foreword

This year offered a partial respite from conflict, enabling BNMT to advance its mission to assist the people of Nepal to realise their right to improve their health. Although tension persisted between the political parties and the Maoists, dialogue continued. It appears that Nepal is on the way to becoming a federated republic with the King relegated to a figurehead position.

This year's annual report focuses on maternal health through the health rights lens. The challenge of improving women's health in general and maternal health in particular has been at the heart of BNMT's work since our inception. In recent years, our Safe Motherhood Innovation Project has applied our rights-based approach, aiming to increase access to and use of essential, life-saving services at the household, community, and district levels. Through this project, BNMT assists Nepali partners to create demand for services that address maternal health needs and works with the health system to strengthen health service provision.

The Millennium Development Goals (MDGs), the covenant agreed by every country of the United Nations, set the global standard for social and economic justice. The MDGs are based on the international conventions that underpin the full range of social, political and economic rights, including the right to health. Along with child mortality, maternal mortality is a definitive indicator of social justice and the realisation of the right to health. It reflects how society protects its most vulnerable and invests in its future: what we believe is fair, and what we aspire to make possible. (For more information see: http://www.un.org/millenniumgoals/.)

BNMT's programme has achieved much over the past year.
Major accomplishments include:

- community mobilisation benefiting 125,000 people, 68 percent of whom were women and 70 percent of whom were from disadvantaged ethnic groups, with training on community priority setting, action planning, and health committee management;
- tuberculosis control with overall treatment success rates of 90 percent;
- safer motherhood training to enable 301 health care providers to increase access to first aid, emergency obstetrics, and midwifery services.

This year also saw a transition in leadership at BNMT. In November, Chanda Devi Rai, our first Nepali Chief Executive Officer, handed over to Dr Anil Subedi. Speaking on behalf of BNMT's Trustees and staff, as well as the people we aim to serve, I thank Chanda for her many contributions to BNMT's development. We are excited to have Anil with us. Anil comes from the agricultural sector and has a wealth of experience in bridging the gap between providers and consumers.

With Nepal's fragile peace persisting, the task of building a new Nepal is at hand. We extend our appreciation to those who have supported us in the past, and we encourage you to consider increasing your investment with BNMT to help us continue our work in building the basis for a just and lasting peace.

Gratefully yours,

Jeffrey W Mecaskey, Chair, Board of Trustees

A message from the Chief Executive Officer

This was my first year as chief executive officer of the Britain Nepal Medical Trust and it has been an eventful year both for the Trust and for Nepal. The fragile peace between the political parties and the Maoists has persisted, though it's been a rocky road, and there has been a discernible movement towards re-establishing civil order in Nepal. There have been major developments in the role of the monarchy in Nepal's social and political system, the final outcome of which will only become clear after the Constituent Assembly next year.

For BNMT, our overall rights based programme, as well as our specific work in areas such as tuberculosis control and safer motherhood continues to progress toward enabling the people of Eastern Nepal to improve their own health. As summarised in this report, the programming made possible by our generous supporters and our hard working staff and partners is delivering real impact for some of the world's least advantaged people.

During my first three months in office, I had the opportunity to visit almost all of the district field offices and selected community groups, and to meet with our staff and partners to learn about the challenges and accomplishments they face in assisting the people of Eastern Nepal to improve their own health. After 10 years of civil strife, there is much to rebuild in order to establish a functioning health service that can meet the needs of the people of Nepal. A related challenge is building trust after so many years of civil strife. But I am heartened and believe that Nepal is on the right path to establishing a durable peace.

As the end of our current strategic period comes to a close, we look forward to negotiating a new agreement with the Government of Nepal. We are beginning to explore how to build our work in rights based programming to attend to more fundamental determinants of health and vulnerability. To this end, we have begun early discussion with the Board of Trustees about how we can strengthen our work on the nutritional underpinnings of health, including food security and economic livelihoods. While there is much to do to fully develop this programme strategy, it is our hope that we can use it to leverage even greater impact for the people we aim to serve.

This has been a year of tremendous learning for me as well. Although my prior work in agriculture and biodiversity management took an approach similar to that which BNMT takes to health, I have much to learn. I am very grateful to BNMT's staff, our partners, the Friends of BNMT, and our Board of Trustees for the guidance, advice and support they provided me during these early months.

We remain grateful to all the supporters who make our work possible, particularly the Big Lottery Fund, and the Inter-church Organisation for Development Co-operation (ICCO). We are also grateful to our newer major funders including the European Union and the Global Fund to Fight AIDS, Tuberculosis and Malaria among others. While the road ahead may not be easy, I am confident that with the support of partners we will succeed!

Dr Anil Subedi
Chief Executive Officer

Lt Colonel Charles Wylie OBE
1921 - 2007

Charles Wylie, who died on 18 July 2007 aged 86, was a founder Trustee of the Board set up in 1967 to oversee the functions of the Britain Nepal Medical Trust.

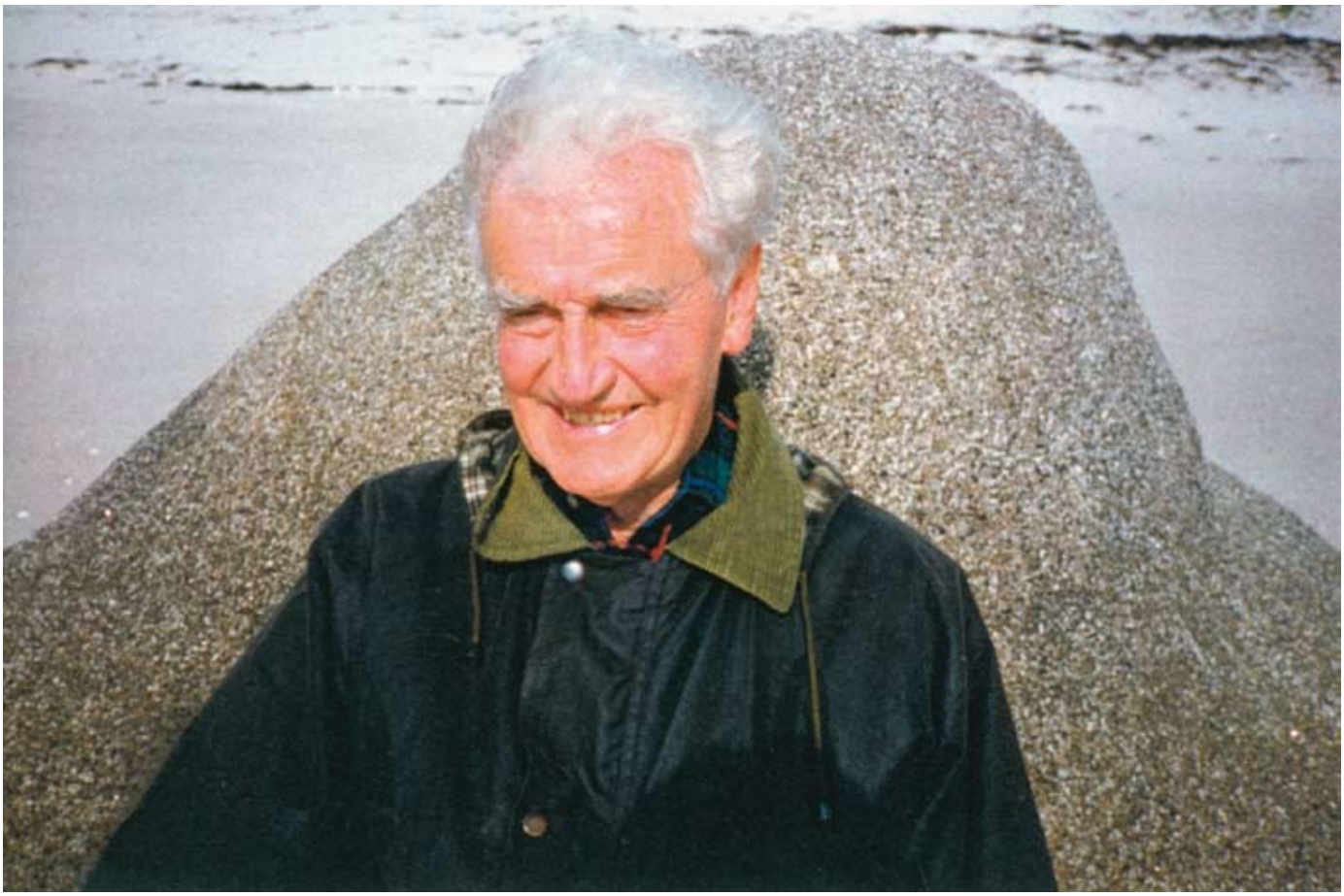
His associations with Nepal were long-standing. His grandfather was the British Resident in Kathmandu in the 1890s and his father served as a Gurkha officer in the Punjab, where Charles was born. In due course, Charles Wylie served in the Brigade of Gurkhas throughout the Second World War and beyond, becoming military attaché to the British Embassy in Kathmandu before he retired.

In 1953, his knowledge of Nepal and his administrative and mountaineering skills saw him appointed as organising secretary in Lord Hunt's team, which scaled Everest for the first time.

Charles Wylie made good use of his associations for the benefit of the Trust. As Executive Secretary from 1986 to 1994, he strengthened administrative affairs within the Trust and improved liaison between the United Kingdom and Nepal, using his contacts with the British Embassy and working through the Gurkha Welfare Fund. Building on the relations that he established during his military service in Malaya, he motivated the Sultan of Brunei to extend support to the Trust. He secured membership for the Trust in the Britain Nepal Society, thereby opening up further fund raising opportunities. In addition, he ensured cordial relations with the Nepalese Ambassador and staff in London.

Charles Wylie was a polite, charming and humorous man, committed to the welfare of the Trust – for those who worked for the organisation and for those who benefited from its services. In 1994, he received the OBE in recognition of his many outstanding contributions, including those to BNMT.

We extend our sincere condolences to Sheila, his widow, and to his family.



Nepal – An Overview

Nepal has a population of 27.1 million, 84 percent of whom live in rural areas.

Almost half the population (49 percent) live in the *terai* (lowlands) bordering India that constitutes 23 percent of the total land area of Nepal.

44 percent of the population live in the middle-hills, which range in altitude from 600 to 4,500 metres.

Seven percent of the population live along the northern border with Tibet, where the Himalayan Mountains include eight of the World's 14 highest peaks.

LEGEND

- INTERNATIONAL BOUNDARY
- REGIONAL BOUNDARY
- ZONAL BOUNDARY
- DISTRICT BOUNDARY
- ALL WEATHER ROAD
- DISTRICT HQs

The country is both ethnically and linguistically diverse and includes among others Gurungs, Limbus, Magars, Rais, Sherpas, Tamangs, Tharus and Tibetans.

Religion plays a significant part in Nepalese life with 81 percent of the population Hindu, 11 percent Buddhist, 4 percent Muslim and the remainder having other religions.

Nepali is the official language, with dozens of others spoken by some portion of the population.

Politically, Nepal has emerged from 10 years of civil unrest and armed conflict that led to more than 13,000 deaths and at its peak internally displaced 300,000 – 600,000 people.

Economically, Nepal is one of the world's poorest countries, with few economically viable natural resources. Its foreign exchange is earned principally through remittances from Nepalis working abroad and tourism. More than three quarters of Nepalis live on less than $2 a day.

Poverty and Health

Basic statistics comparing the poorest 20 percent of the population of Nepal with the wealthiest 20 percent

	Poorest 20% of population	Richest 20% of population
Births attended by skilled health personnel	4%	45%
Children fully immunised against common diseases such as tuberculosis, diphtheria and measles	61%	83%
Infant mortality rate	85.5 per 1,000 live births	77 per 1,000 live births
Under five mortality rate	130 per 1,000 live births	86 per 1,000 live births

© Adam Levy

Houses in Mamling, Sankhuwa Sabha

Safe Motherhood

For poor women in rural Nepal, giving birth is a risky proposition that can lead to illness, disability or death. BNMT's work over the years has helped to reduce the risks for many women.

Nepal's maternal mortality ratio remains one of the highest in the world. It is reported as 740 deaths per 100,000 live births: one in 24 women will die in childbirth (Unicef May 2006). One woman dies every two hours owing to preventable problems in childbirth, such as obstructed labour and eclampsia, sepsis and post-partum haemorrhage, and unsafe abortions. More than 90 percent of these deaths occur in rural communities. Even among the wealthiest 20 percent of the population, less than half of all women give birth with the help of skilled health personnel; among the poorest 20 percent only one in 25 is likely to do so (WHO, 2007). Safe motherhood, and reducing the maternal mortality ratio by 50 percent by 2015, have been identified as a national priority by the Government of Nepal. Making the right to safe motherhood a reality is a priority for BNMT.

BNMT has prioritised safer motherhood since its inception. In the late 1960s and 1970s, we pioneered maternal services in hospitals, and later at the community level. In the 1980s, we developed the Women's Community Health Leader Programme, which promoted female literacy as a means to increase take-up of maternal and child health services. More recently, we supported the Lady's Health Worker Programme, which became the cornerstone of health services in Nepal at the community level.

© Adam Levy

A Community Health Volunteer in Mamling

To make motherhood a joy rather than a risk, BNMT is upgrading rural health services and raising awareness about maternal health in communities through the Safe Motherhood Innovation Project (SMIP).

BNMT has implemented the SMIP in three districts of eastern Nepal – Ilam, Sankhuwa Sabha, and Khotang – since early 2004. The project, run in partnership with the Adventist Development and Relief Agency (ADRA), works through the three districts' 164 health institutions (hospitals, health posts and sub-health posts), which serve a population of more than 675,000. The project aims to reduce maternal mortality and morbidity arising from pregnancy-related complications by increasing the proportion of births attended by skilled and equipped health staff.

Over the past 18 months, political instability and armed conflict affected project implementation, particularly during the period leading up to the King's removal from direct rule in April 2006. Strikes, road blockades, demonstrations, curfews and armed clashes between government troops and Maoist forces disrupted project activities. In Khotang, the hospital was the only government building to survive the destruction of the district headquarters during fighting in June 2005. In Ilam, however, Maoists, seized essential medicines and medical equipment when they attacked the district headquarters in March 2006. More recently, the overall situation has improved, but the peace remains fragile.

Improving access to quality maternal health services

The SMIP improves maternal health services and makes them more accessible by training health service providers; supplying equipment and medicines; providing logistical support; strengthening finance, supply and referral systems; and developing means for pregnant women to reach health posts and hospitals when they need them. The project also works to strengthen health services, particularly supervision to ensure quality of care and referral to ensure that complicated cases receive the care they need.

At community level, the project provided 45-day primary Emergency Obstetric Care (EOC) training to 66 Maternal and Child Health Workers. The training focused on managing normal deliveries and identifying indications for referral. The trainees received EOC kit boxes with essential medication and equipment. Now, almost all the communities in the programme area have MCHWs trained to provide primary care in antenatal, delivery and postnatal services.

At the health post level, the project provided 30-day Midwifery Refresher Training (MRT) to 36 Assistant Nurse Midwives (ANMs). The ANMs learned about recent developments in delivery and early post partum care, how to manage difficult deliveries, and indications for referral. Each trained ANM was provided with a delivery kit, including essential medication and equipment.

© Adam Levy

© Adam Levy

Women visiting the health post in Mamling

© Adam Levy

Visiting a health post

At district level, the project trained 10 staff nurses to manage complications such as retained placenta, haemorrhage and vacuum delivery. This meant that cases referred from local health posts and sub-health posts could be handled in the district hospitals by trained staff nurses. The project also provided operating theatre management training for staff nurses and basic anaesthesia assistant training for health assistants.

In addition, the project conducted whole site infection prevention training for all administrative and technical staff in the three district hospitals and the health centres in Mangalbare and Chainpur. After the training, the hospitals and health centres were provided with supplies so they could maintain infection prevention practices.

Based on a needs assessment carried out jointly by the District Health Offices and BNMT, the project provided maternity care equipment for 38 health posts and sub-health posts, three district hospitals and two primary health care centres. The project also supported construction of a delivery room in Sankhuwa Sabha district hospital, and a waiting room and a delivery room with attached toilet in Khotang district hospital. It renovated the delivery rooms in Ilam district hospital and Chainpur health centre and 24-hour maternity care waiting homes for two health posts in each district.

As part of the SMIP, the Trust provided training for local health committee members to manage maternity services in the health facilities. It also trained health facility staff, health committee members, and safe motherhood teams to identify the danger signs in pregnancy, labour and the post-partum period, so they can refer women to the district hospitals if necessary.

Local health committees introduced 24-hour maternity services in Okhre health post and Chisapani health centre. Health financing schemes were set up in all 155 village development committees and two municipalities in the three project districts. They provide a revolving fund, managed by the local health committee, which pools resources from the government, the village development committees and other sources to cover the cost of transport, food and care at the time of delivery. By the end of 2006, the schemes had collected 3.2 million rupees, and had assisted 495 pregnant women.

To enable community members to transport mothers to and from health institutions, the project distributed three stretchers to each village development committee and two to each district hospital. The stretchers are used by community members and managed by the local health committees.

© Adam Levy

Community members gathered for a discussion on health in Baneshwor, Sankhuwa Sabha

Creating demand for safe motherhood in the community

The SMIP worked with health workers, health committees and female community health volunteers (FCHVs) to use the birth preparedness package (BPP), a set of educational materials on pregnancy and childbirth for families and communities. First, BNMT trained 111 health assistants, staff nurses and supervisors in the BPP approach. These trainees passed on their knowledge to 190 auxiliary health workers and assistant nurse midwives, who in turn mobilised 217 MCHWs and 2,588 FCHVs and Traditional Birth Attendants (TBAs).

© Adam Levy

The participants were trained to recognise danger signs during pregnancy, labour, and post partum. They were also taught about the importance of a nutritious diet and delivery by skilled health personnel. The project provided the FCHVs with pictorial referral slips, suitable for the pre-literate, and distributed almost 40,000 key chains with pictorial messages for pregnant mothers. The FCHVs conducted community education sessions and went to the pregnant women's homes to talk to the women, their husbands, their parents-in-law, and neighbours. They gave a key chain to each pregnant woman.

© Adam Levy

An auxiliary nurse-midwife demonstrates a key chain card during a training session

Where necessary, local Health Facility Management Committees (HFMCs) were reactivated and trained in safe motherhood. They managed facilities and transport for pregnant women, established health financing

Mrs Manjura Pariyar lives in Baprang village in Khotang. She delivered her second baby at home without the assistance of a health worker. On the first day, both mother and baby were well and all the family were happy. But on the second day Mrs Pariyar started bleeding. Unfortunately, in rural communities bleeding after delivery is considered normal: people believe that it clears out the dirty blood of the mother. So Manjura was not taken to hospital until after 12 hours of bleeding.

Staff nurse Soma Niraula had received training in obstetric care as part of the SMIP. She was able to treat Mrs Pariyar and remove a large piece of placental membrane that had been retained inside the uterus. After a few hours, the bleeding stopped and Mrs Pariyar was discharged the next day. The staff nurse said the training she received had given her the confidence to handle such cases.

schemes and monitored mothers' group meetings. Local non-governmental organisations (NGOs) were taught to perform street theatre with messages focused on the value of antenatal care, the importance of having an attended birth, giving love and affection to pregnant mothers, men as partners, and so on. The project also used traditional festivals and occasions such as World Safe Motherhood Day to raise awareness in communities. through such activities as quizzes, folk song competitions and street theatre.

© Adam Levy

Children look on at a community meeting, Baneshwor

Impact

After three years, the project has made a measurable impact. Use of clean home delivery kits increased throughout the project area. Their use increased overall by 19.4 percent, and by 28.8 percent in Ilam alone. The proportion of women with pregnancy-related complications who sought medical treatment also increased. Before the programme started, 60 percent of women who had experienced a pregnancy-related complication said they had sought treatment. By the end of the project, this figure had increased to 86 percent.

© Adam Levy

A health committee meeting, Chamling

The messages about safe motherhood appear to be getting through to communities. The proportion of women receiving at least four antenatal check-ups during their pregnancy increased in all three districts, particularly in Khotang (40.7 percent), but also in Ilam (24.6 percent) and Sankhuwa Sabha (24.6 percent). These check-ups are critical for identifying potential complications during pregnancy in time to provide treatment. The number of mothers attending postnatal check-ups increased by 46 percent in Khotang, by 35.5 percent in Ilam, and by 26.2 percent in Sankhuwa Sabha.

There was also an increase in the proportion of families making preparations for the birth of the new baby. By the end of the project, 65 percent of families in the three programme districts reported they made preparations for birth, an increase from 22.4 percent before the programme started. Preparations included making financial arrangements, obtaining a clean home delivery kit, and arranging for skilled personnel to attend the delivery.

A key indicator of success for the project is the increase in the proportion of births attended by skilled health personnel, which is particularly important for the survival and health of mothers and their babies. Over the three years, the proportion of babies delivered by skilled health personnel in the project area increased considerably, from 5 percent to 31 percent. This is far from a satisfactory level, as the majority of deliveries continue to take place at home without skilled personnel. But the increase shows that the SMIP made a real impact, and that further progress can be achieved if this work continues.

© Adam Levy

District Health Office staff in the dressing room, Khadbari Hospital, Sankhuwa Sabha

Chitra Kala Rai, 20, lives with her family at Tamku village, Ward No. 7. She was pregnant for the third time and both her previous pregnancies ended in stillbirths. She had received a safe motherhood key chain card and had absorbed the messages on it. She had regular antenatal check-ups, took iron tablets, had tetanus vaccine and ate healthy food. This time she and her family were expecting a healthy baby and the family were doing all they could to help.

Because she understood the messages on the key chain card, she went to the Tamku primary health care centre when she experienced lower abdominal pain and vaginal bleeding. The medical staff decided to keep her at the centre for the delivery and she gave birth the same evening. Her family were happy to have a live birth. Chitra said, 'If every mother receives a key chain it will help to save that mother's life.'

Addressing Health Rights

In addition to its work to promote safer motherhood, BNMT runs a comprehensive Health Improvement Programme which strives to increase health service utilisation and improve the health status of disadvantaged groups such as *dalits* and *janajatis*, and underprivileged and deprived communities. The programme's rights-based approach reinforces the linkage between supply and demand of essential health services. In 2006/7 BNMT also worked in the area of tuberculosis prevention and treatment, and the prevention of HIV/AIDS.

© Adam Levy

Street theatre peformance in Mamling

Right-Based Approach Programme

The Health Improvement Programme covers eight districts of Eastern Nepal and helps to provide quality health services to deprived communities. It develops the capacity of the providers – those with the duty to deliver quality health services – while empowering the community – whose members have the right to such services – to exercise their health rights. Nine district-based non-governmental organisations (NGOs) have been mobilised as organisational partners to carryout the demand-side activities in eight districts and one NGO maintains essential drug supply activities in Eastern Nepal.

In 2006/7, the project achieved the following results:

- Trained 13,397 duty bearers (health workers, members of health committees and local NGOs) to enhance their capacity to provide services to the community. Out of 13,397 participants, 60 percent belonged to *dalit* and *janajati* disadvantaged groups and 36 percent were female;
- Enabled 10 partner NGOs to develop their organisational policies (human resources, programme and finance) and strategic plans;
- Helped enable 37,666 rights holders to exercise their health rights through the participatory health analysis and action process, participatory learning and action by women, mobilisation of disadvantaged youth, child-to-child approach and street theatre; 79 percent of participants/ beneficiaries were from disadvantage groups;
- Almost doubled the number of women attending the recommended four antenatal care (ANC) visits (up from 1,122 to 2,186) and the number of deliveries attended by trained health personnel (up from 1,626 to 3,174);
- Facilitated 22 District Development Committees (DDCs)/ Village Development Committees (VDCs) to provide funds to health institutions to improve access to health services for disadvantaged groups;
- Supported the development of 535 community action plans to provide quality health services to the community, during training in participatory learning and action for health workers and health committees.

Tuberculosis

BNMT's work in TB prevention and control in Nepal goes back to 1967. In 2006/7 BNMT worked in all 16 districts of the Eastern Development Region to support the national TB programme, with strong collaboration and partnership at grassroots level, with local health institutions, district health offices, regional health directorate and the nation TB control programme.

In 2006/7, BNMT's tuberculosis programme:

- Expanded two Directly Observed Treatment Short course (DOTS) centres, 27 DOTS sub-centres, three urban DOTS centres; oriented 19 community leaders in TB/DOTS and provided nutritional supplies for 30 DOTS Plus (MDR) patients;
- Organised two Private Practitioners' workshops for 28 doctors and provided TB/DOTS orientation for 32 drug retailers;
- Provided TB orientation for 726 FCHVs, cured TB patients and community members to increase TB case findings;
- Provided basic training on tuberculosis to 106 basic health service staff;
- Oriented DOTS committee members on TB/DOTS;
- Provided sputum smear preparation training for nine support staff of health facilities;
- Trained 30 microscopists in basic TB microscopy;
- Provided TB laboratory refresher training for nine microscopists;
- Cross-checked 6,776 sputum smear slides to ensure quality services;
- Conducted regional TB microscopy workshops for 40 microscopists;
- Supplied 1,588 litres of reagents for TB microscopy laboratories.

HIV/AIDS

BNMT's HIV/AIDS project in Ilam district of eastern Nepal, supported by the UN Development Programme and in partnership with the local NGO Knights Chess Club:

- Operated one youth-friendly information and counselling centre which reached more than 850 vulnerable young people;
- Provided free check-up and medicines for sexually-transmitted infections through the centre;
- Mobilised 50 youth volunteers, in partnership with the local Red Cross, for peer education

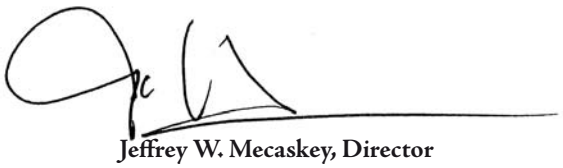
Financial Report

The financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2006 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2006 is not qualified in any way. A copy of the Reports and Financial Statements may be obtained from the Trust's office at Export House, 130 Vale Road, Tonbridge, Kent TN9 1SP.

Balance Sheet as at 31 December 2006

	2006		2005	
	£	£	£	£
Fixed assets				
Tangible assets		3,151		2,716
Current assets				
Stocks of drugs			12,154	
Investments	103,505		101,103	
Debtors	108,297		78,459	
Cash and current accounts (including monies held in Nepal)	314,380		321,030	
Bank deposit accounts	105,256		29,476	
	631,438		542,222	
Creditors				
amounts falling due within one year	(143,506)		(139,697)	
Net current assets		487,932		402,525
Net assets		491,083		405,241
Revenue reserves				
Unrestricted funds				
Accumulated income account		**491,083**		**405,241**

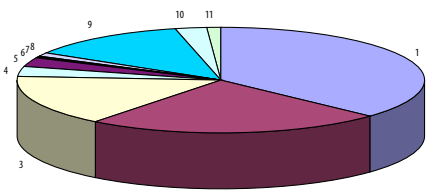
These Financial Statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies. The financial statements were approved by the Board of Trustees on 19th September, 2007 and signed on its behalf.



Jeffrey W. Mecaskey, Director

Dr. J.M.V. Payne, Director

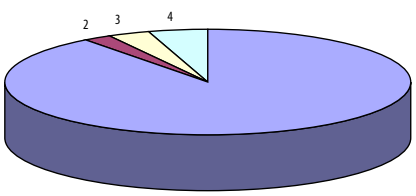
INCOME



1. Big Lottery Fund, 2. ADRA, 3. ICCO, 4. Global Fund/NTC,
5. Gloval Fund (UNDP), 6. Everest Marathon, 7. Beatrice Laing, 8. SIMAVI
9. Covenants and other donations, 10 Legacy, 11 Investment income and interest

TOTAL INCOME £777,981

EXPENDITURE



1. Direct charitable expenditure, 2. Fund raising and publicity
3. Programme support 4. Management and administration

TOTAL EXPENDITURE £694,541

The Britain-Nepal Medical Trust is a company limited by guarantee and registered in England under number 921566

Fundraising

Trans-Nepal Trek 2007

To kick off the Trust's 40th anniversary, Dr Gillian Holdsworth, Trustee, has undertaken a sponsored fundraising trek from Nepal's western border at Hilsa, in Humla, to the eastern border with Sikkim at Taplejung. At the time of going to press supporters have already given considerable funds towards this noble endeavour.

Thank you

We should like to thank everyone without whose generous support BNMT's work would not be possible

Major donors

ADRA
Department for International Development (DfID)
Everest Marathon Trust
Global Fund
Inter-church Organisation for Development Co-operation, Holland (ICCO)
SIMAVI
The Big Lottery

Trusts, foundations and other organisations

H B Allen Charitable Trust
Beatrice Laing Trust
Blunt Trust
Churches Together in Bingham
Clay Charitable Trust
Coulsdon Methodist Church
F & E Ford Charity Trust
D & H E W Gaunt Charitable Settlement
Bryan Guinness Charitable Trust

Trusts, foundations and other organisations

Charles Hayward Foundation
Ian Karten Charitable Trust
Ibbetson Charitable Trust
Lawrie Plantation Services Ltd
Loseley & Guildway Charitable Trust
Longview Trust
Milford Probus
C G Murray Charitable Trust
Need in Nepal
Stonewall Park Charitable Trust
York Medical Society

Bequests

The late B Le Roux, E Williamson

Many other organisations and individuals too numerous to mention whose donations make all the difference to the success of our work