

Building Healthy Communities



The
Britain-Nepal

medical trust

Annual Report 2021/22



Gillian Holdsworth

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Chair's Foreword

Last year's annual report focussed on the impact of the COVID-19 pandemic on the provision of tuberculosis diagnosis and treatment services. This year, through our partner organisation BNMT Nepal, we describe how BNMT has continued to find and trial new and effective ways to tackle TB in Nepali communities, and how this work contributes to national and global efforts to eliminate the disease.

Particularly exciting are the new areas of preventive work. TB in Nepal is endemic and it is estimated that at least 50 per cent of the population are infected with 'latent TB'. This makes people more vulnerable to developing full-blown TB when their immunity is down, when they are affected by other illnesses or their nutritional status is compromised. The pilot of the new 3HP treatment in two districts (see pages 6-7) is a really important advance and has the potential to be a major contributor to the eradication of TB in Nepal.

The Target TB project – genome sequencing of TB in Nepal – will contribute to the knowledge of how TB persists in Nepali communities, and the relative contribution of cross-border migration, reactivation of latent TB and patterns of drug resistance. Understanding how and where TB is transmitted in Nepali communities will enable the health system to improve its strategies for tackling the disease effectively.

As we go to press we will be celebrating ten years of BNMT Nepal. In 2012 BNMT UK established and registered a Nepal-based organisation that could work with BNMT UK as a local partner to ensure the long-term future of BNMT's vision and values in a changing political and development environment. This report shows what we have collectively been able to achieve in the past year, thanks to your kind donations. But much more remains to be done – and we cannot do it all without your continued generous support.

Chair of BNMT UK



Raghu Dhital

A message from the Executive Director of BNMT Nepal

It is my great pleasure to share with you the BNMT annual report for 2022. Change and innovation have been key themes for us at BNMT Nepal this year. BNMT has been growing and developing along with our home country, Nepal.

Our team has successfully implemented 16 projects in 2021/22.

I am particularly proud that BNMT Nepal has continued its legacy of bringing new, patient-friendly approaches for TB care to Nepal in collaboration with the National Tuberculosis Control Center (NTCC). Together we have started pilot implementation of a new treatment for latent TB in two districts of Nepal. The 12-dose treatment, known as the '3HP regimen', is endorsed by the World Health Organisation (WHO). The experience of implementing it will inform the government scale-up of TB preventative therapy – an essential requirement for Nepal to progress towards ending TB.



A session at the all staff review meeting, March 2022

In Spring 2022 we organised the Lead like a Women conference in Nepal. This event was a new approach for BNMT to support, recognise and promote women's leadership in Nepalese society, as well as within our own organisation. We were honoured that so many brilliant speakers agreed to share their time, to inspire our next generation of transformative leaders.

Two of our projects, implemented with consortium partners, focused on large-scale mycobacteria/viral genetic sequencing for TB and Covid, the genetic basis of the disease and its variants which allows us to better understand the transmission and health impact of specific variants. In the TARGET TB project, we collaborated with NTCC, in partnership with the German Nepal Tuberculosis Project (GENETUP), TB Nepal and the University of Melbourne, Australia. The second project, Epidemic Intelligence: coronavirus sequencing to understand the COVID epidemic in Nepal, we worked in partnership with Nepal Health Research Council (NHRC), Centre for Molecular Diagnostics Nepal (CMDN) and Oxford University Clinical Research Unit Nepal (OUCRU-Nepal). Our funder, the Wellcome Trust, has supported a second phase for this project and we are delighted to continue this important research together.

We also had some fun recording a series of panel discussions for broadcast on national television. The COVID Kurakani (COVID conversations) programmes are a public engagement supplement to the Epidemic Intelligence project. They will be broadcast in September to stimulate discussion around the potential role and approaches to pathogen sequencing for tackling both new and old diseases, like typhoid, TB and Covid. You can also watch them on our website after the broadcast: <https://bnmtnepal.org.np>

We have continued to expand our work on sexual and reproductive health and rights for adolescents, testing a new form of menstrual education in schools in partnership with Putali Nepal, and building on our community awareness and teacher skills training in Sindhupalchowk district. This is one of the most important social issues facing our future generations and we hope to fuel transformation through our work.

This year, we also strengthened our organisational structure and governance, and the infrastructure and human resource skills of our regional office teams. We have

BNMT and BNMT Nepal

The Britain-Nepal Medical Trust exists to support the Birat Nepal Medical Trust (BNMT Nepal), a Nepalese non-governmental organisation. The work described in this report is carried out by BNMT Nepal with support from BNMT and other organisations.

More information

This report can only reflect a snapshot of all that our team has achieved in this year. Please visit our website (www.bnmtnepal.org.np) or follow us on Twitter (@BiratNepal; @_ImpactTB) to learn more.

formalised our growing research and public engagement departments, with a view to embedding both research evaluation and engagement of the public in all our future projects.

We were excited to hold our first annual All Staff Meeting in five years in March 2022. The event took place in the beautiful lakeside city of Pokhara and was a chance to reconnect our team after the tough times of COVID. Thanks to the efforts of our organising team, the event was a great success. We achieved our aims of integrating our team from across Nepal, setting our shared goals, priorities and agenda for the next 12 months, celebrating our successes, identifying and resolving field challenges, and updating staff training and sharing expertise across the organisation.

Our achievements this year would not have been possible without extraordinary trust and team spirit. My sincere thanks to all our staff members for their hard work, effort and contributions.

I would also like to sincerely thank all our national and international partners – the Ministry of Health and Population, NTCC, NHRC, Head Office, Provincial Health Department, CMDN, GENETUP, TB Nepal and local government authorities, who have supported BNMT and partnered with us in our achievements.

I would also like to deeply thank all our kind funders for their continued support and trust in BNMT. We look forward to working on many exciting new projects together to support and build healthy, resilient and prosperous communities.

Raghu Dhital

Election year

Local elections held on 13 May in all 753 Palika (local government areas) revealed a complex political picture. This was the second local election to be held under the 2015 constitution. The previous local election, in 2017, was the first in two decades, while in the 2022 local elections an additional three million Nepalese young people became eligible to vote for the first time.

There are reserved seats for women at Palika level and below (ward level) and parties must run a woman candidate as either mayor or deputy mayor. The local elections attracted women candidates of all ages, castes and backgrounds, though perhaps not as many as expected, and many won.

Five major political parties with divergent ideologies formed a coalition for the local elections. National polls will be held in November 2022, when voters will elect members of seven provincial assemblies and the National Assembly.

BNMT NEPAL PROJECT COVERAGE DISTRICTS





Hygiene kit distribution to female community health volunteers

Responding to Covid-19

BNMT is supporting local health services in seven districts, and supporting research to monitor the emergence and transmission of new variants of the SARS-CoV-2 virus which causes Covid-19.



COVID Kurakani panel discussion with govt COVID experts, sequencing experts and public health experts in Kathmandu

Protecting health services

Early in the pandemic, BNMT initiated the SUSTAIN project. This was a two-pronged approach 1) to support families who had lost livelihoods and 2) to support health centres struggling with insufficient personnel or equipment. In the past year, the project has concentrated on protecting frontline health workers and preserving health service delivery. Working closely with district health offices, local health facilities and local government, BNMT provided personal protective equipment (PPE) to health workers in seven districts: Morang, Mahottari, Chitwan, Makwanpur, Banke, Pyuthan and Bardiya.

Epidemic Intelligence: Scientific research

In 2020 BNMT initiated the Epidemic Intelligence consortium to monitor the patterns of introduction and transmission of Covid-19 in Nepal. Sequencing of the SARS-CoV-2 genomes is carried out by the Centre for Molecular Dynamics Nepal (CMDN), a non-governmental research organisation and member of the consortium. BNMT coordinates the project, recruits people to take part in the study, collects samples and inputs results data.

The Epidemic Intelligence project has sequenced almost 1,500 SARS CoV-2 samples from COVID patients to date. This helps us to understand how the virus is changing over time in Nepal, and identifies different variants of the virus which may cause different symptoms and long-term effects in Nepali people. The results (see charts) show that the brutal second wave of Covid in Nepal was caused by the Delta and Delta plus variants of the virus.

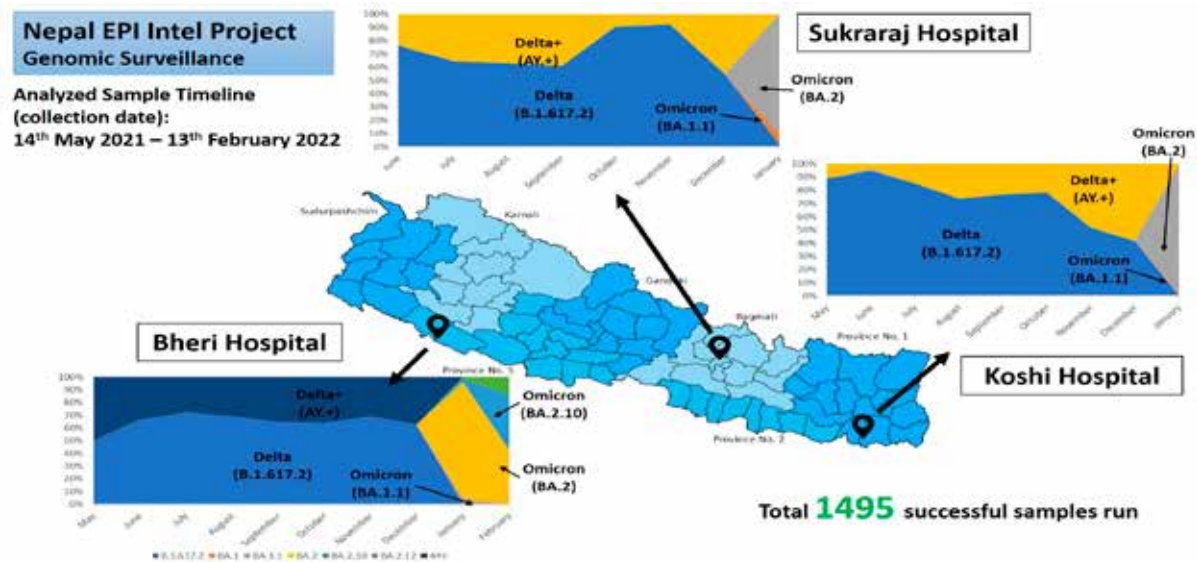
In early January, the highly infectious Omicron variant of the virus was introduced into Nepal and began to spread rapidly, causing the third wave of Covid in Nepal. Thankfully, most cases in this wave were mild. People generally experienced flu-like symptoms of headache, fever and sore throat, but recovered within one or two weeks, and hospitalisations for severe disease were relatively rare. This was largely due to the success of the COVID vaccination campaign in Nepal.

Project SUSTAIN

- 1,000 frontline health workers received PPE and hygiene kits
- 160 health facilities received PPE and hygiene kits
- BNMT staff helped 14 laboratories handle the rise in sample processing and stood in for staff lost to Covid

The project supplied:

- 2,680 PPE sets
- 210,800 surgical masks
- 4,500 KN95 masks
- 87,050 pairs of surgical gloves
- 3,100 face shields
- 7,982 hand sanitizers
- 1,962 hygiene kits



The map shows the distribution of variants. The changes over time were similar across our three recruitment sites (in East, Central and Western Nepal). We are now analysing the data to understand long Covid in the Nepali population and answer questions such as: How frequent is long Covid in Nepal? What are the common symptoms? What health services do people with long Covid in Nepal need and can they access them? Is long Covid associated with particular variants of the virus? Are patterns and characteristics of long Covid changing over time in Nepal?

This project is the first large scale pathogen sequencing project with the sequencing performed in Nepal. The experience and skills gained during this project with our consortium partners will support future research on other diseases in Nepal, such as TB, typhoid, monkeypox, leprosy and dengue. Such knowledge can help to create effective vaccines, diagnostic tests and treatments against infectious diseases. Building scientific research capacity in Nepal will help to shield the country against future pandemic threats.

Covid conversations

The Covid-19 pandemic highlighted the need for pathogen sequencing facilities to enable countries to monitor emerging diseases. At the outbreak of the pandemic, there was hardly any understanding of pathogen sequencing among affected communities, policy makers, government personnel and academics. BNMT is addressing this through Covid Kurakani (Covid conversations) – a series of panel discussions.

This project is a public engagement supplement to the Epidemic Intelligence initiative. It aims to engage stakeholders in a dialogue, building their understanding of genomic science and its application in pandemics while ensuring that the Epidemic Intelligence research team understands the perspectives and concerns of stakeholders, and how they perceive the benefit of sequencing. The hope is that this will improve communication about research findings as well as the design of future sequencing activities.

The three panel discussions – one each in the districts of Biratnagar, Kathmandu and Nepalgunj – targeted three distinct audiences: local residents who contributed data to Epidemic Intelligence; researchers and academics; and health workers. The panels consisted of clinical experts, senior government officials, scientists and public health experts. The discussions were recorded live and will be edited to create a clear, engaging 30-minute TV programme.

Epidemic Intelligence

- 1,657 participants recruited to the study
- 1,480 patient samples sequenced
- 1,316 patients interviewed for the second time for clinical, mental and long Covid analysis
- 775 patients interviewed for the third time for clinical, mental and long Covid analysis
- 16 PCR lab staff trained
- 14 project staff trained in research and ethics

Epidemic Intelligence consortium

Our partners in the consortium are CMDN, Nepal Health Research Council, Oxford University Clinical Research Unit Nepal, Liverpool School of Tropical Medicine and the University of Cambridge. The work is funded by the UK medical research charity the Wellcome Trust.



Obtaining consent from a Covid patient participating in the research

BNMT's TB projects

IMPACT TB Developing new and better ways to find, diagnose, cure and prevent TB

TB Recovery Ensuring a good supply of healthy food to TB-affected households

ASCOT Trying out socio-economic support schemes for TB-affected households

TB Ready Evaluating the impact of the Covid pandemic on TB service delivery

DroTS Fast, safe transport of TB samples and medicines in mountainous rural areas

Target TB TB genome sequencing to understand how the disease is transmitted

Active case finding 2021/22

- **16,104** people screened for TB
- **15,279** people tested for TB
- **830** TB cases identified

TARGET TB project partners

In this project BNMT-Nepal is collaborating with:

- National TB Control Centre, Nepal
- German Nepal Tuberculosis Project (GENETUP)
- TB Nepal
- University of Melbourne, Australia
- Liverpool School of Tropical Medicine, UK

Ending tuberculosis

BNMT finds new and effective ways to tackle TB in Nepali communities. This work contributes to national and global efforts to eliminate the disease.

TB in Nepal

Tuberculosis is endemic in Nepal, and about half of the population carry TB bacteria in their lungs, a condition called latent TB. If people become ill or weaker, owing to old age or malnutrition for example, the bacteria can make them fall sick with active TB which they can spread to other people when they cough.

About 69,000 people a year are diagnosed with TB in Nepal and about 5,000 die of it, the majority of them poor, informal workers in rural areas. But many cases go undiagnosed. If diagnosis is delayed, the illness becomes more severe, making treatment and care more difficult.

Although TB is curable, the treatment takes a long time, from six months to almost a year, placing a huge economic and psychosocial burden on patients and



Active casefinding in urban slum of Chitwan (Feb 2022)

their wider family. Many need support to complete the treatment. However, the health system in Nepal, as in many other low- or middle-income countries, lacks resources and struggles to provide even basic diagnosis and treatment services.

BNMT's flagship project, IMPACT TB, pioneers ways to find, diagnose and treat TB cases and supports a range of smaller projects addressing different aspects of TB treatment and cure. Together, these projects build health professionals' understanding of TB in Nepal and enable faster, more effective approaches to ending TB.

IMPACT TB: Case finding and prevention

BNMT Nepal is working in partnership with the National TB Programme, government and communities to develop more effective ways to tackle TB at community level. The experience is used to inform the national TB eradication strategy.

The project tries out and improves on new methods, and provides evidence about their impact on health, economic implications for patients and the health system, and the views of stakeholders, including policy makers and people affected by TB.

At the core of the project is active case finding, an approach pioneered by BNMT in earlier years. The Trust trained community volunteers to recognise TB symptoms and encourage people who have them to go for diagnosis and treatment straight away, rather than waiting until the symptoms worsen and the disease becomes harder to cure. Today, BNMT Nepal conducts active case finding in partnership with a network of Female Community Health Volunteers (FCHVs) who ensure that every person diagnosed with TB is enrolled for treatment and is supported to complete it.

The volunteers interview people with suspected TB to identify their contacts, and ask about their symptoms. Anyone with symptoms is supported to provide a sputum sample for a TB test, and those who test positive are enrolled for treatment at the nearest clinic. People who test negative receive counselling about TB symptoms and advice on how to get tested if they experience symptoms in future.

To really eliminate TB in Nepal, the disease needs to be stopped before people with latent TB become sick. Until recently, TB preventive treatment required six to nine months of daily medicine and was not feasible on a large scale in Nepal, especially in remote districts. A new effective treatment, called 3HP, is now available. It requires just 12 doses – one a week for three months – and is recommended by the World Health Organisation. The Impact TB project is collaborating with the National TB Control Centre to pilot 3HP in two districts: the work has started in Chitwan, and will shortly begin in Pyuthan. The information will be used to scale up TB preventive therapy across the country.

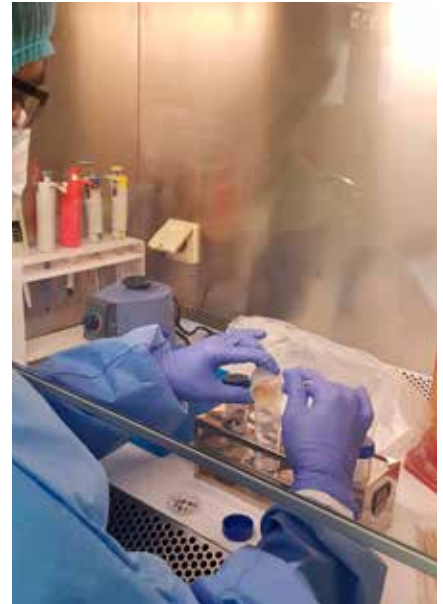
IMPACT TB is funded by the Nick Simon Foundation.

TARGET TB: Understanding transmission dynamics

Understanding how and where TB is transmitted in Nepalese communities will enable the health system to improve its strategies for tackling the disease. A good way to understand patterns of disease transmission is to look at the DNA sequence of the bacteria that cause the disease, observing how they differ between different people and how they change over time. This technique is called whole genome sequencing.

In January 2021 BNMT and its partners embarked on the first large-scale whole genome sequencing project for TB in Nepal. The project collects Mycobacterium tuberculosis samples from TB patients in three different areas: Pyuthan (a rural hill district), Banke (urban border area with high cross-border migration to India) and Kathmandu (the capital). This will build understanding of the relative contribution of cross-border migration, reactivation of latent TB, drug resistance and strain virulence to the persistence of TB in Nepali communities.

The first batch of 200 Mycobacterium tuberculosis samples were cultured in the GENETUP biohazard laboratory in Kathmandu and the DNA extracted and shipped to Melbourne, where sequencing is now under way.



A staff member of project partner GENETUP at work in the laboratory

Meet our staff: Kabita

I am Kabita Neupane. I have been working as a community health supervisor with BNMT since 2020.

I have struggled hard to achieve this position. As soon as I passed my school leavers certificate, I was married by my parents and had a baby. I always wanted to study but there was no time because of my family duties. Sixteen years passed before I was able to enrol in a college course. Meanwhile, my brother-in-law taught me to drive a motorcycle, which is not common for women in remote areas of Nepal.

I always wanted to do new things and help people. With my friends, I started a municipality level women's network. We help women who have suffered from financial losses and social oppression.

I became interested in BNMT because of the work it has been doing identifying TB patients and helping them recover. The place I work is remote and the local people belong to marginalised ethnic communities where poverty is severe and public health knowledge is low. When I joined, I was given a motorbike. I go out into the community to find TB patients, collect samples and collect research data.

In the initial days of working for BNMT, I quickly found four cases of TB. That motivated me to continue working on TB detection in our remote communities. BNMT has given me a bigger voice and a platform to continue practising humanitarian assistance.



Distributing fruit to TB patients

Supporting TB-affected families

TB and poverty fuel each other. The poor and malnourished are more vulnerable to the disease, and when a breadwinner falls ill the entire family is pushed deeper into poverty. With loss of livelihood, children are taken out of school and debts taken on to pay for medical care. Patients who cannot afford nutritious food recover from TB more slowly, and are more likely to die.

TB Recovery: Food for health

For full recovery TB patients need a healthy, balanced diet, but this can be impossible to achieve for families struggling on subsistence wages. Recent data from the IMPACT TB project showed that one-third of Nepali families affected by TB experience food insecurity due to the illness.

The TB Recovery project aims to provide nutritional support for families affected by TB. To understand the families' needs and determine what to provide and

how often, local nutrition experts led focus group discussions with patients, community health workers and policy makers. The project provided six months of nutritional support to 200 TB patients in three districts with a high TB burden. It also gave training in nutrition counselling to female community health volunteers.

The support provided enabled families to regain health, wellbeing, dignity and livelihoods. The project showed the urgent need to scale up nutritional support to TB-affected families across the country.



Nutritional support package development workshop - with people suffering from TB

The ASCOT project: Socio-economic support

The ASCOT project evaluates the benefits, for patients and their families, of different types of support services, including TB education, psychosocial counselling and cash support. It takes into account social stigma and economic costs to the families, as well as TB treatment outcomes. The ultimate aim is to alleviate the impact of TB, and to make diagnosis and treatment more accessible.

The project has recruited 128 participants from four districts: Chitwan, Mahottari, Morang and Pyuthan.

The TB education support includes an awareness programme of community 'Get-Togethers' in order to reduce the stigma associated with TB in the community. Participants are shown stigma reduction videos, receive a calendar with TB-related messages, and hear from survivors who share their personal stories.

The ASCOT project is funded by the Medical Research Council, UK.

Through the TB Recovery project:

195 patients received nutritional support

1,030 family members of TB patients received nutritional support

50 female community health volunteers were trained in nutritional aspects of TB care

DrOTS: Access all areas

In Nepal 80 per cent of the people live in rural areas, and 50 per cent live in remote, mountainous regions where the nearest health facility can be many hours' walk away.

BNMT partnered with Nepal Flying Labs to establish the Drone Optimised Therapy System (DrOTS) in Pyuthan district to enable health workers to rapidly transport sputum samples from remote areas to central laboratories equipped with advanced TB testing equipment. Eight rural health posts are using the scheme, and it will soon be extended to four more.

Community health volunteers screen close contacts of TB patients for symptoms, and collect sputum samples for transport to the laboratory by drone. Health workers operate the drones, supported by a qualified drone pilot at the central hub. The system saves community health workers many hours per sample and ensures that patients get rapid access to the right treatment.

TB Ready: How to keep going in a crisis

When the Covid pandemic hit Nepal, TB service delivery all but collapsed. As in many other countries, limited funds and overstretched health workers were redirected to fight the unknown new disease. Even where TB services remained available, patients faced lockdowns, lack of transport and rising costs.

The TB Ready project aims to develop evidence-based strategies and recommendations for Nepal's national TB programme, to ensure that TB services are protected during future crises.

For the research study, BNMT Nepal interviewed 33 people with TB who were diagnosed and receiving TB care during the pandemic, and 47 health care providers. The research covered nine districts.

The researchers found that existing gaps and problems in health care were dramatically exacerbated by the pandemic. People with TB said they faced stigma over both diseases, paid extremely high prices to travel to health centres, bought over-the-counter medicines and masks, and had less to eat. Health care providers reported that their roles and responsibilities increased to manage the pandemic, so that normal services from health centres were interrupted. They received no formal training in how to diagnose and manage TB patients during Covid-19.

People with TB stressed the need for nutritional or cash support, counselling and provision of free masks. The health providers suggested that in future pandemics, there would be a need for community-based diagnostic and sputum sample courier services, counselling for people with TB through home visits or frequent phone follow-up, provisions of masks and sanitizers, and training in disease management.

These findings have been presented at national and international conferences, and will be published. BNMT Nepal intends to build on this study to conduct broader research to ensure that people with TB and the health system are better prepared to cope with pandemics.

The study was funded by the Farrar Foundation and the Royal Society of Tropical Medicine and Hygiene.

Choosing the right technology

An estimated 2,200 people in Nepal had multidrug-resistant TB (MDR-TB) in 2019/20. Only 509 – less than a quarter – were diagnosed and of those only 376 started appropriate treatment. A dramatic increase in testing services is clearly essential. But various new technologies exist for diagnosing MDR-TB and given scarce resources and competing priorities for health spending in Nepal, a choice must be made about which one to use.

BNMT research associate Rajan Paudel is working with partners to create a mathematical model to help determine which testing method will work best in the Nepali context. The model will project, compare and evaluate outcomes for the patient, the health system and the community.

BNMT's partners in this project are the Liverpool School of Tropical Medicine, TB Nepal and GENETUP. The project is funded by the Farrar Foundation, the Royal Society for Tropical Medicine and Hygiene and the UK National Institute of Health Research



TB Ready interview



Case presentation in comprehensive sexuality education training.

Project Horizon: Sexual and reproductive health and rights

BNMT is working to build understanding of young people's sexual and reproductive health and rights across the community in Indrawati municipality, Sindhupalchowk district.

Indrawati is a rural municipality four hours' drive from Kathmandu. School drop-out rates are high and cases of drug abuse among adolescents are on the rise. Child marriages, early teenage pregnancies, and sexual abuse and violence are rife, while myths about menstrual health abound.

BNMT started to address these issues in Indrawati in 2019, improving the knowledge and skills of school students, teachers, parents, local authorities and community health workers. The project engaged people across the community in dialogue on the sensitive issues of sexual and reproductive health, created space for advocacy, educated young people, and established a good partnership with local government.

Project Horizon 2021/22

- 13 BNMT staff trained in comprehensive sexuality education
- 72 peer educator groups of students formed in six schools and given basic training
- 12 teachers from six schools trained in comprehensive sexuality education
- 60 female community health volunteers received basic training about sexual and reproductive health and rights, and cervical cancer



Sindhupalchowk Horizon project

The continuation of this work is supported by BNMT UK as Project Horizon, which has worked with six schools in the municipality since December 2021. The focus is on improving the sexual and reproductive health and rights of adolescents through comprehensive sex and relationships education (CSE), which equips them to protect and advocate for their health and wellbeing and to make informed choices for their future.

The project has provided CSE training for teachers and health workers, including BNMT Nepal staff, and has established peer educator groups among the school students. It has also begun to raise awareness about cervical cancer among female community health volunteers. The project works closely with local authorities, school management committees and parent-teacher associations to ensure that they understand the importance of CSE for young people's health and wellbeing.

Views from the community

A safe environment for discussion

'I am happy to be part of the peer educator group. I feel like a safe environment is created to talk on issues such as sex, sexuality, child marriage, family planning, menstruation, sexual abuse. I have also realised that it is not difficult for boys and girls to come together and discuss such issues.'

Student

Community engagement

'It feels great to see Horizon Project being implemented in my ward. It is relevant to our community's context. The engagement of parents, stakeholders and community leaders is really impressive. I suggest BNMT prioritise its focus on drug abuse, as it is increasing among young boys in this community.'

Kamal Ratna Danawar, Ward Chairperson, Ward 12

Sharing information

'BNMT has stood out as a development partner in our municipality. Before, there was a communication gap between the newly formed local government and development partners. BNMT was consistent in sharing information about the project since the beginning and it has become easy to work together. Adolescence is a sensitive phase with many challenges. While sex education is very important, it's often overlooked, or even frowned upon. BNMT's projects have guided the adolescents in the arena of sexual and reproductive health rights. I am thankful to BNMT Nepal for its contribution in our community.'

Bamshalal Tamang, former municipal chairperson, Indrawati

Peer education

'I liked the concept of peer education. Along with orientation on sexuality education, students are engaged in role playing. This will develop leadership skills in students and foster better learning. I believe peer education will be a sustainable process, as it can be passed on from student to student.'

Shree Chandeshwori Ma. Vi, teacher

Cervical cancer screening

'I was screened for cervical cancer five years ago. I had been assuming that one screening is enough. But from this training, I came to know that a person should be screened many times in their lifetime. I will definitely get myself screened and advise other women to do the same.'

Female community health volunteer, Bhotsipa Health Post



Alina Adhikari in comprehensive sexuality education training

Meet our staff: Alina

I am a resident at Kunchowk, Indrawati, where illiteracy, poverty, caste discrimination and various harmful social practices are deeply rooted.

I used to ask my sister, a previous community mobiliser of BNMT's sexual and reproductive health and rights project, whether she felt ashamed talking about sexuality in the communities. She used to explain sexuality education and its relevance to our community context. I observed a drastic change in her after she was involved in the project. From a girl who used to follow menstrual taboos and restrictions, she started to change. She convinced me along with our neighbours to change our practices and stop stigmatising menstruation.

I admired the work of BNMT and wanted to work in the organisation. When I received the first training, I was really afraid to openly discuss such topics. However, after the training and working in the communities, I began to feel confident. Whenever we conduct programmes in schools with students, they open up and share their problems. I really feel happy, motivated and proud to be an advocate of comprehensive sexuality education.



Project Butterfly

The Butterfly Project: Menstruation with dignity

Menstruation is highly stigmatised in Nepal, and surrounded by misinformation and taboos. Adolescents rarely receive accurate education about the it. BNMT’s Butterfly Project educates adolescents – boys as well as girls – about menstruation and menstrual health.

Working with partner organisation Putali Nepal, BNMT provided audio-visual lessons to more than 600 girls and boys in nine schools in Indrawati rural municipality in Sindhupalchowk district. The lessons were based on the Menstrupedia comic, which follows the journey of three young girls and their experiences with periods. We also donated 400 copies of the comic to the nine school libraries.

In focus group discussions held with selected students after the lessons, the students said they found them interesting and would appreciate more use of similar teaching methods. In one school, when BNMT staff visited for a follow-up discussion, a group of girls sang them a song about menstruation which they had written themselves. Just one month earlier, the girls had been reluctant and shy to talk about the topic. It was a sign the project is helping to remove stigma and taboos.

Handover of medical equipment to Bhaktapur cancer hospital



Cancer care

BNMT UK provided medical equipment to support the development of a palliative care service at the Bhaktapur Cancer Hospital. The equipment donated included syringe pumps, steel lockers, X-ray view boxes, IV stands, digital blood pressure sets, digital weight machines, pulse oximeters, steel water bottles, torches, ophthalmoscopes, air mattresses, beds with side railings, couch chairs for visitors and outpatients, wheelchairs, infusion pumps, patient monitors and electrocardiogram machines.

This support was made possible by the Angela Steele legacy and follows on from a Nepali consultant palliative care placement at St Christopher’s hospice London and with the Royal Marsden NHS Trust, London palliative care team in 2019.



Lead Like a Woman

The Lead Like a Woman conference organised by BNMT Nepal brought together some of Nepal's trailblazing women leaders to share their personal journeys, both the triumphs and challenges of navigating gender inequality, discrimination and violence. The purpose was to give guidance and perspective to a rising generation of students.

The two-day conference (held on 21-22 April 2022 in Kathmandu) was designed to allow time for students to interact and network with leaders from diverse fields and to hear about journeys to success from diverse backgrounds. The programme included mentoring sessions as well as speeches and panel discussions.

The speakers included Shree Yam Kumari Khatiwada, Secretary of Economic and Infrastructure Development, Office of the Prime Minister and Council of Ministers; Dr Madhu Dixit Devkota, Associate Professor at the Institute of Medicine; transgender activist Bhumika Shrestha; Nepal's first female general manager of a banking company Barsha Shrestha; the country's first female surgeon Dr Paleswan Joshi Lakhey; and pioneering journalist Namrata Sharma.

Students from 11 colleges took part in the conference, which stimulated new perspectives, raised questions and helped build networks among the participants.

The READ-IT project: Evidence for sustainable development

BNMT works with a team of UK-based experts to review the evidence from research around the world on health issues important for Nepal. Our partner is the Centre for Evidence Synthesis for Global Health in the Liverpool School of Tropical Medicine.

This year the project looked into the routine use of Vitamin A supplements for children in Nepal. For many years, the WHO recommended Vitamin A supplements for children in low- and middle-income countries to reduce child mortality. Nepal still practices routine Vitamin A supplementation. Our review of the available data suggested that routine Vitamin A does not significantly reduce child mortality, and that supplements could be targeted more effectively. These findings were published in May 2022 (see page 14).

Research on calcium supplementation to pregnant women in Nepal is under way.

Applause for the speakers at the Lead Like a Woman conference



Professor Dr Madhu Dixit Devkota



Shree Yam Kumari Khatiwada, Secretary of Economic and Infrastructure Development

Publications

BNMT Nepal has published the findings of its research studies in a range of medical journals.

2021

Barriers and facilitators to accessing tuberculosis care in Nepal: a qualitative study to inform the design of a socioeconomic support intervention

Dixit K, Biermann O, Rai B, Aryal TP, Mishra G, de Siqueira-Filha NT, Paudel PR, Pandit RN, Sah MK, Majhi G, Levy J. *BMJ Open*. 2021 Oct 1;11(10):e049900.

10.1136/bmjopen-2021-049900

Exploratory qualitative study to understand what key stakeholders (people with TB, community leaders, civil society organisations, TB healthcare providers and community mobilisers) perceive as socio-economic barriers to and facilitators of engagement with TB diagnosis and care in Nepal. The study supported the design of a socio-economic support scheme for TB-affected households.

2022

Feasibility of HPV self-sampling pathway in Kathmandu Valley, Nepal using a human-centred design approach

Shrestha S, Thapa S, Sims P, Ardelean A, Basu A, Caws M, Gurung SC, Holdsworth G. *Sexual and Reproductive Health Matters*. 2022 Jan 1;29(3):2005283.

10.1080/26410397.2021.2005283

Qualitative study to understand the feasibility and acceptability of HPV self-sampling pathway for cervical cancer screening in Nepal.

Is routine Vitamin A supplementation still justified for children in Nepal? Trial synthesis findings applied to Nepal national mortality estimates

Shrestha S, Thapa S, Garner P, Caws M, Gurung SC, Fox T, Kirubakaran R, Pokhrel KN. *Plos One*. 2022 May 18;17(5):e0268507.

10.1371/journal.pone.0268507

Systematic review and meta-analyses for evidence synthesis to answer if routine vitamin A supplementation is still justified in Nepal.

Entering data for BNMT research



Protocol for the Addressing the Social Determinants and Consequences of Tuberculosis in Nepal (ASCOT) pilot trial

Rai B, Dixit K, Dhital R, Rishal P, Gurung SC, Paudel PR, Mishra G, Bonnett L, Siqueira-Filha N, Khanal MN, Lonroth K. *Wellcome Open Research*. 2022 Apr 26;7(141):141.

10.12688/wellcomeopenres.17669.1

Protocol for the pilot trial to evaluate the feasibility and acceptability of locally-appropriate interventions to address the social determinants and consequences of tuberculosis in Nepal.

Staff development

BNMT Nepal's first All Staff Review Meeting since the Covid-19 pandemic was held in Pokhara in March 2022. Its purpose was to share the achievements, challenges and lessons learnt in all BNMT projects among all the staff and board members; and to generate ideas to boost our efforts to improve the health and wellbeing of Nepalese people.



After the All Staff Review Meeting, participants took a well-earned but energetic break: a three-day trek to Ghorepani Poon Hill

The programme included presentations about the projects, groups discussions, and sessions on financial literacy and safeguarding policy. Community health supervisors spoke about their success and challenges in the field, and their training needs. Participants voted for the winners of a photo competition. The meeting finished with a farewell to one of our oldest staff members, Mangal Singh Limbu (see right), who is retiring after 35 years of service to BNMT.

Meet our interns

Working with BNMT offers good opportunities for students of public health to apply their academic learning to real life situations.

A time of transformation

We were constantly provided with numerous learning opportunities. We were involved in many activities: photo competition, presentations, poster presentations, etc. BNMT has given us a space to flourish by encouraging us to develop audio-visuals and poems as efforts to raising awareness about adolescents' sexual and reproductive health and rights, and TB. Our time at BNMT has been transforming

Safal Kunwar and Bigyan Subedi

Stronger foundations

The amicable learning opportunity BNMT Chitwan offered not only fostered learning TB initiatives, but also helped me develop soft skills. Field exposures, networking with professionals, insights into project formulation, implementation, and evaluation of IMPACT-2 and ASCOT projects helped me strengthen foundations necessary for a public health professional.

Manju Sapkota

Challenge and opportunity

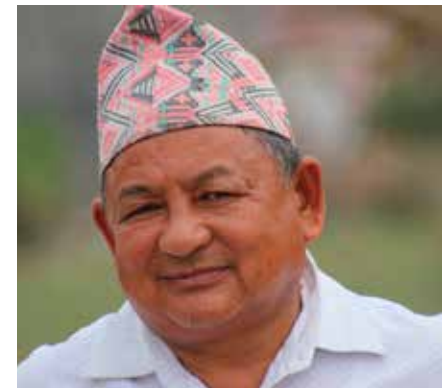
Being placed in Pyuthan was challenging, but we took this as a learning opportunity. Besides assisting in the TB projects, we also developed a radio programme to raise awareness about TB, and reduce stigma in the community. We believe we have been able to create small positive changes and this wouldn't have been possible without the support of BNMT.

Samip Pandey and Bikram Singh

New experiences

The four months' internship at BNMT Bardiya offered many new learning experiences, growth in professional networking, and the opportunities to boost our knowledge and skills. In addition to project activities, we were given opportunities to attend training, seminars, orientation and workshops.

Jiwan Kumar Chauhan



Farewell from Mangal Singh Limbu

I belong to a working class family of Dhankuta district. I started working from a young age but struggled to make ends meet. While working for a road construction company, I met some people from BNMT UK. Seeing my hard work, they recommended me to pay a visit to the BNMT office in Biratnagar where I was recruited as a porter for the hill drugs scheme in 1982.

My main duty was to carry essential drugs to remote health institutions under the Drug Scheme Programme. Because there were no roads in those days, I walked for many days, through forests, hills and plains.

In 1995, the Government of Nepal started providing essential drugs to all health institutions: a good initiative but it put my job in jeopardy. I learned to drive, got my licence and became an assistant driver with BNMT. Three years later, I was promoted to the position of driver.

I am one of the longest serving staff of BNMT and remember most of its milestones. All colleagues are dear to me and I receive warm affection from them. I am often known as the Mangal Dai (Mangal brother). I left BNMT Nepal with some tears in my eyes and a heart full of love..

Financial Report

The financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full accounts for the year ended 31st December 2021 have been submitted to the Registrar of Companies and the Charity Commissioners. The Independent Examiner's Report on the Trust's accounts to 31st December 2021 is not qualified in any way. A copy of the Reports and Financial Statements may be obtained from the Trust's office c/o Foot Davson Ltd, 12 Church Road, Tunbridge Wells TN1 1LG

BRITAIN-NEPAL MEDICAL TRUST

BALANCE SHEET

AS AT 31 DECEMBER 2021

	Notes	2021		2020	
		£	£	£	£
Fixed assets					
Tangible assets	11		735		259
Current assets					
Debtors	13	1,163		2,333	
Investments		102,889		88,730	
Cash at bank and in hand		91,784		184,257	
		<u>195,836</u>		<u>275,320</u>	
Creditors: amounts falling due within one year	14	(4,846)		(4,710)	
Net current assets			190,990		270,610
Total assets less current liabilities			<u>191,725</u>		<u>270,869</u>
Income funds					
Restricted funds	16	9,385		8,965	
Unrestricted funds		182,340		261,904	
		<u>191,725</u>		<u>270,869</u>	

The charitable company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 December 2021.

The directors/trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

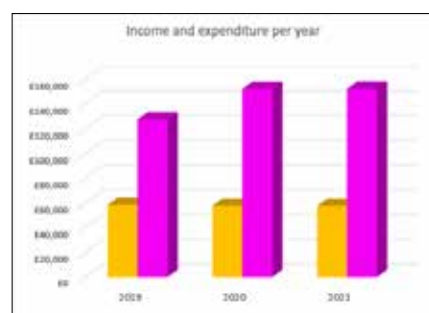
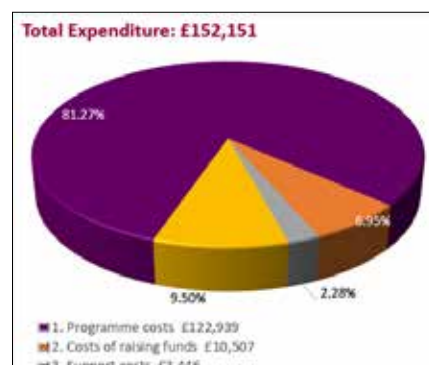
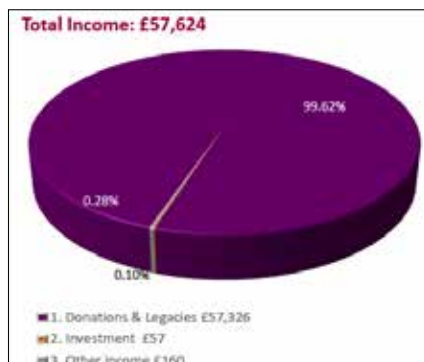
These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on 18/8/2022.

G M C Holdsworth
Dr G M C Holdsworth
Trustee

J M V Payne
Dr J M V Payne
Trustee

Company registration number 921566



How your donation/s can help us ...

... reduce the gaps in health service provision, especially for poor and disadvantaged people

- £20** provides warm blankets for 10 MDR TB patients in hostels during initiation of treatment
- £50** provides two months' nutritional support to a family affected by TB
- £100** buys 50 packets of sanitary kits for school children
- £200** can buy a set of life-saving basic equipment for a health post in a remote village
- £250** can buy a set of life-saving basic equipment for a health post in a remote village
- £2,000** contributes to the purchase and running costs of a GeneXpert machine for early diagnosis of TB

I enclose a cheque/postal order made payable to the Britain Nepal Medical Trust for £

Committed giving and donating online

Alternatively, you can imagine how a regular monthly amount between £10 and £15 would make an even greater impact on the lives of the Nepalese. You can arrange this by completing and returning this form. Or you can donate, or set up a direct debit, online through the Charities Aid Foundation's secure fundraising service by going to www.britainnepalmedicaltrust.org.uk or www.givenow.org

To the Manager(Bank)

Address

..... Post Code

Name

Address

..... Post Code

Account No. Sort Code

Please pay the Britain Nepal Medical Trust the sum of(figures)

.....(words)

Starting on...../...../..... Monthly Quarterly Half-yearly Annually

Signed: Date:

Tax-effective giving

Since April 2004 a scheme from the Inland Revenue enables you to give to charity through your tax return. All you have to do is quote the reference **UAK68HG** and nominate The Britain-Nepal Medical Trust as the recipient of your tax repayments.

Gift Aid

The other way you can help BNMT raise funds is by returning the Gift Aid declaration below. This means that you authorise BNMT to reclaim from the HMRC tax you have already paid. All gifts from UK taxpayers now qualify for Gift Aid.

Gift Aid declaration

Please treat as Gift Aid donations all qualifying gifts of money made: today/in the past 4 years/in the future until further notice.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax for each £1 that I give.

Date/...../..... Full name.....

Signature

Full home address

..... Post Code

Please tick here if you would like to receive details on making the BNMT a beneficiary of a legacy.

Please let us know your email address, either by mail or by email, if you would like to receive information by email, (see below for the address)

(No individual personal information will be sold, routed or otherwise transferred to a third party without your explicit consent)

Please return completed form to



BNMT, c/o Ms Maidrag, 8 Hazeldean Rd, London NW10 8QU

Tel: 07846 910807

Email: info@britainnepalmedicaltrust.org.uk

www.britainnepalmedicaltrust.org.uk

Charity Registration No 255249

BNMT Nepal Strategic Pillars 2020-2025

**Accelerating the elimination
of infectious diseases**

**Building resilient, prosperous
and healthy communities**

**Improving mental health and adolescent
sexual and reproductive health**

**Strengthening health systems and
increasing equity of access**

**Generating evidence to inform policy
and facilitate optimal strategy implementation by policy makers**



Registered Company Address

c/o Foot Davson Ltd • Chartered Accountants

17 Church Road • Tunbridge Wells • Kent TN1 1LG

Tel: +44 (0)7486 910807 **Email:** info@britainnepalmedicaltrust.org.uk

Web: www.britainnepalmedicaltrust.org.uk