

Working for a healthier future



**The
Britain-Nepal**

medical trust

Annual Report 2019/20



Gillian Holdsworth

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Chair's Foreword

The COVID-19 pandemic is rapidly spreading across the globe with high mortality, severe strain on health systems and causing significant social disruption and economic damage.

Like many developing countries, Nepal has suffered from the impact of COVID-19: with its fragile health system the country lacks capacity to protect and support its population. At the beginning of September Nepal had more than 37,000 confirmed cases of the new coronavirus and 207 deaths – almost certainly an underestimate. The numbers continue to rise.

The impact on the economy is severe. The plans for 2020 to be Visit Nepal Year had to be shelved. Instead, border closures and suspension of international flights led to the loss of thousands of jobs in the tourism and hospitality industry on which the country depends so much. Moreover, the fall in migrant labour remittances, which in 2019 contributed 26 per cent to the country's GDP, contributed less than 1 per cent in May/June 2020. This drop in remittance has drastically reduced overall consumption in the country.

Much of the work of the Britain-Nepal Medical Trust over the years has aimed to help eradicate tuberculosis in Nepal. Progress towards this goal could be completely derailed by COVID-19. The pandemic is likely to increase people's vulnerability to TB, make it harder to obtain diagnosis and treatment, and reduce activities to prevent and control TB. We are in uncharted waters and your continued generous support is much needed and appreciated.

Finally, BNMT said farewell to a former chair, Ian Baker, this year. Ian was a tremendous support and leader for BNMT for many years and without him the Trust would never have reached where it is today. He was also a highly respected public health physician and Director of Public Health during a long and eminent career. With his clarity of vision, keen attention to detail and a charming smile, he was able to achieve more than many of us during his lifetime. He will be much missed.

Gillian Holdsworth

Chair of BNMT UK

Cover photo:

A female community health volunteer hands over a sputum sample for TB testing.



Suman Chandra Gurung

A message from the Executive Director of BNMT Nepal

I am delighted to report this year on some remarkable achievements reaching thousands of rural, marginalised and vulnerable communities in Nepal. We have developed and tested new ways to tackle tuberculosis, contributing to national and global efforts to end the disease. We also faced a new challenge in the COVID-19 pandemic. Yet while we responded to this immediate threat to health, we recognised the need to pursue our existing plans, which will support the strategic direction of BNMT and add value to the lives of the communities we work with.

In 2019/20 we have:

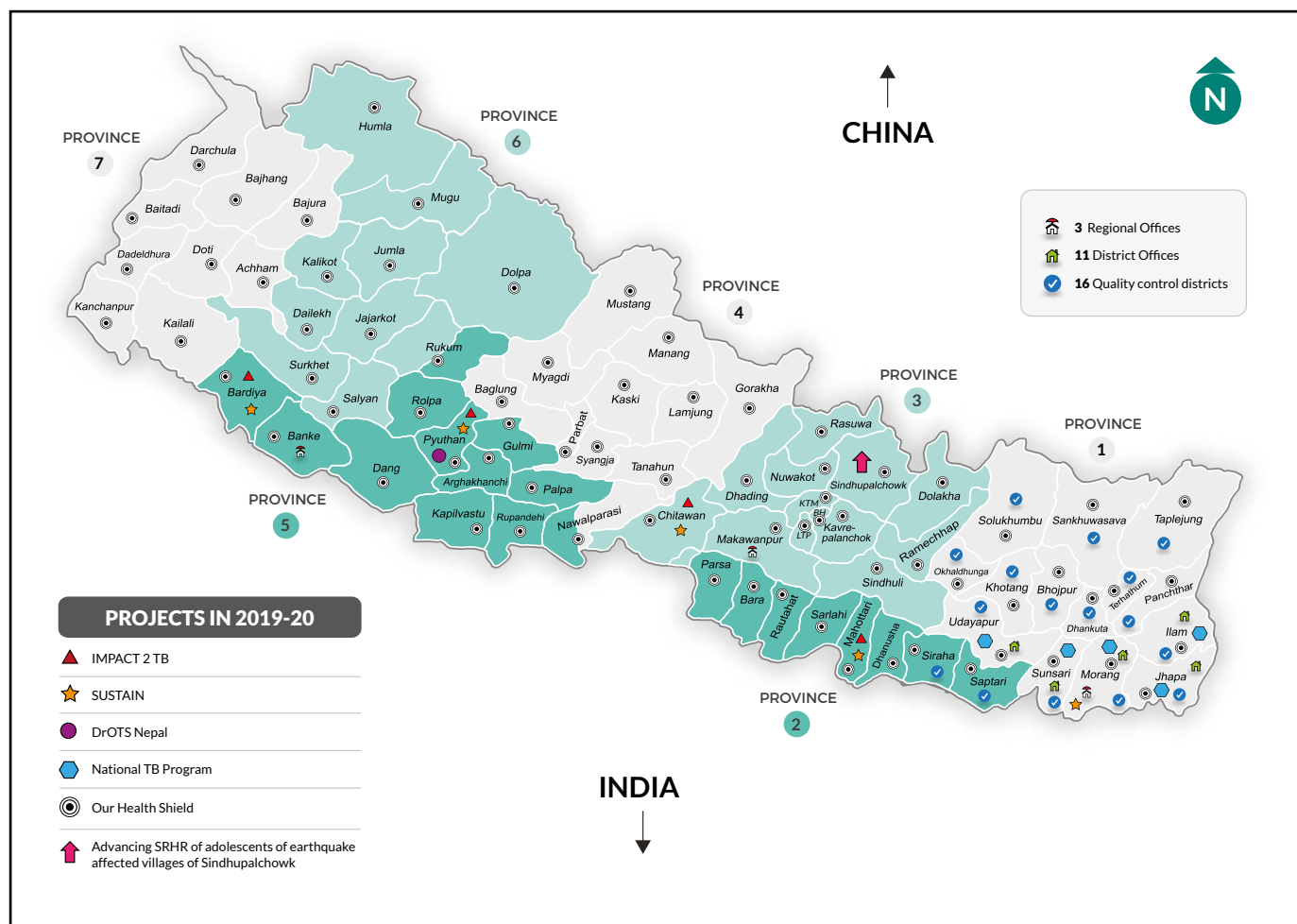
- provided rapid relief and response to COVID-19, supporting frontline health workers, TB-affected families, public information efforts, and the development of Nepal's COVID-19 information app;
- generated evidence to support policy reform in Nepal and beyond: our work has shown that active case finding and socio-economic support can drastically reduce the catastrophic costs of TB for families, and our findings have been published internationally;
- ensured diagnosis and treatment of hidden TB cases in the community in Eastern Nepal;
- strengthened the ability of community-based organisations to support the sexual and reproductive health and rights of adolescents.

Throughout the year we continued our community engagement and partnership, advocacy and research to influence decision makers and bring positive change to people's lives. This would not have been possible without the trust that BNMT has established with its key stakeholders: people in communities, government authorities and donors. I would like to thank all our donors for their continued support. I am also grateful to our partners – the Ministry of Health and Population, the Ministry of Home Affairs, the Department of Health Services, the Nepal Health Research Council, the Social Welfare Council, the National Tuberculosis Care Centre, the Provincial Health Directorate, health offices and volunteers – for their continued support and for sharing our commitment to the people of Nepal.

My sincere thanks, too, to our dedicated staff and the international team who have done such an excellent job to establish and strengthen our programmes in the community.

Suman Chandra Gurung
Executive Director

BNMT work in Nepal 2019/20



Controlling tuberculosis

IMPACT2 TB: Bardiya, Chitwan, Mahottari, Pyuthan

DrOTS: Pyuthan

Partnership with National TB Programme: Ilam, Jhapa, Morang, Sunsari, Udayapur

Quality control of TB microscopy: Bhojpur, Dhankuta, Ilam, Jhapa, Khotang, Morang, Okhaldhunga, Panchthar, Sankhuwasabha, Saptari, Siraha, Solukhumbu, Sunsari, Taplejung, Terathum, Udayapur

Controlling COVID-19

SUSTAIN: Bardiya, Chitwan, Mahottari, Morang, Pyuthan

Our Health Shield – Hamro Swasthya: nationwide

Sexual and reproductive health

Sexual and reproductive health and rights of adolescents: Sindhupalchowk

Regional offices

Nepalgunj, Banke

Hetauda, Makwanpur

Biratnagar, Morang



Distribution of food and sanitation items.



Handover of the medical goods to health office Bardiya chief

Tackling a new threat to health

The COVID-19 pandemic has overwhelmed governments and health systems the world over. But for low-income countries such as Nepal, with fragile health systems and weak social welfare structures, the disease is an extreme threat. BNMT UK is doing its utmost to support Nepal's COVID-19 response.

Since scientists first isolated the virus that causes COVID-19 on 7 January 2020, more than 20 million cases have been confirmed around the world, with approximately 750,000 deaths by mid-August. In Nepal, since the first COVID-19 case was confirmed on 19 January, more than 40,000 cases have been confirmed and more than 200 deaths. These global and national figures are thought to understate the true burden of disease, because of limitations in testing and reporting.

With the rapid increase in confirmed cases in India – more than 2.5 million to date – epicentres of transmission sprang up in the major trading hubs along the Indian border.

Nepal instituted a lockdown from 24 March to 21 July, imposing rules for physical distancing and significant restrictions on travel and meetings. This slowed transmission of the virus in the short term. But it also brought major social and economic impacts.

The World Bank Nepal Development Update states that Nepal's economic expansion is going into reverse, with economic activity down by 60 per cent and remittances from Nepalese working abroad down by more than 40 per cent. It estimates that one-third of the population could be pushed into poverty.

As in the UK and the rest of the world, the disease most severely affects society's least advantaged, who often face greater risk of transmission, poorer access to care and greater impact on their livelihood and family wellbeing. Many Nepalese families depend on a daily wage and have no savings to fall back on. Lockdown has pushed them into extreme poverty overnight.

The immediate threat to such families in the early stages of the epidemic was the lack of food, basic hygiene products and essential medicines. BNMT responded with an emergency relief project, called SUSTAIN. It supports vulnerable families, protects frontline health workers, and provides the public with reliable information about COVID-19. It also enables the staff of BNMT-Nepal to protect themselves from infection, by providing training in infection control for those in high-risk districts. The project is funded by BNMT-UK and the Nick Simons Foundation.

SUSTAIN operates in five districts: Morang, Chitwan, Pyuthan, Bardiya and Mahottari. It provides food, hygiene products and essential medicines for families who have lost their livelihood and those affected by tuberculosis, leprosy and HIV. It also purchases and distributes personal protective equipment (PPE), soap, hand sanitiser and thermometers for frontline health workers.

The project was designed in consultation with the Ministry of Health and Population, local district authorities and community stakeholders. The district authorities work with BNMT-Nepal to identify families needing help and to explain methods for collecting food and hygiene packages safely.

Thanks to the SUSTAIN project:

- 1300 families affected by TB received nutrition packages
- 304 health workers received a PPE package

At national level, BNMT contributed to public information and communications about COVID-19. One of the immediate priorities for the Nepalese government was to develop a secure web-based application to gather and analyse data, and provide reliable information.

A consortium of civil society organisations was formed to provide the expert IT support needed to accomplish this. BNMT joined the consortium, providing financial support and key expertise in public health communication and community engagement.

The result was a COVID-19 web portal and mobile app, Hamro Swasthya, which was launched by the Ministry of Health and Population on 29 March. It enables the government to provide a co-ordinated, evidence-based response to the pandemic, and to prioritise, and allocate resources, more effectively. It also disseminates reliable information to the general public.



Distribution of essential food and household items to vulnerable families

COVID-19 in Nepal:

- Since the epidemic started Nepal has had 40,527 confirmed cases of COVID-19, resulting in 239 deaths (as of 1 September 2020)
- 693,472 tests had been carried out as of 31 August 2020
- All seven provinces and 77 districts in the country have reported one or more cases of the disease
- A total of 47 COVID-19 laboratories are now functioning, of which 34 are government-run and 13 private.

Source: WHO Office, Nepal



Food and sanitation handover in Madhuban municipality, Bardiya to targeted person by RM Gangaram Budhathoki



Person taking the relief materials in Badhai-yatal rural municipality



DPC interviewing the suspected people during camp (before COVID19)

Tackling TB: The scale of the challenge

Nepal's first ever TB prevalence survey has revealed the true scale of the challenge facing the country's health system and underlined the importance of BNMT's case-finding work.

We know there are many people with undiagnosed tuberculosis (TB) in Nepal. This is partly because the symptoms of TB are often very general in the early stages: feeling tired, an irritating cough that never seems to get better and a fever that comes and goes. Often, people keep hoping they will get better in time, because they have to walk a long way to reach a doctor and they cannot afford to pay for tests and medicines. Sometimes, people are afraid to get a diagnosis because they have seen friends or family die from TB, or be shunned by the community once they are known to be infected. So they postpone visiting the health centre – and all the time they get sicker and perhaps also pass on TB to their family and friends.

Although we always knew there were many TB cases in Nepal, until recently we did not know exactly how many. The World Health Organisation (WHO) estimates the number of cases in a country based on whatever information is available. But the best way to find out the true picture is through a prevalence survey: taking a large sample of people from the whole population and testing them intensively for TB, using chest X-rays and sputum tests. The people who participate in the survey are selected using mathematical methods to ensure they represent the whole population in terms of age, gender, where they live and other factors.

To conduct a comprehensive prevalence survey for Nepal is a complicated process because of the weak transport and healthcare infrastructure and the difficulty of reaching its many remote areas. Until last year there had never been a TB prevalence survey for Nepal and therefore we did not have accurate information about the true number of TB cases in the country, only informed guesses. In 2019, the National TB Control centre, supported by WHO and Japan's Research Institute of Tuberculosis, successfully completed the Nepal's first TB prevalence survey.

TB in Nepal

According to the Nepal TB prevalence survey:

- 117,000 people are living with TB.
- 69,000 people develop TB every year.
- 416 people in every 100,000 have TB (the prevalence rate).
- There are 245 new TB cases for every 100,000 people in Nepal each year (incidence).



Bhandara TB Camp (before COVID19)

The results were not unexpected, but still shocking. The survey showed that TB incidence in Nepal is 1.6 times higher than the previous WHO estimate. This means that the scale of the challenge facing us to eliminate TB in Nepal is much greater, and that around 35,000 TB cases are 'missing' in Nepal each year. These cases are not notified in the government system and no-one knows if the people concerned are receiving the correct care and treatment. Many will receive incorrect diagnosis and care from private providers. There is a high risk of developing drug-resistant TB with incorrect treatment, and this is extremely difficult to treat. The drugs for drug-resistant TB have horrible side effects – including deafness – and usually have to be taken for more than a year.

The survey has made it clear that the work BNMT does to find cases of TB in remote and vulnerable communities with poor access to healthcare is more necessary than ever. As COVID-19 places unprecedented strain on health systems and government resources, there is a high risk that even more cases of TB will go undiagnosed. The WHO estimates that globally 6.3 million more people will fall ill with TB and 1.4 million more will die of TB by 2025, owing to the complex effects of COVID-19 on health systems and healthcare access. It is vital that we intensify our efforts against tuberculosis now to ensure that we diagnose and treat every case of TB, everywhere and that our children live to see a world free of TB.



Nepal's mountainous terrain makes it difficult for people in remote areas to obtain healthcare

Our partners in the National Tuberculosis Programme

Save the Children
National Tuberculosis Centre
The government health system

Partnership with NTP: Achievements

In 2019/20, as a result of BNMT's work in Eastern Nepal

- 11,587 presumptive TB cases were identified through screening
- 1,304 people were diagnosed with TB, including 91 children
- 188 TB cases were notified from private health institutions.

Impact TB project partners

Karolinska Institute (Sweden)
KNCV (Netherlands)
Liverpool School of Tropical Medicine (UK)
Friends for International TB Relief (Vietnam)

Impact TB achievements 2017-19

As a result of this project:

- 43,618 people were screened for TB
- 30,462 people were tested for TB
- 1,201 people were diagnosed with TB
- 33 laboratories received training and technical support
- 43 laboratory staff trained in GeneXpert testing
- 32 laboratory staff trained in microscopy
- 44 microscopes were repaired

In the project's second year GeneXpert machines increased the number of TB cases diagnosed by:

- 23% in Chitwan
- 21% in Dhanusha

Tackling TB: Detection, diagnosis, treatment

BNMT combines research and innovation with community engagement to develop new, successful methods to reduce the incidence and impact of tuberculosis in Nepal.



Funds raised in the UK by former BNMT Trustee Rosemary Bore were used to purchase warm blankets for TB-affected families in Chitwan

Partnership with the National Tuberculosis Programme

BNMT Nepal is working to find and treat undiagnosed TB cases, as part of a nationwide programme to reduce incidence of the disease by 20 per cent and to increase notification of cases. Alongside our project partners, we deliver TB services in five districts in Eastern Nepal.

The programme uses a comprehensive array of strategies to detect TB. It raises awareness in communities about the disease and the availability of treatment. It screens malnourished children for TB. It traces the contacts of people infected with TB and screens for TB in prisons. It also works with private health providers, to improve the quality of care and encourage notification of TB cases.

In addition, the programme has strengthened the referral system between HIV testing centres and TB treatment, and established a reliable way of transporting sputum samples for testing.



Raising awareness with communities on strategies to reduce TB

Strategies for success: Impact TB

The Impact TB project aims to improve methods for finding TB cases and encouraging people infected with the disease to seek diagnosis and treatment. In its first phase, from 2017 to 2019, the project amassed a wealth of evidence to inform strategies for tackling TB in Nepal and beyond.



Raising awareness in communities about TB treatment

The project's first phase operated in four districts with a high burden of undiagnosed TB cases: Dhanusha, Mahottari, Chitwan and Makwanpur. It introduced an advanced molecular diagnostic test for TB, using GeneXpert machines, and compared the results with the more widely used smear microscopy. In addition to boosting the number of TB cases detected, the project demonstrated that the GeneXpert test was more accurate than microscopy. GeneXpert testing is more expensive, but a large part of the extra cost is the Nepalese government tax on test cartridges. The project findings provide strong evidence to support removing the tax.

Tuberculosis mainly affects the poorest people in society, and can often push families further into poverty. Although TB testing and treatment are free in Nepal, people in rural areas must pay for transport to treatment centres and lose income if they are too sick to work. Often, families are forced to take high-interest loans or sell assets, such as land or farm animals, on which their livelihood depends. If a family has to spend more than 20 per cent of its annual income to cope with the effects of TB, it is termed a 'catastrophic cost' because of the severe long-term consequences.

BNMT conducted a study to discover the cost of TB for families in the project districts. It revealed that more than one in three households affected by TB incur catastrophic costs. But it also showed that these costs could be reduced dramatically through active case-finding – encouraging people with symptoms to get tested and tracing the contacts of those infected – which helps ensure early diagnosis and treatment.

The next phase of the project will intensify active case-finding and GeneXpert testing in four districts (Chitwan, Mahottari, Pyuthan and Bardiya) and pilot a new 12-dose TB prevention therapy in Chitwan and Pyuthan.



Drone operations in Pyuthan provide important opportunities for TB awareness raising

Taking flight: The Drone Optimised Therapy System (DrOTS)



Narayani KC is a female community health volunteer who collects sputum samples from people at risk of TB in the remote area of Majhkot. It used to take her three to four hours to walk to the District Health Office in Pyuthan to deliver samples for testing. Now, the samples are transported from Majhkot Health Post by drone, leaving Narayani more time to spend with her children.

One of the biggest challenges facing rural healthcare in Nepal is that of transporting samples and medicines. BNMT Nepal worked with government health services and DroNepal to develop a network linking eight rural health posts in Pyuthan district to two GeneXpert testing hubs at the district hospital and Primary Health Care Centre in Bhingri.

So far, the project has transported 1,900 sputum samples for testing, which resulted in 62 people being diagnosed with TB and enrolled in treatment.

The project also tested the use of smart pillboxes: these remind the patient to take the drugs every day, and keep an electronic record of each dose taken that can be reviewed by a health worker. This removes the need for patients to attend a TB clinic daily – which is difficult and expensive for people in remote areas. The initial trial, with 20 patients, was a success and a larger trial will start this year in Pyuthan and Chitwan.

In 2020 the DrOTS project was shortlisted for a prestigious international award, the AUYSI Xcellence award.

Breaking the silence on sexual and reproductive health

BNMT Nepal is working with teachers, school students, parents and community leaders to improve the sexual and reproductive health and rights (SRHR) of young people.



Forum theatre in action

BNMT's project in Sindhupalchowk district aims to improve the sexual health of young people by improving their knowledge and advocating for their rights to sexual and reproductive health.

The project aims to address this complex issue through a number of integrated strategies:

- building the capacity of local civil society organisations;
- educating teachers, students and parents about SRHR and its links to mental health;
- improving communication on SRHR between parents and adolescents;
- identifying sexual education gaps in the curriculum and advocating for them to be addressed by engaging all concerned in dialogue.

The project engages the community, schools, government, civil society organisations and diverse population groups in dialogue about traditional menstrual beliefs and practices, child marriage, sexual abuse and violence, and suicide. This has made the government and community recognise the importance of SRHR. Parents, teachers and students have got together to discuss sex and sexuality. Local civil society organisations and youth clubs strongly support the effort, and are committed to improving SRHR at community level and sustaining the project.

Achievements

As a result of the SRHR project in Sindhupalchowk:

- 40 ward representatives advocated for improved SRHR
- 231 civil society representatives received education about SRHR and mental health
- 40 health workers received basic education about mental health
- 64 female community health volunteers and mothers received education on SRHR
- 1,200 people were drawn into SRHR education through forum theatre
- 423 students received basic education about mental wellbeing
- 242 parents of adolescents received basic information about SRHR and sex education
- 140 teachers received basic education about school mental health and SRHR.



Forum theatre in action

Forum theatre

Marriage before the age of 20 is illegal in Nepal. However, almost one in three women are married before that age. In Sindhupalchowk the proportion is higher: in 2016, more than 72 per cent of women aged 25-49 had been married by the age of 20. Early marriage and childbirth often traps women in a cycle of low education, poverty and poor health.

When BNMT started its SRHR work in Sindhupalchowk, many people in the community raised early marriage as an important issue. The Trust invited a theatre group, Circus Kathmandu, to help spark discussion to change attitudes.

Forum theatre starts as a conventional play performed by actors, but then invites spectators to participate in exploring solutions to real-life dilemmas. Circus Kathmandu performed in three places in the district.

Their drama depicted harmful menstrual practices, child marriage and its consequences. The 'joker' stops the play at a point where the mother is forcing her daughter into an underage marriage and the audience asked how to convince the mother not to go ahead. The audiences joined in enthusiastically and proposed many solutions. Some audience members joined the cast to debate with the mother in character, to the great amusement of all.

Promoting menstrual health

Safe and effective menstrual health management is a critical component of women and girls' sexual and reproductive health. For adolescent girls it is often constrained by traditional and socio-cultural beliefs, limited knowledge and lack of basic services.

The success of last year's BNMT project to promote menstrual health among schoolgirls created demand for the work to continue. So the project was extended from August to October 2019. It provided accurate information, safe and affordable sanitary materials and appropriate sanitation and washing facilities in three schools in Indrawati rural municipality, in Sindhupalchowk district. A total of 505 adolescents benefited from the project.

The school management committee, teachers and local community leaders have committed a budget to maintain the school toilets, with a safe environment and adequate water supply. Students and others have asked for follow-up training and there is strong demand from all involved for the programme to continue.



School SRHR programme in Sindhupalchowk

Breaking the stigma: Cervical cancer screening

BNMT UK and SH:24 have secured funding to introduce a new method of cervical cancer screening that Nepalese women may find more acceptable than the service currently available to very few.

Cervical cancer imposes a large burden of disease on the Nepalese population. Nearly 2,000 women die from cervical cancer in Nepal each year, yet 99.9 per cent of cancers are preventable or treatable if detected early. Screening is highly effective in reducing the incidence of cervical cancer and mortality from it. However, the primary method of screening for early diagnosis in Nepal is associated with stigma and many socio-economic and cultural barriers, and uptake is extremely low.

A new technology is available which could overcome these barriers. BNMT, working in collaboration with SH:24, has secured matched funding from the UK Global Challenge Research Fund to test the feasibility and acceptability of a new self-sampling testing service for the human papilloma virus (HPV – an infection associated with most forms of cervical cancer). This would enable women to take swabs for themselves at home instead of attending a clinic.

The dramatic growth in mobile phone access is making it possible to communicate, engage and serve women directly, using online, SMS and phone-based platforms. The project will explore the potential for this approach in Nepal, where mobile phone ownership is thriving and access to the internet is increasing.

Our objectives in this project are to confirm that self-taken swabs would improve take-up of cervical cancer screening in Nepal; to understand users' attitudes, barriers and needs; to collaborate with users to develop and test ways of delivering the service; and to develop prototype HPV self-sampling service models.

SH:24 is a multiple award-winning Community Interest Company which specialises in the use of human-centred design in health care. It works in partnership with the NHS and is the leading online provider of sexual and reproductive health services in the UK.

From Nepal to Liverpool



Two BNMT staff, Saki Thapa and Bikram Bucha (pictured above), spent two weeks at the Liverpool School of Tropical Medicine in November 2019, working with LSTM's Research, Evidence and Development Initiative (READIT). As well as reviewing the content and delivery of BNMT work, they discussed the scope for further collaboration on reviews of mental health and suicide prevention. 'It was an enriching learning experience to personal and professional life,' said Saki Thapa.

Strengthening oncology services in Nepal

BNMT continues to collaborate with professor Rosalind Eeles at the Royal Marsden Hospital NHS Foundation Trust and the Institute of Cancer Research. Following the visits to the UK of four oncology fellows and two visiting Professors from Bir Hospital and Bhaktapur Cancer Hospital in 2018/19, doctors have continued to exchange expertise in the care and treatment of cancer patients. A molecular lab has now been set up in Nepal under the leadership of Professors Paudel and Roka for the introduction of a cancer genetics programme. The laboratory has provided additional benefits during the COVID-19 pandemic, allowing for COVID virus sequencing and PCR testing for diagnosis of COVID-19.



© Claudia McConnell

In Memoriam: Ian Baker

Ian Baker died on 12 April 2020 after a long illness. He worked for BNMT in Nepal in 1973 and 1974 as one of the early team doctors, and went on to become our longest serving Trustee, serving for 38 years (1976-2014). He was awarded the MBE for his services to BNMT in 2007.

Ian's long association with the Trust meant he was involved in selecting and supporting many of the expatriate members who went out to work in Nepal in the early years. He also supported the Nepalese staff who took over running the Trust, and he will be remembered by many of us with fondness and gratitude.

Ian visited BNMT in Nepal several times during his time as Trustee to stay up to date with its changing programmes and staff, and always maintained his deep attachment to Nepal. Throughout his time as Trustee Ian also had a vital role in helping to secure funds. He was twice Chair of Trustees, guiding the Trust through many challenging times over the years and it is questionable whether the Trust would still be functioning today without his vital contribution. His invaluable expertise and experience, and his calm quiet voice of common sense, made him a great leader and supporter, and BNMT could rightfully be considered one of his legacies.

In addition to his long service to BNMT, Ian also had an eminent career as Director of Public Health in Bristol. But for many of us, as for his family, it is the loss of a unique, kind and worthy man that we mourn.

Richard Morris 1967-2020

Richard Morris, British Ambassador to Nepal 2015–2019, disappeared out running in Hampshire on 6th May 2020. We were saddened to learn that he was found dead on 31st August. We will always remember him as a great supporter of BNMT.



Left to right: Olivia Biermann, Karolinska Institute, Nobu Nishikiori, WHO Global TB Programme, Will Rudgard, University of Oxford, Tom Wingfield Liverpool School of Tropical Medicine, Knut Lonnroth, Karolinska Institute, Salla Atkins, University of Tampere, Tara Prasad Aryal BNMT Nepal, Priya Shete, University of San Francisco and Kritika Dixit BNMT Nepal

Sharing health knowledge

BNMT Nepal is sharing the findings from its TB studies with an audience of international TB experts.

In October 2019 a group of BNMT staff and partners attended the world's biggest international TB conference: the 50th Union World Conference on Lung Health. They presented the findings from different aspects of BNMT's TB research in multiple formats, including talks, seminars, posters and e-posters. Their presentations included mathematical modelling studies, health economics, and qualitative and operational research. It was an opportunity, not only to share their own knowledge, but also to build networks with international TB experts for future collaboration and learning.

BNMT publications in 2020

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

The role of active case finding in reducing patient incurred catastrophic costs for TB in Nepal

Gurung et al, *Infectious Diseases of Poverty*

Shows that over half of families affected by TB in Pyuthan and Bardiya districts incurred catastrophic costs, and that active case finding can substantially reduce patient incurred costs for TB-affected families in Nepal.

Power plays plus push: Experts' insights into the development and implementation of active TB case finding policies globally, a qualitative study

Biermann et al, *British Medical Journal Open*

Expert stakeholder consultation highlighting key evidence gaps regarding the pathway from evidence to policy to implementation for TB active case finding strategies.

Factors influencing active TB case finding policy development and implementation: A scoping review

Biermann et al, *British Medical Journal Open*

Evaluation of stakeholder perceptions regarding the complex interplay of factors influencing active TB case finding scale-up in high TB burden settings globally

Research protocol for a mixed methods study to characterise and address socioeconomic impact of accessing TB diagnosis and care in Nepal

Dixit et al, *Wellcome Open Research*

Protocol of our research study to strengthen understanding of the socioeconomic impact of TB in Nepal and develop locally driven solutions.

Developing feasible, locally appropriate socioeconomic support for TB affected households in Nepal

Rai et al, *Tropical Medicine and Infectious Disease*

Report of our stakeholder consultation to design appropriate, feasible and effective socio-economic interventions for further robust evaluation by randomised controlled trial in Nepal.

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 2019 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 2019 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 2019

	Notes	2019 £	£	2018 £	£
Fixed assets					
Tangible assets	11		467		675
Current assets					
Debtors	13	6,531		217,743	
Investments		81,992		68,694	
Cash at bank and in hand		282,439		164,971	
		370,962		451,408	
Creditors: amounts falling due within one year	14	5,166		7,925	
Net current assets		365,796		443,483	
Net assets		366,263		444,158	
The funds of the charity:					
Restricted income funds	16	7,495		12,173	
Unrestricted income funds		358,768		431,985	
		366,263		444,158	

The 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 2019.

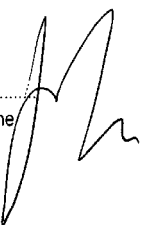
Members have not required the company to obtain an audit of these accounts.

The trustees acknowledge their responsibilities for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

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 board of directors and authorised for issue on 10/06/2020 and are signed on its behalf by:

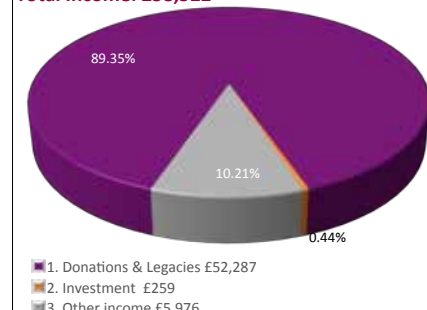

Dr G M C Holdsworth
Trustee


Dr J M V Payne
Trustee

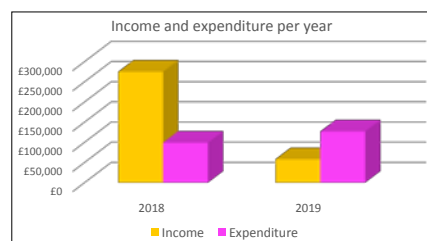
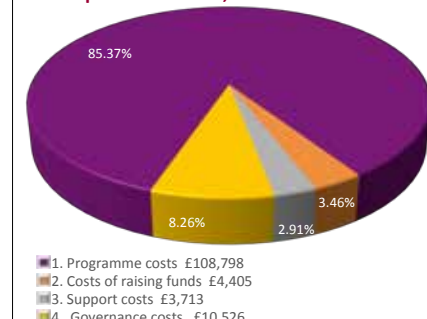
Company Registration No. 921566



Total Income: £58,522



Total Expenditure: £127,442



Donations

Many organisations and generous private donors have supported the Trust over the years, and continue to do so. Without their generosity, much of our work would not have been possible.

The Trust would like to thank all those who supported our work in 2019/20

How your donation/s can help us ...

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

£10	will buy a ring pessary to ease the suffering of a woman with uterine prolapse
£40	buys packets of oral rehydration solution to treat 100 children with acute diarrhoea
£150	buys 40 packets of clean home delivery kits that will protect 100 babies and mothers from infection
£200	can buy a set of life-saving basic equipment for a health post in a remote village
£200	buys 100 packets of sanitary kits for school children
£500	contributes significantly to our organisational running costs
£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 ManagerBank)

Address

..... Post Code

Name

Address

..... Post Code

Account No. Sort Code

Please pay the Britain Nepal Medical Trust the sum offigures)

.....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

Registered Charity No 255249

