

Tackling TB

Preventing disease, assisting recovery



**The
Britain-Nepal**

medical trust

Annual Report 2023/4



Gillian Holdsworth

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Chair's Foreword

This has been another busy year for the work in Nepal: BNMT and its partner, BNMT-Nepal, have been able to deliver a comprehensive package of interventions to fight TB including prevention, better diagnostics and additional support to improve treatment outcomes.

We have expanded our work with Nepal's National TB Control Centre, providing preventive therapy to close contacts of TB patients who are found to have latent TB. We are participating in a pilot scheme testing a new, faster and more accurate diagnostic procedure for TB as part of the multi-country CRITIC study. We have extended our work to improve treatment outcomes, with emphasis on both nutrition and destigmatisation. The first means providing nutritional support to patients being treated for TB. The second tackles the stigma surrounding TB through community-based interventions, mobilising TB survivor networks and TB champions to speak out to destigmatise the disease. We acknowledge that it will take more than just vaccines and medicines to end TB in Nepal.

In the past BNMT had also diagnosed and treated people suffering with leprosy. With this ancient disease seemingly on the increase again, we will be supporting the Ministry of Health and Population with genomic sequencing to enable a better understanding of patterns of leprosy transmission. This is crucially important for managing control of the disease and uses an exciting new technology to tackle one of the oldest diseases known to humankind.

None of this would be possible without your generous support and donations, so a big thank you from the Trustees and the BNMT Nepal team.

And, finally, we have welcomed on board three new trustees: Professor Andrew Ramsay, Ms Sarah Barton and Dr Bob Fryatt (see page 15) and look forward to their support and contribution in the years ahead.

Gillian Holdsworth
Chair of BNMT UK

Cover photo:

A patient takes 3HP preventive medication
for tuberculosis at Bhingri primary health care
centre, Pyuthan



Raghu Dhital

A message from the Executive Director of BNMT Nepal

I am honored to present the BNMT Annual Report for 2023/24, highlighting the significant activities and accomplishments of BNMT Nepal over the past year. In 2023/24 we successfully implemented 16 diverse projects. Each one met its goals through meticulous planning, execution, and monitoring. These endeavors have produced concrete results, furthering the overarching objectives of BNMT Nepal.

A comprehensive final evaluation of major projects conducted by the Social Welfare Council was shared with the Ministry of Health and Population (MoHP), the Nepal Health Research Council (NHRC), provincial authorities, districts, and other stakeholders at our final dissemination meeting in Kathmandu in April. This event was attended by the Minister of Health, who provided valuable insights. It served as an important platform to share project outcomes and engage key stakeholders in discussion.

This year also marked the start of the ACCELERATE Leprosy, Change TB, RESPOND, and Nourish projects, coordinated closely with National TB Control Centre, the Ministry of Health, the Provincial Health Directorate, NHRC, and other concerned stakeholders. Through rigorous research and data collection, BNMT has produced evidence-based reports and policy briefs that have empowered decision-makers to incorporate our strategies into policies and effectively address critical healthcare issues.

None of these remarkable achievements would have been possible without the unwavering team spirit demonstrated by our dedicated staff members. I extend my sincerest gratitude to each of them for their tireless work, unwavering effort, companionship, and invaluable contributions to our organisation. I also extend heartfelt appreciation to our national and international partners, whose support has been instrumental in our success. These partners include the MOHP, the National Tuberculosis Control Center (NTCC), the NHRC, the Health Offices, the Provincial Health Directors, the Centre for Molecular Diagnostics (CMDN), GENETUP, TB Nepal, Lalghadh Leprosy Hospital, Shining leprosy Hospital in Banke, and local government authorities. Their collaboration has been crucial to our achievements and the positive impact we have made.

Finally, I express deep gratitude to all our generous donors. Your continued support and trust in BNMT, especially during these challenging times, have been vital to our vision.

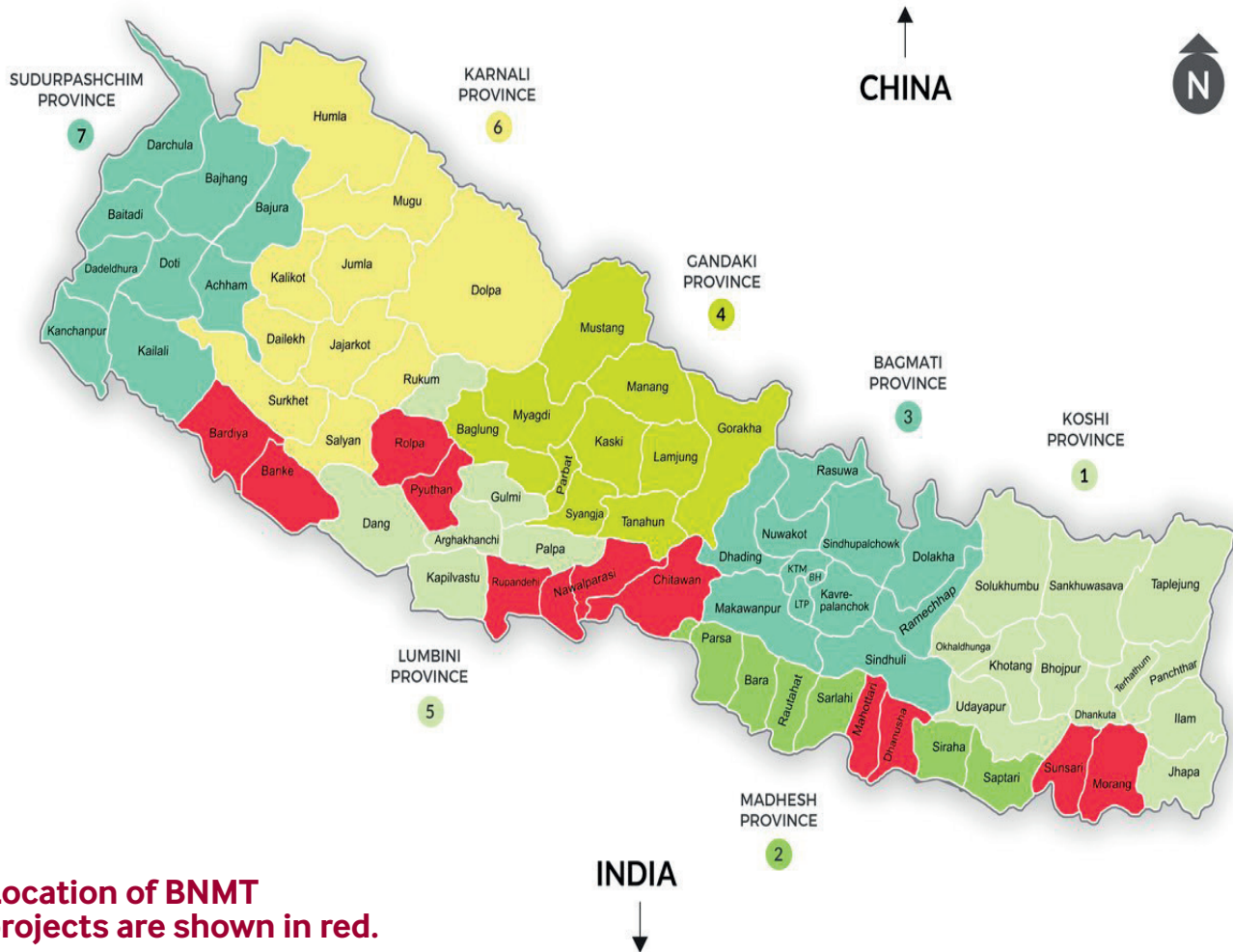
As BNMT continues its efforts, we strive to create a healthier and more equitable Nepal for all its citizens.

Raghu Dhital,
Director, BNMT Nepal

BNMT and BNMT Nepal

The Britain-Nepal Medical Trust established a local Nepalese non-governmental organisation – the Birat Nepal Medical Trust (BNMT Nepal) in 2012 to continue the work of BNMT UK. BNMT UK continues to work in partnership with BNMT Nepal and the work described in this report is carried out by BNMT Nepal with support from BNMT UK and other organisations.

Districts of Nepal and where we work



Location of BNMT projects are shown in red.

Tuberculosis in Nepal

Tuberculosis (TB) is the second largest cause of deaths globally from an infectious source, less than COVID-19 but more than HIV or malaria. In 2022 TB killed 1.3 million people globally. Most of those it affects are poor, and it makes poor people poorer. Stamping out the disease by 2030 is one of the UN's Sustainable Development Goals.

Tuberculosis is endemic in Nepal, and about half of the population carry TB bacteria in their lungs, a condition called latent TB. Eventually, the bacteria may make them fall sick with active TB which they can spread to others. About 69,000 people a year are diagnosed with TB in Nepal and many die of it, the majority of them poor, informal workers in rural areas. But many cases go undiagnosed.

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 their wider family.

At present, BNMT's work to eliminate infectious diseases in Nepal focuses mainly, but not exclusively, on TB. Over the years, the Trust has pioneered ways to find, diagnose and treat TB cases. Our research and practice continue to make a major contribution to efforts to eliminate the disease in Nepal and beyond.



A counselling session with a TB contact on sputum collection - how to produce sputum as part of active case finding in Chitwan district

Nutrition and TB

It will take more than vaccines and medicines to end TB in Nepal. BNMT is ensuring that TB patients and their families have access to sufficient healthy food.



Supplying food to TB-affected households helps patients recover and reduces transmission of the disease to family members

When the first British doctors and nurses arrived in East Nepal to set up the Britain Nepal Medical Trust in 1967, tuberculosis was already uncommon in the UK, even though effective treatment and vaccination had only been introduced 20 years previously. Treatment and vaccination had made a significant impact on mortality and morbidity rates, but the major decline in the disease had started a lot earlier. There had been a steady fall from when mortality rates were first recorded in 1838. Part of this will have occurred through better understanding of the disease and public health measures. But it is widely accepted that, as with other infectious diseases, the decline was also primarily due to better living conditions and better nutrition.

What the BNMT team faced in Nepal was an endemic disease which was still a major cause of mortality and morbidity. Using the skills and knowledge from their biomedical training, the team started providing vaccinations, diagnosis and curative treatment with the resources to hand. The Trust has been assisting the National Tuberculosis Programme to develop and deliver these services ever since.

TB Recovery

Phase 2 of BNMT Nepal's TB Recovery project ran from January to December 2023, providing nutritional support to 200 TB patients in Banke, Makawanpur and Mahottari districts.

More than 57 years on, tuberculosis remains a major disease in Nepal especially in the poorer rural communities and where malnutrition is still a problem. Deficiencies in macronutrients (energy-giving foods such as fat, protein and carbohydrates) and micronutrients (vitamins and minerals) can blunt immune responses to infections. It has long been observed that undernutrition is linked to TB inci-

dence. In 2023 a randomised trial in India finally provided convincing scientific evidence that nutritional interventions are an important part of ending TB. It found that simply supplying food to people affected by TB and their families halved TB cases in family members and reduced deaths among TB patients by 48 per cent. It is clear that TB elimination requires more than just the use of medicines and vaccines, and that malnutrition and poverty are major obstacles.

BNMT Nepal was already involved last year with providing nutritional support to TB patients and their families through the TB Recovery project, which improved weights and reduced mortality rates. Now the Nourish project aims to expand on this work, in collaboration with local Health Offices and community health volunteers. It delivers nutritional support packages to improve patients' resilience, and will hopefully provide more evidence of the effectiveness of this simple intervention and embed the intervention in national TB policy. BNMT UK is proud to support this valuable work, both to improve the wellbeing of the people of Nepal, and for ongoing TB research in this important intervention.

The Nourish project

The project provides a six-month nutritional support package to TB-affected individuals and their households who are living in extreme poverty or who have a very low Body Mass Index. It has also trained 50 female community health volunteers on nutritional support and counselling for people with TB, enabling them to identify and assist beneficiaries.

The project will support more than 200 households in Morang, Mahottari, and Banke districts, in collaboration with the Ministry of Health and Population, National Tuberculosis Control Centre, Provincial Health Directorate, health offices, municipalities, and TB partners.



The importance of food

Ajit Pakhrin was unwell. A female community health volunteer visited him at home and advised him to go to the health post for a sputum test. Ajit couldn't walk to the health post, so his wife took his sputum sample instead. The test confirmed he had TB and he started treatment.

The health post team told Ajit's wife about BNMT's nutritional support programme. The next day, she collected the support packages from BNMT. It included 20 kg of rice, 2 kg of pulses, 1 litre of vegetable oil, 1.5 kg of groundnuts, 1 kg of super flour, and a crate of eggs.

A month later, Ajit arrived on a bicycle with a smile on his face to collect more supplies. He is now cured and expressed gratitude for the support. He believes that the medicines would not have been enough for him to recover. He hopes that other TB patients will continue to receive such help in the future if they need it.

In 2023 nutrition support under BNMT Nepal's TB Recovery project helped reduce mortality rates from TB



Tracing contacts of a TB patient in an urban settlement

Preventing disease, improving detection rates

BNMT Nepal's IMPACT TB project is improving detection of active TB cases and piloting a therapy that stops the spread of TB by preventing latent infection turning into active TB disease

Finding active cases

The IMPACT TB project aims to improve TB detection rates in Mahottari, Bardiya, Chitwan, and Pyuthan districts through active case finding – a method pioneered by BNMT. It means working with a network of community health volunteers who are trained to recognise TB symptoms and to encourage people who have them to go for early diagnosis and treatment. The volunteers also trace the contacts of each person diagnosed with TB, so that they too can be tested for the disease.

The project uses GeneXpert technology to diagnose TB. BNMT supported the installation of five new GeneXpert machines in government health centres in Bardiya, Pyuthan and Mahottari. The Trust also provides training to local laboratory staff to ensure that the machines are used and appropriately maintained.

The project enabled 1,342 people with active TB to be enrolled for treatment.

Preventing TB

Preventative therapy reduces transmission of TB by eradicating the bacteria before they can cause disease and transmit it to others. BNMT Nepal is piloting the 3HP method of preventing TB. This is easier for people to complete than older, lengthier treatments and shows fewer side effects.

The project asked household contacts of people with active TB to go for testing. Some were found to have latent TB, and 500 agreed to enrol for 3HP preventative therapy. Of these, 95 per cent completed the course of treatment.

The CRITIC study

BNMT Nepal is participating in a multi-country study that aims to develop an effective and sustainable strategy for tackling TB in high-risk groups in south and southeast Asia. Known as the CRITIC study, this project uses innovative techniques such as portable X-ray machines, Cy-TB – a new, more sensitive test for TB infection, digital tools for monitoring patients, and enhanced counselling. The aim is to find more reliable ways to ensure patients complete preventative or curative therapy.



Reading a chest X-ray from a portable X-ray machine in Pyuthan, as part of the CRITIC study

BNMT Nepal is implementing this project in the Nawalparasi West and Rupandehi districts of Lumbini Province, in close collaboration with the National Tuberculosis Control Center (NTCC). The work includes screening for TB infection and disease, testing for TB infection, and ensuring use of 3HP preventative therapy (3HP) and supporting patients through enhanced counselling and follow-up.

CRITIC (Comprehensive Strategy for Retention in TB Infection Cascade of Care) is being implemented in Bhutan, India, Indonesia, Nepal, and Sri Lanka.

World TB Day

BNMT Nepal marked World TB Day on 24 March 2024 with a series of events aimed at raising awareness and combating TB-related stigma. In Banke district 122 school students took part in a speech competition organised by the Trust to increase awareness among young people. In Morang district, 53 people affected by TB received nutrition packages, and TB screening campaigns were organised in slum areas in coordination with the Health Office and the National Anti-Tuberculosis Association (NATA). Appreciation certificates were awarded to 88 TB champions who completed their treatment. Social media campaigns and candlelight vigils honored the lives lost to TB in Nepal.



World TB day - Inter school speech competition, Banke, March 2024



A TB champion (a person who has been cured of TB) sharing his experience and raising awareness about TB stigma within the community in Morang

Fighting stigma, breaking isolation

BNMT works with TB survivors to tackle the stigma and misinformation around the disease in their communities.

People fear tuberculosis because it can cause death: globally, 1.3 million people died from TB in 2022. Although it is a curable disease, 17,000 Nepalese still die from TB annually, and many more face severe consequences.

TB is surrounded by myths and misconceptions across all cultures, giving rise to stigma. This has severe impacts on people's lives and their mental health. People are sometimes fired from their job or evicted from rented accommodation if they are known to have the disease. No surprise, then, that people with TB fear the reactions of their friends, family and community. They may hide their illness and delay seeking diagnosis and treatment owing to shame.

However, TB can affect anyone, and with early and proper treatment, it is completely curable. Changing attitudes and reducing stigma is essential to encourage early diagnosis and treatment.

Early success

The CHANGE TB project operates in six districts across three provinces: Banke and Bardiya (Lumbini province), Dhanusha and Mahottari (Madhes province), Morang and Sunsari (Koshi province). Work began in December 2023 and the project was intended to run until November 2024. Because of its achievements, the Stop TB Partnership (an international organisation hosted by the World Health Organisation) asked BNMT Nepal to extend the project until May 2025.

In Nepal, traditional beliefs are declining with increased internet access and broader cultural influences, but social media can spread myths and misinformation. Given the country's rich and diverse cultural heritage, it is essential to understand the root causes and manifestations of stigma in each community and work with local people to find effective solutions. BNMT Nepal is addressing this through the CHANGE TB project.

CHANGE TB

CHANGE TB aims to develop skilled networks of TB survivors and support them to identify, challenge, and reduce stigmatising behaviour in their communities and in society at large.

One component of the project is an in-depth survey to understand how stigma affects people with TB and how their experiences vary according to gender, cultural context, and socioeconomic status. It will also examine how TB-related stigma is changing across generations in rural Nepal. This knowledge will help BNMT develop solutions and design effective approaches to reduce stigma.

Another key part of the project is the TB Clubs initiative. In partnership with the local Health Office, we invite people with TB and their families to a monthly club meeting where they can share their experiences with peers and TB survivors. The clubs reduce feelings of isolation and shame while providing access to broader support. Several TB club participants have become TB advocates, raising awareness and reducing stigma by sharing their personal experiences and engaging with policymakers.

The CHANGE TB project will also convene training workshops to develop the skills of TB survivors, empowering them to advocate for changes in attitudes toward TB across all sectors of society, from policymakers to vulnerable populations.

The project collaborates closely with people living with TB, TB-affected communities, and various stakeholders such as the National Tuberculosis Control Center (NTCC), Ministry of Health and Population, Health Offices, Municipalities' authorities, NGOs focused on TB advocacy, TB Clubs, and health facility authorities.

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



Holi celebration at the MDR TB Hostel in Biratnagar, Morang district

A TB Champion



My name is Tulasha Limbu, and I'm from Pathari, Sanischare in Morang district. I used to work in a hotel and helped my sister run her beauty parlour. Life was going smoothly until 2022, when everything changed. I fell seriously ill and I found I had TB.

After a month of treatment at a public hospital, I was invited to a TB Club meeting. I was curious, so I decided to go. The first meeting was an eye-opener. It was attended by other people with TB and their families and was organised with the help of Pathari Sanischare municipality and BNMT Nepal. They shared a lot of useful information about TB, like how to treat it and ways to reduce stigma.

Listening to others talk about the discrimination they faced because of TB made me realise I was not alone. The TB Club became a place where I could find comfort and share the struggles of dealing with TB. With their support, I decided to raise awareness about TB and fight the stigma in my community.

After my treatment, I began educating my neighbors and community members about TB. I emphasised the importance of support and understanding in the treatment process. Joining BNMT Nepal's CHANGE TB project helped me expand my awareness raising efforts in the communities.

One of the proudest moments of my journey came on World TB Day. The Health Office of Morang and other stakeholders recognised me as a TB Champion. It was such a huge validation of everything I had been through and all the work I had done. I felt so grateful to BNMT Nepal for giving me a platform to share my story and make a difference. Now, I continue to advocate for TB awareness every day, determined to eliminate the misconceptions and stigma surrounding TB in my community.



World Leprosy Day is an opportunity to raise awareness, provide solidarity and support to people affected by leprosy, and engage local communities in the fight against leprosy. Leprosy is caused by a mycobacterium, *Mycobacterium leprae*, which behaves rather similarly to *Mycobacterium Tuberculosis*: both are from the same genus, both result in difficult-to-diagnose chronic disease in humans, and both are associated with poverty and stigma.

Eradicating leprosy

With leprosy on the rise in Nepal, BNMT has launched a new project to end transmission of the disease in Nepalese communities.

Leprosy is often thought of as an ancient disease, but it has never been eradicated. Transmission persists in 23 countries. In Nepal, about 3,000 cases of leprosy are diagnosed every year.

Because of the stigma surrounding the disease, many people are diagnosed late, when they already have severe nerve damage and permanent lifelong disability. Many more remain undiagnosed and never get the treatment and support they need. Yet, if it is diagnosed early, leprosy is completely and easily treatable.

The Nepal government leprosy strategy delivers through a number of local NGOs and has made substantial progress over the years. However, cases are on the rise again, partly because of the reduction in health service access for vulnerable communities during the COVID-19 pandemic and partly owing to increased migration across the border with India.

A key reason why leprosy has never been eradicated is that scientists do not have a good understanding of how the bacteria which cause it spread between people.

The ACCELERATE project

On 12 April 2024, BNMT Nepal launched Accelerating to Zero Transmission of Leprosy (ACCELERATE), a project to improve early detection and treatment of leprosy in Banke, Bardiya, Mahottari and Dhanusha districts. The Trust is partnering with two hospitals, Shining Hospital in Banke and Lalgadh hospital in Dhanusha to strengthen leprosy case finding efforts and conduct Whole Genome Sequencing of leprosy bacteria. This will help to establish how the disease spreads in communities and whether the bacteria are resistant to the drugs used to treat leprosy.

This will be the first large scale sequencing project for leprosy in Nepal. The data from the project will also contribute significantly to the global understanding of leprosy.

Additional partners in this work include the Epidemiology and Disease Control Division of the Ministry of Health, provincial and district health authorities, the Centre for Molecular Dynamics Nepal, and people affected by leprosy.



Support for a leprosy patient at Shining hospital

Rebuilding lives

BNMT provided immediate relief to communities affected by the Jajarkot earthquake, and is now helping to rebuild health facilities in the area.

In November 2023, a powerful earthquake struck western Nepal, claiming at least 157 lives and affecting approximately 38,000 families. Around 30,000 homes were destroyed or damaged, leaving many people without shelter.

Immediate relief efforts by government and multilateral agencies focused primarily on the earthquake's epicentre around Lamidanda, in the severely affected areas of Jajarkot and Rukum west districts. But many families outside this area were also in dire need of assistance.

BNMT Nepal conducted a needs assessment with community health workers and provided emergency winter survival support to earthquake-affected families in Darma, Salyan and Chaurjahari municipalities, in Rukum district. The support included winter clothing, blankets, sanitation and hygiene kits, tents and mattresses. Essential supplies were also provided to frontline health workers in earthquake-affected districts: masks, sanitisers, gloves, and windcheaters, to help cope with the cold. Five hundred earthquake-affected family members directly benefited from the project.

In the next phase of its earthquake response, BNMT seized the opportunity not only to repair damage but also to improve district health services. In Rolpa district, inadequate sanitation at health facilities posed health risks, particularly to vulnerable groups such as pregnant women and infants. BNMT helped repair and improve sanitation facilities in five health facilities in the earthquake-affected zone of Rolpa. The improvements include safe drinking water at the district hospital, a new toilet and hand washing station at the District Health Office, and a new two-room building at the Lingdung Basic Health Service Centre.



Immediately after the earthquake, BNMT Nepal distributed:

- 50 tents
- 100 quilts
- 100 blankets
- 100 mattresses
- 15 thick mattresses
- 200 warm jackets
- 150 wool hats
- 150 pairs of socks
- 100 hygiene kits
- 200 thermometers



The new water treatment plant at Liwang Rolpa District Hospital

Support provided to earthquake survivors included tote bags in which to store belongings and personal documents

BNMT's work on CSE in 2024

Advocating for CSE: BNMT Nepal is a member of the core working group of the National CSE Advocacy Coalition, which aims to create a supportive environment for Comprehensive Sexuality Education (CSE) across federal, provincial, and local levels in Nepal. The coalition promotes high-quality CSE that upholds human rights and gender equality.

Contributing to policy: Saki Thapa from BNMT participated in the ICPD+30 Youth Consultation workshops in March 2024. This event provided a platform for young leaders to contribute their insights, perspectives, and recommendations on sexual and reproductive health and rights to national policy and programme development efforts.

Sharing knowledge: BNMT also participated in a global survey conducted by the World Health Organisation (WHO) and the International Association for Adolescent Health to revise two pivotal adolescent health guidance documents: the Global Standards for Quality Health-Care Services for Adolescents and the Core Competencies in Adolescent Health and Development for Primary Care Providers.

Voices for change

To follow a successful project to improve access to reliable information about sex and sexuality for young people, BNMT continues to advocate for comprehensive sexuality education (CSE) in Nepal. Here, a teacher and a health worker who participated in BNMT Nepal's Project Horizon explain the importance of CSE.

From learning to leading

My name is Alina Adhikari, and I live in Sindhupalchok District, Indrawati rural municipality, Ward no. 3. I am currently in my final year of my master's studies. I worked as a community health supervisor for the Horizon project at BNMT.

My sister had worked on a previous sexual and reproductive health and rights (SRHR) project with BNMT, and she always spoke highly of the organisation. When I joined BNMT, I was excited to receive training on SRHR. I gained valuable knowledge about the health needs of adolescents, women, and girls.

During my year with BNMT, I had the opportunity to share my knowledge with adolescents in the community. I didn't just share my experiences with the students; I also applied many of the lessons in my own life. The impact of the Horizon project has been profound. I continue to share the knowledge and experiences I gained, wherever I go. I stay in touch with the students, listening to their concerns and noticing how much more open and empowered they have become.

It's fascinating to see how one project can create such a significant impact on adolescents and stakeholders. For someone like me, who aspires to work for my community, the benefits have been immense.



Alina Adhikari (in yellow) with school children, Sindhupalchok

How CSE transformed our school

My name is Vinod Tamang, and I work at Sipatindhara Janata Secondary School, Indrawati Rural Municipality, in Sindhupalchok District. Our school participated in a Comprehensive Sexuality Education training programme organised by BNMT Nepal under the Horizon project.

Before the training, many students were shy or unsure about discussing their sexual health. But now, after the training, the atmosphere at our school has changed significantly. Teachers and students have built a stronger, more open relationship. Students now feel comfortable coming to us with their questions and concerns about sexual health. They openly discuss issues they face and seek advice without hesitation.

Not only that, students have become more knowledgeable about their sexual and reproductive health rights. They are now better equipped to solve their issues independently. Menstrual health and hygiene have improved significantly in our school.

Personally, I learned a lot from the training, which has helped create a positive and supportive environment at our school. The changes I've seen in our students are truly remarkable. They are more confident, informed, and proactive about their health and well-being.





Anchal Thapa, BNMT Nepal health economist, presenting findings of her Drone economics study

Generating evidence to inform policy

BNMT works to ensure that the learning from its projects is available to practitioners and policy makers in Nepal and beyond.

Drone economics

In remote regions of Nepal, the mountainous terrain and lack of roads make it difficult to provide healthcare services. In 2018 BNMT Nepal set up a drone transport service in Pyuthan district to enable female community health volunteers to rapidly send sputum samples to hub laboratories for TB diagnosis.

The service was hugely popular with both healthcare workers and the local community. Drones are ideal for zipping across the high hills and deep valleys of Nepal in minutes and can operate throughout the year. There is huge scope for using them to deliver life-saving treatments, collect laboratory samples, and transport vaccines and essential medicines.

The Ministry of Health and Population of Nepal is now exploring the potential of drones for health service delivery and one crucial question is the cost.

BNMT health economist Anchal Thapa analysed the cost-effectiveness of BNMT's drone transport system. Healthcare workers said that transporting sputum samples via drones was highly efficient, saving their time and leading to faster diagnosis, so that treatment could start earlier. The cost of establishing a drone transport system is relatively high (equipment purchase and adaptation, development of a simple user interface for drone control, route mapping, training and community orientation). But a larger transport network would benefit from economies of scale and costs will fall further as the technology develops to improve payload, battery range and user interfaces.

The results of the study were shared publicly at a meeting in April 2024 and are being prepared for publication in an academic journal.

Living with epilepsy

Epilepsy is a common and usually treatable neurological disorder caused by sudden electrical activity in the brain, leading to loss of consciousness and vigorous shaking or seizures. In Nepal as in many other places, it is associated with myths and stigma, so the visible symptoms of seizures are only part of its impact on daily life.

Fifty million people around the world are affected by epilepsy, 80 per cent of them living in low and middle income countries. There is very little research into the lived experience of epilepsy in these countries, and for people in remote areas treatment is often inaccessible.

BNMT researcher Swastika Shrestha investigated the quality of life of people living with epilepsy and how gender influenced their experiences.

The study found that the stigma associated with epilepsy pervades many aspects of life, from employment, education and social interactions, to activities

Empowering early career researchers

Anchal Thapa and Bola Rai received early career research grants from the Royal Society of Tropical Medicine and Hygiene (RSTMH), UK, for their studies of drone economic and TB-related stigma. Swastika Shrestha received an early career grant from the RSTMH and the National Institute for Health and Care Research for her research on epilepsy.

BNMT organised a three-day training on qualitative data management and analysis for 10 of our early career researchers and field staff in December 2023. The training energised the team with skills to develop their own research agendas and progress as independent research leaders.

Publications

2024 Kritika Dixit et al, *Stigma, depression, and quality of life among people with pulmonary tuberculosis diagnosed through active and passive case finding in Nepal: a prospective cohort study*, BMC Global and Public Health.

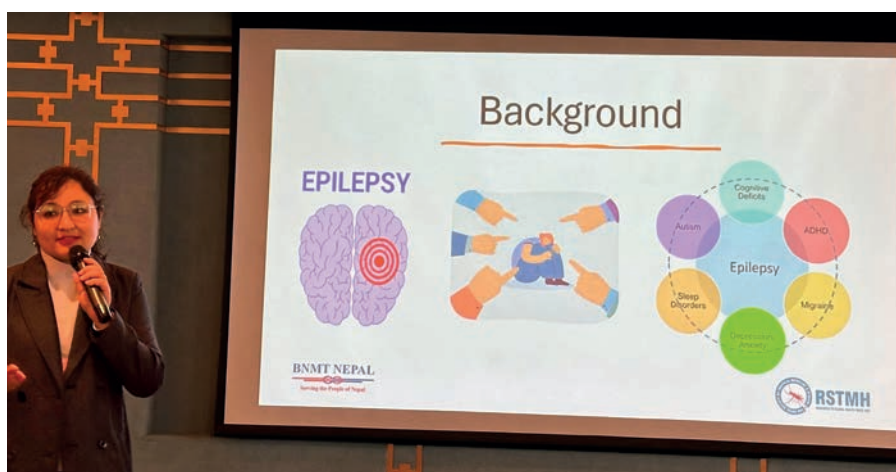
2023 Daisy Bengey et al, *Comparing cross-sectional and longitudinal approaches to tuberculosis patient cost surveys using Nepalese data*, Oxford University Press in association with The London School of Hygiene and Tropical Medicine.

such as driving, travelling, or swimming. The psychosocial impacts were complex and often severe, with noticeable gender differences.

The study recommended:

- efforts to combat epilepsy-related stigma;
- more treatment centres and affordable medication, especially outside the Kathmandu Valley; and
- counselling for epilepsy patients and their families.

This research will help to improve community understanding of epilepsy, reduce stigma and design better approaches to care.



Researcher Swastika Shrestha presents the findings of her study at a workshop in Kathmandu

Tackling stigma around TB

BNMT researcher Bhola Rai took a systematic approach to improving an educational video made by BNMT Nepal for use in communities. Bhola asked 60 people with lived experience of TB to watch the video. He then asked them whether the video accurately reflected the lived experience of TB-related stigma in different communities, and whether the language and messages used in the video were appropriate for the audience. They also gave him suggestions on how to improve the relevance and impact of the video.

The answers were discussed further in group discussions with key stakeholders, including health workers, community leaders, TB survivors and patients, and community health volunteers. The refined video will be used in communities to address TB-related stigma and empower people affected by TB.



Gathering feedback on BNMT's educational video



In April the Chair of BNMT visited the team in Kathmandu and attended the BNMT Nepal all-staff meeting after the final dissemination meeting which shared the impact evaluation of BNMT's major projects.

New trustees

Three new members have joined the Board of BNMT UK.



Professor Andrew Ramsay is a freelance public health consultant and an academic in Infection and Global Health at St

Andrews University School of Medicine, Scotland. He has more than 30 years of international experience in infectious disease control, clinical microbiology and antimicrobial resistance. Over the past five years he has worked closely with BNMT to strengthen health laboratory capacity in Nepal.



Dr Bob Fryatt MD, MPH, MRCP, FFPH, a former field doctor and patron of BNMT, leads the International Health Team at Mott MacDonald.

He was previously Director of the USAID flagship health systems strengthening programme, Local Health System Sustainability. He has over 30 years of experience working in diverse settings, from the World Bank and World Health Organisation to the UK NHS and the Ministry of Health in South Africa.



Ms Sarah Barton, based in Ho Chi Minh city, Vietnam, is Director of Operations of the Oxford University Clinical Research Unit (OUCRU). She has responsibility

for OUCRU operations in Vietnam, Nepal and Indonesia. Sarah has 25 years of multi-cultural, international experience as a senior leader of programmes and operations in the not-for-profit sector.

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 2023 have been submitted to the Registrar of Companies and the Charity Commissioners.

Thank you again to Anne and Chris Walters for their continued support from the sale of their garden produce at Bell Bank.

A copy of the Reports and Financial Statements may be obtained from the Trust's office c/o Foot Davson Ltd, Lonsdale Gate, Lonsdale Gardens, Tunbridge Wells, TN1 1NU.

BRITAIN-NEPAL MEDICAL TRUST

BALANCE SHEET

AS AT 31 DECEMBER 2023

	Notes	2023 £	£	2022 £	£
Fixed assets					
Tangible assets	11		1		299
Current assets					
Debtors	13	6,657		8,259	
Investments		101,807		100,359	
Cash at bank and in hand		190,450		80,724	
		298,914		189,342	
Creditors: amounts falling due within one year	14	(4,874)		(8,046)	
Net current assets		294,040		181,296	
Total assets less current liabilities		294,041		181,595	
Income funds					
Restricted funds	16	3,925		2,310	
Unrestricted funds		290,116		179,285	
		294,041		181,595	

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 2023.

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 27/06/2024

Dr G M C Holdsworth

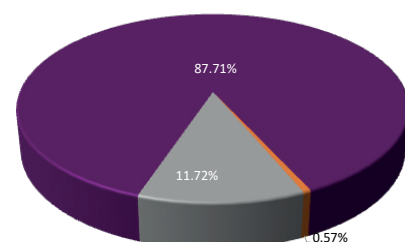
Dr G M C Holdsworth
Trustee

Dr J M V Payne
Trustee

Company registration number 921566

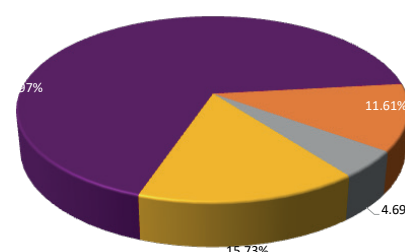


Total Income: £208,531

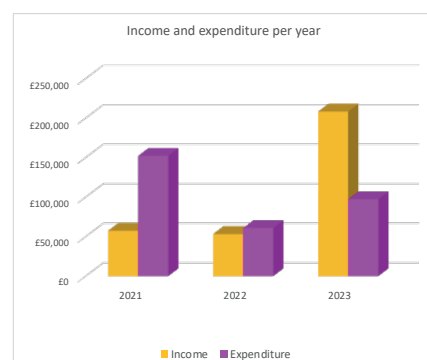


1. Donations & Legacies £182,752
2. Investment £1,183
3. Other income £24,416

Total Expenditure: £97,353



1. Programme costs £66,171
2. Costs of raising funds £11,303
3. Support costs £4,570
4. Governance costs £15,309



How your donation/s can help us ...

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

£25	provides warm blankets for 10 TB patients with drug resistant TB staying in hostels for treatment
£50	provides a month's nutritional support to a family affected by TB
£100	provides a course of treatment for one person identified with latent TB
£250	can buy a set of life saving base equipment for a health post in a remote village
£1,000	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 £

More ways to give

Committed giving: You can imagine how a regular monthly amount between £10 and £15 would make a great impact on the lives of people in Nepal. You can arrange this by completing and returning the form below.

Donating online: 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 <https://cafdonate.cafonline.org/723#!/DonationDetails>

Leave a gift in your will: Gifts in wills can help our fight against TB in Nepal. Leave a gift in your will to BNMT and we'll make a promise to you, to ensure your kindness and care continue way into the future.

To the ManagerBank)

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: 07375 747038

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

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Web: www.britainnepalmedicaltrust.org.uk