

# One Year On



The Britain-Nepal Medical Trust  
*Annual Report 2015/16*



Gillian Holdsworth



Prof. S. Subedi

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Cover photo:

Earthquake survivors at a BNMT health camp

## Chairs' Foreword

Last year we reported on the devastating effects of the April 2015 earthquake, the multiple aftershocks and BNMT's relief efforts coordinated with other agencies through the Ministry of Health and Population. Our relief work was made possible by the very generous donations of our supporters – totalling £196,000 – for which we owe you all a big thank you.

Politically, the picture remains fragile. The Constituent Assembly of Nepal adopted a new Constitution last year and it was hoped that this would pave the way for political stability in the country. However, most of the Madhesh- or Terai-based political parties and a number of Janjati (ethnic) parties did not accept the new Constitution and the subsequent political agitation resulted in a blockade of the border crossing points with India, causing shortages of fuel and other essential supplies. This affected the most vulnerable groups the most: people who were already struggling to cope with the tragedy brought about by the earthquake. A new government coalition of the Maoists and Nepali Congress Party has since emerged – but significant challenges remain to reaching a political consensus.

Nepal's Parliament endorsed the Reconstruction Authority Bill on 16 December 2015, establishing the National Reconstruction Authority (NRA), which is responsible for spending the US\$4.1 billion in donations pledged at a conference in June 2015. However, the NRA has been criticised for delays in disbursing aid and most people have yet to see the 200,000 Nepalese rupees promised for rebuilding each destroyed house.

This year the focus of BNMT's work has been on reconstruction: supporting the Ministry of Health and Population in rebuilding the health sector infrastructure in Makwanpur – one of the 14 districts most affected by last year's earthquake. We continue to work with communities and internally displaced people's camps, improving access to health care and helping to prevent ill-health. Our main focus is on water and sanitation, psychosocial support and access to health care. The reconstruction of homes and services will take years and many people are still living in temporary accommodation in desperate conditions without the resources to rebuild their homes.

Finally, we bid farewell and wish all the best to Shobhana Gurung Pradhan, our director for the last four years, who has moved on to an exciting new role with BBC Media Action. We welcome Dr Kulesh Bahadur Thapa who has taken over the leadership of BNMT in the post-earthquake reconstruction phase.

We look forward to your continued support for the work of the Trust as it helps to build a future of health and prosperity in Nepal.

Gillian Holdsworth

Prof. S. Subedi

Co-chairs, Board of Trustees

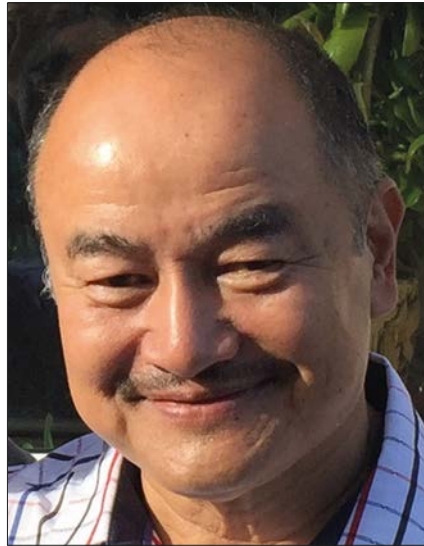


## Royal visit

Prince Harry's visit to Nepal in March 2016 shone a spotlight on the 'resolve and resilience of the Nepalese people' still recovering from the April 2015 earthquake. He met earthquake survivors and helped rebuild a school.



Gillian Holdsworth (Chair) and Wendy Darby (Trustee) attend Buckingham Palace Garden Party on 24 May 2016.



*Dr Kulesh Bahadur Thapa*

## A message from the Country Representative

I took over as head of BNMT's operations in Nepal in the aftermath of the two devastating earthquakes which left hundreds of thousands homeless. Today many of these people remain in camps for the displaced, without the means to rebuild their homes. Reconstruction of houses, and the health, education and transport services on which their communities depend, will take years.

The Ministry of Health and Population worked with international and local organisations to develop a plan for the reconstruction of the health sector. BNMT is helping to make this plan a reality, in collaboration with Americares. We are rebuilding the health sector in Makwanpur (one of the 14 districts worst affected by the earthquake) and overseeing the construction of seven new health posts there.

BNMT's work in a further five earthquake-affected districts of Nepal – Nuwakot, Sindhupalchowk, Makwanpur, Bhaktapur and Kathmandu – is supported by a generous grant from the Big Lottery Fund. This has enabled us to ensure ongoing support for affected communities with water sanitation and hygiene, mental health and psychosocial counselling and improved access to health care with a focus on prevention

As we work together to rebuild Nepal, we maintain our partnership with the National Tuberculosis Programme of the Ministry of Health, to prevent and control tuberculosis. We are extending our work with TB Reach to improve case finding, and we are about to embark on an exciting research collaboration with the Liverpool School of Tropical Medicine to evaluate the cost effectiveness and impact of different approaches to TB active casefinding across countries – incredibly important in a low income country like Nepal.

The resilience shown by the Nepalese people during this disaster has been remarkable. Lives are being rebuilt out of the dust and rubble. The country desperately needs a period of political stability to embed a culture of disaster-risk awareness, and 'build back better'.

***Dr Kulesh Bahadur Thapa***  
***Country Representative***



## Nepal – an overview

With an area of 147,181 km<sup>2</sup>, Nepal has a culturally diverse population of 27.7 million. The country has three distinct ecological zones: the high mountains, with 7 per cent of the population; the hills, with 43 per cent; and the *Terai*, or lowlands, where 50 per cent of the population lives.

Despite its ancient heritage, cultural riches and magnificent scenery, Nepal remains one of the world's poorest countries, ranked 145th in the Human Development Index. It is struggling to overcome a turbulent political and economic legacy and manage a peaceful transition to stability. A quarter of the population lives below the national poverty line.

Nevertheless, Nepal has made remarkable progress in health, with substantial achievements in health-related Millennium Development Goals. These are the result of the combined efforts of the Ministry of Health and Population and its development partners: multilateral and bilateral agencies and international and national nongovernmental organisations (NGOs).

The earthquake of April 2015 struck during a testing time for Nepal's people and their leaders. The worst hit districts included the capital, Kathmandu. Reconstructing homes, schools, transport networks, water supplies and health services has been the major challenge of the past year.

Sources for the table:

1 The Second Nepal Health Sector Programme

2 Nepal Multiple Indicators Cluster Survey (NMICS) 2014, Central Bureau of Statistics, Nepal

3 WHO Estimate 2014

4 Target for 2016, Comprehensive Multi Years Plan of Action (2011-2016)

5 HMIS 2013/14, Department of Health Services, Nepal

6 MDG Progress Report 2013, Nepal

HEALTH INDICATORS	2015 Target (NHSP-2) <sup>1</sup>	2014 Progress (NMICS 2014) <sup>2</sup>
<b>Mortality</b>		
Neonatal mortality rate (per 1,000 live births)	16	23
Infant mortality rate (per 1,000 live births)	32	33
Under-five mortality rate (per 1,000 live births)	38	38
Maternal mortality ratio (per 100,000 live births) <sup>3</sup>	134	190
<b>Nutritional status</b>		
Percentage of children under five years who are underweight	29	30.1
Percentage of children under five years who are stunted	28	37.4
Percentage of children under five years who are wasted	5	11.3
<b>Breastfeeding and infant feeding</b>		
Infants breastfed within one hour of birth (%)	60	48.7
Exclusive breastfeeding under 6 months (%)	60	56.9
Children ever breastfed (%)	100	97.3
<b>Low-birth weight</b>		
Low-birth weight infants (%) (weighing below 2,500 grams at birth)	12	24.2
<b>Vaccinations<sup>4</sup></b>		
Tuberculosis immunisation coverage (%)	90	95.7
Polio immunisation coverage (%)	90	91.8
Diphtheria, pertussis and tetanus (DPT) immunisation coverage (%)	90	88.3
Measles immunisation coverage (%)	90	92.6
Full immunisation coverage (%)	90	84.5
<b>Reproductive health</b>		
Total fertility rate (women aged 15-49 years)	2.5	2.3
Early childbearing (% of women age 20-24 years who had at least one live birth before age 18)	-	16
Contraceptive prevalence rate (% (modern methods))	67	47.1
<b>Maternal and newborn health</b>		
Antenatal care coverage (at least four times by any provider) (%)	80	59.5
Skilled attendant at delivery (%)	60	55.6
Institutional deliveries (%)	40	55.2
<b>Water and sanitation</b>		
Proportion of population using an improved drinking-water source (%) <sup>6</sup>	73	93.3
Proportion of population using an improved sanitation facility (%) <sup>6</sup>	80	60.1
Households with hand washing facilities with water and soap near the latrine (%)	85	72.5
<b>HIV/AIDS, tuberculosis and other infectious diseases</b>		
Percentage of population aged 15-24 years with knowledge of HIV/AIDS	40	36.4
Tuberculosis case detection rate (per 100,000 population) <sup>5</sup>	85	83
Tuberculosis treatment success rate among diagnosed (%) <sup>5</sup>	90	90
<b>Literacy and education<sup>6</sup></b>		
Net enrolment rate in primary education (%)	100	95.3
Proportion of pupils enrolled in grade one that reach grade five	100	98.3
Literacy rate (aged 15-24 years)	100	88.6

## Mental health and psychosocial support

**BNMT ensures the provision of mental and emotional support for earthquake survivors in the capital and surrounding areas.**



*Individual counselling in Allapot*

In the aftermath of the 2015 earthquake, many individuals and families faced the anguish of loved ones lost and homes turned to rubble. Post-traumatic stress disorder emerged as a major health concern in earthquake-affected areas. BNMT's mental health and psychosocial support programme was launched to respond to this.

The programme began in May 2015 after consultations with local government. It works in the districts of Kathmandu, Bhaktapur and Makwanpur.

In addition to individual and group counselling sessions and art therapy for vulnerable individuals and groups, the Trust provides psychosocial education and training to enable teachers, health workers and community volunteers to support the people they work with. It also helps local people to form psychosocial support groups that can reach the wider community.



*Individual counselling in Sankhu*

The counselling sessions are mainly geared towards children, women and elderly people, and the effects are reinforced by a minimum of four follow-up sessions. Psychosocial education is also provided for school students, using techniques such as art, meditation, relaxation and games. The topics addressed include assertiveness, good and bad friend circles, stress management, goal setting, healthy relationships, trauma, communication, and suicide prevention.

### As a result of BNMT's mental health and psychosocial support programme:

- ▶ 1781 individuals were provided with counselling, therapy, education or training

Of which:

- ▶ 431 school students
- ▶ 372 women
- ▶ 50 elderly people
- ▶ 406 people received counselling and follow-up
- ▶ 56 people received training in psychosocial support



*Groups session in Paropakar*



The counselling sessions enabled traumatised people to resume everyday activities such as going to school or to work, and helped many earthquake survivors to become more relaxed and resilient. There was a notable increase in school attendance following the sessions with students. People also began to use the various techniques the programme had introduced – art, yoga, relaxation, meditation – to reduce stress in their daily lives.

The programme also helped female community health volunteers, health workers, teachers and others to offer psychosocial and emotional support to people who needed it.



*Art therapy for school students in Allapot*



*Group session in Sankhu*

## Sharing troubles

The BNMT Mental Health and Psychosocial team received a call for help from a teacher at the Jagat Sundara Bowne Kuti School in Chagal, Kathmandu. The teacher, who had been trained by the team, had realised that a 15-year-old student needed counselling, because of behavioural problems and absenteeism after the earthquake. The teacher had tried her best, but the boy would not talk to her. He was always very shy in class and never shared his feelings with others.

The BNMT team provided counselling and introduced him to new ways to relax and express his emotions. The team learned that he looked forward to the sessions, which he attended regularly. It took all of 14 sessions for him to open up and talk about problems at home, especially after the earthquake, which had destroyed his family home and exacerbated tensions between family members. After explaining the situation, he said he felt relieved that there was someone with whom he could share his troubles.

The family have started to talk with each other and share their problems. The boy now has a positive attitude towards his life. He has started attending school regularly, made friends with his classmates and talks with his teachers.

## Restoring health services in Makwanpur

BNMT is helping to re-establish health services and improve people's health in Makwanpur district by rebuilding health facilities, ensuring access to clean water and sanitation, and providing psychosocial support.



*Building under way in Makwanpur*

Makwanpur was one of the districts worst affected by the earthquake. Thirty-three residents lost their lives and 229 were injured and many health posts, clinics and hospitals – were damaged beyond use.

At the request of the District Public Health Office and Ministry of Health and Population, BNMT is constructing prefabricated health posts in seven villages in a project funded by Americares.

Four health posts were built between February and July 2016, in Tistung, Nibuwater, Phakhel and Makwanpurgadhi. BNMT has supplied them with all the medical equipment they need to restore the primary health care service. In the second phase of the project, additional health posts will be built, and equipment supplied, in Basamadi, Dhiyal and Khairang.

BNMT is also working with the residents and government line agencies to strengthen basic services and promote health in other ways. This part of the programme is based on consultations with local communities and in particular the most vulnerable groups among them: women, pregnant women, children, the elderly, ethnic minorities and the poorest of the poor. This method helps them identify urgent problems and devise ways to tackle them, thereby increasing community resilience.

Although the specific activities in each community differ, based on locally identified needs, they relate to three main areas: water, sanitation and hygiene (WASH); psychosocial support, and disaster risk reduction. The activities include construction



*Preparing the construction site*



of toilet blocks, to be managed by local committees; improving menstrual health management practices to encourage girls to attend school regularly; and training in mental health and psychosocial support for community volunteers and health workers.

The aim is for each health post to have a WASH committee, drawn from the local community, that takes responsibility for water supply, cleanliness and proper maintenance of community toilets. BNMT's role includes training community volunteers and wash committee members to enable them to do this.

In some communities BNMT is also working with schools to improve menstrual hygiene management. State schools in Nepal tend to ignore girls' needs, making no provision for them to wash and change in privacy. Moreover, many girls cannot afford to buy sanitary pads. One result of this is that girls stay away from school while they are menstruating. BNMT addresses this through health education and practical help. First, students – both girls and boys – and teachers are given basic education on menstruation. Second, girls are taught to make and use re-useable, environmentally friendly, 'Sajilo' (meaning 'easy' in Nepali) sanitary napkins that even those from poor communities can afford. Students are then encouraged to share their knowledge and skills with their peers, families and others in the community.

One aim of the project is to ensure that staff at the local health facilities can provide psychosocial counselling as part of routine primary health care services. BNMT will also continue to press for integration of mental health issues in the school curriculum.

The project also works to make local communities more resilient in case of further natural disasters. This includes raising awareness of risks through such methods as street dramas and using local media, as well as training and emergency drills. The Trust helps communities and health post staff to draw up their own disaster risk reduction plans, and ensures that they have the necessary equipment and know how to use it.

## The power of a positive vision

Laxmi (not her real name) lives in Thaha, Makwanpur, with her husband, her daughter and her mother-in-law. After the earthquake she was very anxious and could not sleep properly. The frequent aftershocks scared her and she was terrified that there would be another earthquake. She did not understand what was happening to her.

BNMT counselling sessions helped her to understand her state of mind and express her feelings. Gradually, she began to feel that she was not alone, that the same thing was happening to everyone and that she was safe.

She could sleep properly again and began to perform her daily activities. She said: 'I am very happy that I got a positive vision towards life and my future. Thank you BNMT, I will always be grateful to you and your team throughout my life.'



Four new health posts were completed in February-July 2016



*'I along with all my community members would like to thank the BNMT and the donor for constructing these toilets free of cost and saving us from a living hell'*

**Januka Dhital, 52, an earthquake survivor in Samundatar-1, Nuwakot. Construction of the toilet block was funded through a generous donation to BNMT in memory of Ms Felicity Claire Vigo. The local community provided the labour.**

## Water, hygiene and sanitation programme

**BNMT enables earthquake survivors to protect their health by helping to build and maintain community toilets for everyone.**

Adequate sanitation, good hygiene and safe water are fundamental to good health. With homes, water supplies and sanitation systems destroyed by the earthquake, survivors faced danger from the spread of communicable diseases. BNMT's water, hygiene and sanitation (WASH) programme helps communities reduce the risk.

We know from our previous work in Nepalese communities that there is a real need to address gender in toilet and sanitary provision. Ensuring security, privacy and dignity for women, girls and children became an even bigger challenge in the aftermath of the earthquake.



Residents outside the newly-built toilet block in Nuwakot

In 2015, BNMT worked with two communities in Bhaktapur, in the Kathmandu valley, to construct 'gender friendly' community toilets: toilet blocks with separate compartments for males and females and a reliable water supply. These are now managed by local WASH committees.

In 2016, in response to requests from residents, as well as from local government and health officials, the Trust extended this work to three more communities: Samundatar-1 in Nuwakot

district, Bungmati-12 in Lalitpur and Chokate-1 in Bhaktapur. The communities manage the land and provide some financial support, as well as labour. The toilets are now managed by local WASH committees, which include representatives of the users' group, youth and children's clubs, female community health volunteers, as well as a ward coordinator and a school health teacher.

In addition, BNMT distributed water purifier bags to displaced people living in camps in Jagdol, Kathmandu, Bungmati, Lalitpur and Mahesheri Khelmaidan, Bhaktapur.

### As a result of BNMT's water, sanitation and hygiene programme:

- ▶ 20 gender friendly community toilets were constructed
- ▶ 5 WASH committees were established and trained
- ▶ 436 families received water purifier bags



Inauguration of the community toilet block in Bungamati

## Health camps

**After the earthquake, BNMT took health services to people who would otherwise have no access to medical treatment or expertise.**

Some population groups in Nepal have particular difficulty in gaining access to health services, whether because of the country's mountainous terrain, a lack of education and awareness, or for lack of time or money. Such obstacles were exacerbated by the earthquake, so BNMT decided to bring health services to some of these hard-to-reach groups by conducting health camps. Rather than people having to seek out and travel to consult medical staff, the doctors and nurses would go to them. The priority targets were vulnerable groups: pregnant women and nursing mothers, children and elderly people.

The Trust conducted health camps in six earthquake-affected communities: an old people's home in Kathmandu, three wards of Bhaktapur municipality, and in the villages of Baranchi and Kunchowk in Sindhupalchowk. The purpose was to treat medical problems, including fractures, sprains, cuts and wounds sustained during the earthquake, and also to prevent disease and screen for other health problems.

BNMT brought along a team of doctors, not only general physicians but also specialists in orthopaedics, gynaecology, paediatrics and surgery. They provided free check-ups and treatment, and BNMT ensured regular follow-up. People in need of long-term attention were referred to the appropriate services.

## Essential medicines

**BNMT supplied \$500,000 worth of essential medicines to health facilities in earthquake-affected areas.**

The earthquake disrupted delivery of medicines, while increasing the need for them. BNMT supported governmental and non-governmental health facilities by providing them with essential medicines. At the request of the Ministry of Health, the trust also supplied medicines to the ministry's Logistic Management Division for distribution to some of the most remote districts affected – including Dolakha and Ramechhap.



*A patient receives medicine at the health camp in Sinupalchowk*



*Earthquake survivors arrive for treatment at a BNMT health camp*

### As a result of BNMT's free health camps:

- ▶ 1,611 earthquake survivors had individual health consultations

Of these:

- ▶ 10% were children
- ▶ 32% were elderly people
- ▶ 59% were female

BNMT supplied essential medicines to:

- ▶ 5 hospitals
- ▶ 2 District Health Offices
- ▶ 1 non-governmental organisation
- ▶ The Logistic Management Division of the Ministry of Health



## Controlling tuberculosis

**BNMT helps Nepal's National Tuberculosis Programme (NTP) to control the spread of this deadly but curable disease.**



*Nepal's Health Secretary, Mr Santa Bahadur Shrestha, visits the BNMT stall on World Tuberculosis Day*

Over the past 50 years, BNMT has made a significant contribution to TB control in Nepal by establishing treatment centres, pioneering new case notification methods and ensuring high quality microscopy. In eastern Nepal the Trust manages the regional Quality Control Centre, which ensures high quality TB diagnosis by checking microscopy results of laboratories across the region. It provides refresher training and additional supervision of laboratory staff where necessary.

In 2015/16 this work continued, but in addition the Trust worked with the NTP to draw up post-disaster needs assessment guidelines for earthquake-affected districts. BNMT staff took care to raise awareness about TB symptoms and the availability of treatment in all its programmes of work with earthquake survivors. The Trust also conducted a TB screening camp in the earthquake-affected slum areas near Manohara, Kathmandu. Counselling and psychosocial support was provided immediately to people found to have TB.

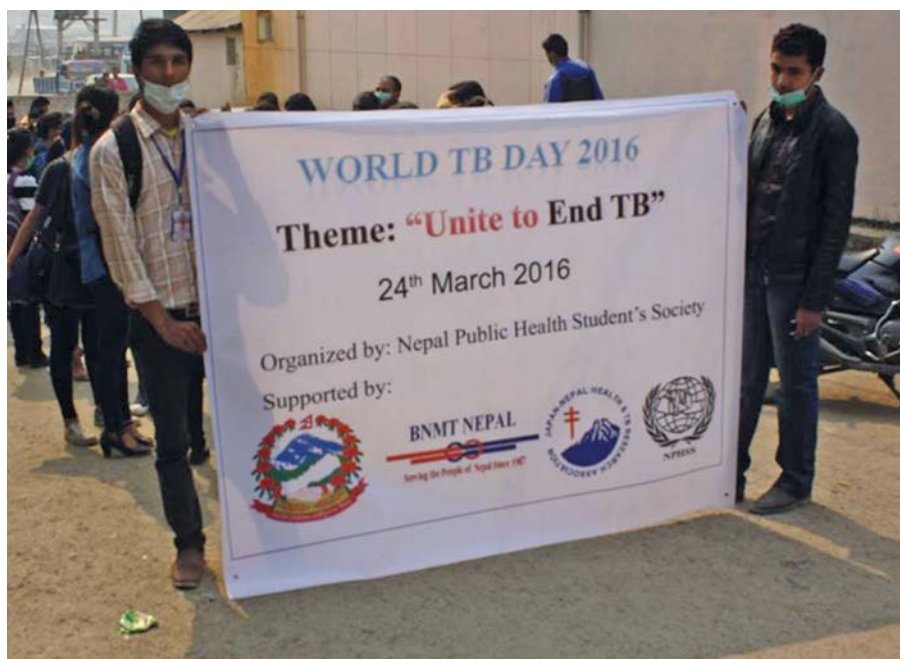
In May 2016 BNMT's country representative Dr Kulesh Thapa shared the Trust's ground-breaking community-based TB case-finding methods at an international conference in Kathmandu attended by representatives of seven Asian nations. The methods have been adopted by the NTP as a key component of its strategy for early diagnosis and case detection.

### As a result of BNMT's screening camp in slum districts:

- ▶ 144 suspected TB cases were screened

As a result of BNMT's microscopy quality assurance programme:

- ▶ 5,109 slides from 221 laboratories were examined and the results checked
- ▶ 16 laboratories were found to be performing poorly
- ▶ 25 staff from the poorly performing laboratories received refresher training and continuing supervision



*Participation in World Tuberculosis Day helps to raise awareness of the symptoms of the disease and the availability of treatment*

# 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, 2015 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 2015 is not qualified in any way. A copy of the Reports and Financial Statements may be obtained from the Trust's office at Export House, 130 Vale Road, Tonbridge, Kent TN9 1SP.

## Balance Sheet as at 31 December 2015

	2015		2014	
	£	£	£	£
<b>Fixed assets</b>				
Tangible assets		1,460		1,460
<b>Current assets</b>				
Debtors	8,636		15,946	
Investments	113,100		130,058	
Cash at bank	<u>225,366</u>		<u>214,877</u>	
	347,102		360,881	
<b>Creditors:</b>				
Amounts falling due within one year	(26,813)		(39,988)	
<b>Net current assets</b>		<u>320,289</u>		<u>320,893</u>
<b>Total assets less current liabilities</b>		<u>321,458</u>		<u>322,353</u>
<b>Income funds</b>				
Restricted funds	158,051		49,073	
Unrestricted funds	<u>163,407</u>		<u>273,280</u>	
	<u>321,458</u>		<u>322,353</u>	

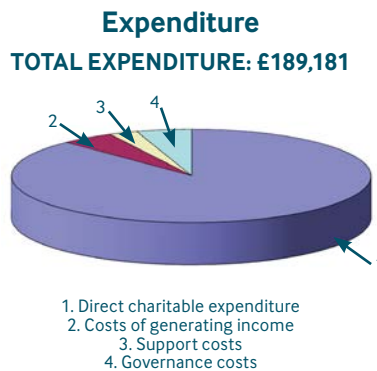
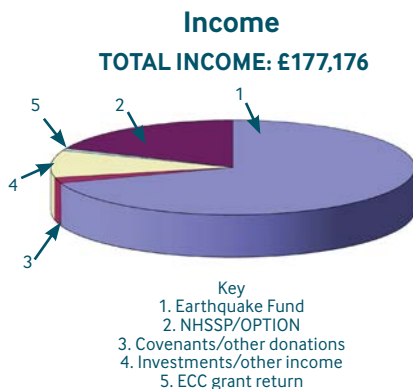
The financial statements were approved by the board of directors and authorised for issue on 17 September 2016

*Dr. G M C Holdsworth*

Dr. G M C Holdsworth (Co.Chair)

*Dr. J.M.V. Payne*

Dr. J.M.V. Payne (Trustee)



The Britain-Nepal Medical Trust is a company limited by guarantee and registered in England under number 921566  
Charity Registration No. 255249





## Fundraising

Over the years so many organisations and generous private donors have supported and still support the Trust. Without their generosity much of our work would not have been possible.

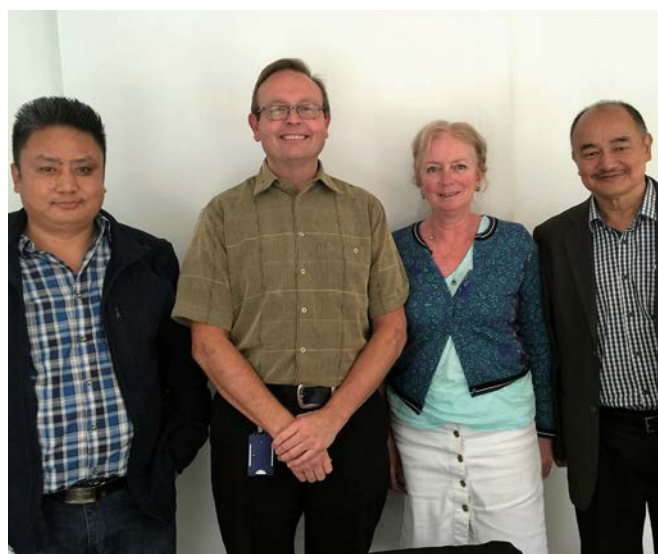
### The Trust would like to thank the following for their support in 2015/16:

- ▶ Ann Walters and her fruit and flower stall
- ▶ Brockley Church concert in the presence of HRH Prince Michael
- ▶ Brockley W.I.
- ▶ C.G. Murray Charitable Trust
- ▶ Chadwell Seeds
- ▶ D & H.E.W. Gaunt Charitable Settlement
- ▶ Kenilworth Methodist Church
- ▶ Nepal Relief
- ▶ The Barry High Trust.
- ▶ The Big Lottery Fund
- ▶ The Blunt Trust
- ▶ The Britain Nepal Society
- ▶ The Gaunt Trust
- ▶ The Louis Steward Foundation
- ▶ The Murray Trust
- ▶ K. Fenning (deceased)

The Trust would also like to thank all individual supporters, too numerous to name, many of whom donate every month.



The Trio Aria with Prince Michael of Kent and the Brockley Blokes Choir leader Martin Dear, at a concert given by the Trio and Choir in Brockley Church, in the presence Prince Michael of Kent, patron of the Trio. Proceeds from the after-concert refreshments and any donations were given to the Trust.



Dr Kulesh Thapa, Mr Suman Gurung and BNMT co-Chair Dr Gillian Holdsworth with Mr Phil Mole of the Big Lottery Fund, which is supporting our work to rebuild communities after the earthquake.

# 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 organising a health camp for 300 earthquake affected communities and other displaced people
- £3,000 can, for one year, educate and mobilise 30 young people to prevent the spread of HIV/AIDS
- £3,500 builds a community toilet to serve an earthquake affected community

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](http://www.britainnepalmedicaltrust.org.uk) or [www.givenow.org](http://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



Export House, 130 Vale Road, Tonbridge, Kent TN9 1SP

Tel: 01732 360284

Email: [info@britainnepalmedicaltrust.org.uk](mailto:info@britainnepalmedicaltrust.org.uk)

[www.britainnepalmedicaltrust.org.uk](http://www.britainnepalmedicaltrust.org.uk)

Charity Registration No 255249



# The Britain-Nepal Medical Trust

## Vision

Improved health and wellbeing of the Nepalese people.

## Mission

To ensure equitable access to quality health care and an enabling environment for socially and economically disadvantaged people.

## Programme focus

Health, climate change and environment – contributing to improved health, livelihood and social harmony.

## Working principles

Adhere to and appreciate partnership at all levels

Ensure sustainable development

Respect for equity and diversity

Inclusion

Promote transparency and accountability

## Working approaches

Human rights based

Partnerships and alliances

Participatory, gender and social inclusion



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