

New weapons in the fight against TB



**The
Britain-Nepal**

medical trust

Annual Report 2018/19



Gillian Holdsworth

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Chair's Foreword

The Global END TB strategy has set ambitious targets for TB elimination by 2035, but these targets will be unachievable without significant advances in the weapons to fight tuberculosis.

This year has seen a strong focus on TB control in Nepal, piloting a range of case-finding approaches and new technologies in diagnosis, including the use of drones to improve access to care and treatment in more remote districts.

The relationship between our implementing partner, BNMT Nepal, and leading global research and policy institutions has strengthened the research capacity in Nepal with three staff currently undertaking their PhDs as part of the programme. This research has highlighted the benefits of modern diagnostic techniques over standard microscopy. Importantly, it has also shown how active case-finding significantly reduces the catastrophic costs for households affected by TB, making a strong case for the introduction of routine active case-finding in the Nepal TB control programme.

Our partnership with the Royal Marsden NHS Foundation Trust, Institute of Cancer Research, Bhaktapur Cancer Hospital and Bir Hospital Department of Oncology seeks to strengthen cancer care in Nepal and to support the development of palliative care services, which are currently in their infancy.

None of this would have been possible without your support. Our heartfelt thanks to everyone who has contributed to our work over the past 50 years.

Finally, BNMT would like to thank Professor Surya Subedi, who resigned as co-Chair and trustee in January this year, for his contribution to debate and support for the Trust over the last ten years. Fortunately he has agreed to become a patron.

Gillian Holdsworth
Chair of BNMT UK

Cover photo:

The BNMT team highlight the need to end TB at the Holi festival in Hetauda.



Suman Chandra Gurung

Achievements of BNMT Nepal in 2018/19

- 1,133 cases of TB detected by the Impact TB project; where GeneXpert machines were used, the number of cases detected was 13 per cent higher than expected
- 1,092 cases of TB detected by the TB Reach project, 12 per cent more than expected for the project area
- 792 TB cases diagnosed in eastern Nepal, through a project in partnership with the National Tuberculosis Programme
- 48 laboratories strengthened for quality TB microscopy
- 135 health workers trained in GeneXpert diagnosis and TB microscopy
- 360 Female Community Health Volunteers and BNMT volunteers received introductory training
- 11 GeneXpert machines provided to government health service
- 14 Olympus microscopes provided to government health service

A message from the Executive Director of BNMT Nepal

This has been an exciting and innovative year for BNMT, with significant achievements in our work to improve the accessibility and quality of health care for all Nepalese people. Working in partnership with the National TB Programme, our Impact TB and TB Reach projects have identified thousands of TB cases in the community and helped the people affected to obtain and complete treatment. These successes also have a wider impact. Our work with government, affected communities, health workers, partner organisations and international researchers is building the capacity of Nepal to address the TB epidemic with evidence-based policies and strategic, locally relevant innovations.

These innovations include technological approaches. Our Drone Optimised Therapy System (DrOTS) project uses drones and electronic monitoring devices to transport sputum samples for TB testing and to enable patients to complete TB treatment at lower cost to themselves.

The Impact TB project has shown that GeneXpert machines – which BNMT supplied to the project districts – are more effective than smear microscopy in diagnosing TB. This implies that Nepal needs to scale up use of GeneXpert if it is to eliminate the disease. The machines are expensive to acquire and maintain, but our health systems data shows that the cost could be substantially reduced if the government were to provide tax relief on the import of GeneXpert machines and cartridges.

Our research has demonstrated the severe economic impact of TB on affected households, providing strong evidence of the need to prioritise increased socio-economic support.

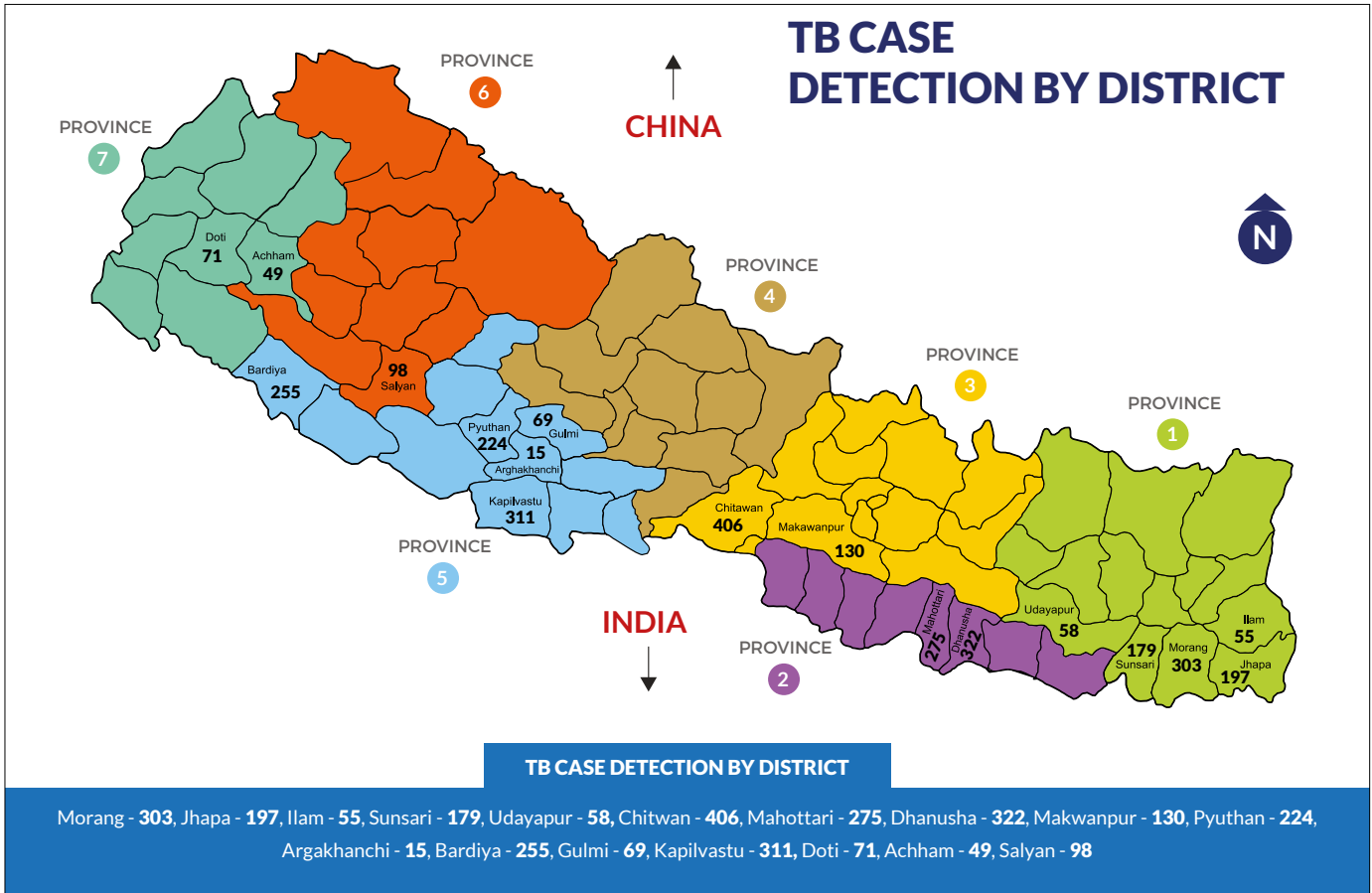
On a smaller scale, our Sexual and Reproductive Health and Rights (SRHR) project aims to improve the sexual health of young people by improving their knowledge of SRHR and advocating for their rights. The project has begun to build a stronger, more inclusive movement for SRHR through advocacy and awareness-raising in communities.

My sincere thanks to all our donors: your gifts, large and small, have combined with the hard work and dedication of BNMT staff to accomplish so much this year. I am also grateful to many government institutions at national, provincial and local level, and to external development partners for their enormous support in our efforts to strengthen health services in Nepal.

We all look forward to another exciting year of progress ahead.

Suman Chandra Gurung
Executive Director

BNMT project districts



This map shows TB cases detected by BNMT

Impact TB

- Chitwan*
- Dhanusha
- Mahottari
- Makwanpur

TB Reach

- Achham
- Argakhanchi
- Bardiya
- Doti
- Gulmi
- Kapilvastu
- Pyuthan*
- Salyan

Partnership with National Tuberculosis Programme

- Ilam
- Jhapa
- Morang
- Sunsari
- Udayapur

*districts testing the Drone Optimised Therapy System



Training in research methods for BNMT staff

Research and innovation

Tuberculosis (TB) is the largest cause of deaths globally from an infectious source, more than HIV or malaria. Most of those it affects are poor, and it makes poor people poorer. BNMT’s research on the best ways to tackle TB and its socio-economic impacts is making a major contribution to efforts to eliminate the disease in Nepal and beyond.

A national survey recently found that the burden of TB in Nepal was two-thirds higher than previously thought: more people are infected, and more of them are dying. This underlines two things: the need to intensify efforts to eradicate the disease; and the importance of sound evidence for understanding the scale and nature of the challenge. In 2018/19 much of BNMT’s work has focused on applying innovative approaches to TB and providing an evidence base for policy and action

Innovate to accelerate – Dr Maxine Caws

This year BNMT has been strengthening and expanding our academic research on tuberculosis in partnership with leading global institutions. We aim to inform global policy on tuberculosis by innovating to address local challenges. Sadly, tuberculosis research globally remains chronically underfunded with current funding around one-third of the estimated need.

TB elimination is an economic imperative as well as a moral one: globally 33 million people died of TB between 2000 and 2015, at a global economic cost of US\$617 billion. If we do not change our approach, between 2015 and 2030 another 28 million people will die unnecessarily at a global cost of US\$983 billion. The complacency around TB must end.

Accelerated progress will require research across the full spectrum. New drugs, diagnostics and vaccines are urgently required, but must also be deployed effectively in the field.

BNMT, in continuation of the organisational tradition, has focused on field evaluation of new methodologies to help Nepalese TB patients. The Trust is also working to develop Nepalese research capacity through the next generation of young researchers, with three PhD students undertaking research at BNMT this year.

Importantly, our health economics research has shown that TB patients in Nepal incur substantial and often devastating costs despite the provision of free TB diagnosis and treatment by the government. Active casefinding is an important strategy to reduce these costs and mitigate the devastating impact of TB on families. BNMT is now consulting with communities and partner organisations to develop locally relevant socioeconomic support strategies for trial in Nepal.

TB is a complex problem with many drivers and impacts, and the solutions are not simple. To make progress, we must address multiple facets of the problem and understand the challenges in context. Therefore we have assembled an interdisciplinary team of collaborators ranging from mathematical modellers, health economists, clinical microbiologists and engineers to artists and activists. We will only defeat TB by working together.

Dr Maxine Caws is the Principal Investigator of IMPACT TB and a senior TB researcher at the Liverpool School of Tropical Medicine.

Research focus

BNMT’s research is focused around four core themes:

- Finding and treating every case of TB
- Supporting patients and their families
- Preventing TB transmission
- Developing a strong, effective patient-centric health care system accessible to all Nepalese

Linking communities to health services

BNMT is piloting the use of drones to deliver TB services, linking isolated communities with health posts and testing centres.

In rural Nepal the biggest challenge for health care delivery is the lack of transport infrastructure. Health workers and patients often walk for hours to reach services, and essential supplies are often out of stock. But a drone can zip across a valley in the hills and deliver a sample or a medicine in minutes.

BNMT is working with the National TB Centre and drone experts at Nepal Flying Labs, WeRobotics in Switzerland, the Liverpool School of Tropical Medicine and Stony Brook University in the USA to develop a drone network in Pyuthan district. The Drone Optimised Therapy System (DrOTS) project aims to establish a scheme that can be scaled up to other districts of Nepal.

The drones are used to transport sputum samples collected from people with TB symptoms to the laboratory of the district hospital in Bhingri for GeneXpert testing. When a sample is positive, the project uses smart pill boxes to make the six months of TB treatment easier for the patient. The smart pill box reminds the patient to take the drugs every day, and keeps 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.

If this project succeeds, there are many more potential applications, such as delivering drugs and other medical supplies in emergency cases.



Using drones to transport sputum samples for testing



Running a cartridge scan before a GeneXpert test

Finding the cases: Impact TB

Over the years, BNMT has pioneered new methods for finding TB cases and encouraging people infected with the disease to go for diagnosis and treatment. Today, the Impact TB project aims to improve on these methods in order to boost the global effort to end TB.



A patient receives counselling in Dhanusha

The traditional approach to TB relies on patients going to seek help when they feel sufficiently unwell. But this often means that people delay seeking treatment until they are seriously ill or until they can spare the time and money to go to a health centre; some people may not know that treatment is available.

In Nepal, BNMT pioneered active case-finding by training female community health volunteers (FCHVs) to trace the contacts of TB patients and encourage them to go for testing and treatment. Early diagnosis and treatment means patients recover more quickly, and also reduces the spread of the disease.

The purpose of Impact TB is to find and treat cases of TB in communities in Vietnam as well as in Nepal, where BNMT is the main implementing partner. The project is evaluating many aspects of active case-finding, including staffing models, diagnostic approaches, and the economic costs of TB to both patients and the health system. The project operates in four terai (lowland) districts of Nepal: Chitwan, Makwanpur, Mahottari and Dhanusha.

Our patient cost surveys (see opposite) have shown that active case-finding can significantly reduce the economic burden on TB patients and their families, and reduce the number of families experiencing catastrophic costs (defined as 20 per cent or more of annual income).

One part of the project compared the cost to the health system of using microscopy for diagnosis with the cost of using GeneXpert machines. The GeneXpert machine looks for evidence of tubercle bacteria DNA, and is a more sensitive diagnostic test for TB than sputum microscopy, which relies on the human eye. So the machines can detect more cases at an earlier stage. Smear microscopy is cheaper and so more affordable to low income countries such as Nepal, but GeneXpert can find more cases – so it may be more effective in the long term, especially if the costs can be reduced.

BNMT's partners in the project include the Liverpool School of Tropical Medicine, the Karolinska Institutet (Sweden), KNCV (Netherlands) and Friends for International TB Relief (Vietnam).

Impact TB 2018/19

- 32,575 presumptive contacts screened
- 28,358 sputum samples of presumptive contacts collected and tested
- 1,133 positive cases identified
- 1,093 identified cases enrolled for treatment

Counting the cost of TB

Although TB testing and treatment are free of charge in Nepal, patients and their families incur costs when they use TB services.



Analysing survey results

In a rural family, when one of the members is infected with TB they will have to pay for such things as nutritional supplements and transport to health centres. There are also indirect costs: time away from income earning activities, education or other family responsibilities. The challenge increases if the family's main income earner is the one infected.

When the financial burden exceeds 20 per cent of annual household income, it is considered catastrophic and the family will feel the consequences for a long time to come.

BNMT conducted economic surveys as part of both of its major TB projects, IMPACT TB and TB Reach. We wanted to know if active case-finding can help reduce patient costs, so we measured the medical, non-medical and indirect costs. We trained and supported community mobilisers to conduct the survey and obtain informed consent from the participants.

In the IMPACT TB project, the mobilisers interviewed 250 patients, some diagnosed by the active case-finding programme, and others diagnosed by the standard government programme, which relies on patients seeking treatment on their own initiative.

The survey results show that the financial burden of TB on families in Nepal is often very high relative to their annual income, and that active case-finding does help reduce this burden. Patients diagnosed through active case-finding incurred lower costs before treatment and during the intensive treatment phase, and were also less likely to incur direct costs. This is because they were diagnosed earlier and referred for the right treatment straight away.

The survey helped us understand the causes and consequences of the economic costs that TB inflicts on people, and highlighted the urgent need for better socio-economic support for patients and their families in Nepal. This will help BNMT to design an effective support system and press for action from policy makers.

The results and analysis of the survey will be published at the end of 2019. You will be able to read it at <https://nepalntp.gov.np/>

Supporting TB patients: getting the right diagnosis



Lawang Dorje Theeng

Lawang Dorje Theeng, 65, lives in Raiguan, a small village six hours' ride away from Hetauda, Makwanpur. Chicken and buffalo herds are the main source of income for his family of seven people, including two grandchildren.

For more than a year, he had been coughing and had lost his appetite. He had visited several private health facilities and even a government hospital, and had spent 70,000 rupees (£480) on tests and treatment. But his illness went undiagnosed.

When BNMT's volunteer met him in December 2018, he was coughing day and night and unable to walk. Our volunteer collected sputum samples and found him to be TB positive. Now, after regular treatment, and the support and encouragement of community mobilisers, Lawang Dorje Theeng is cured.

The cost of TB

Medical costs before treatment and during intensive treatment

- For patients diagnosed through active case-finding: US\$15
- For self-referred patients: US\$34

Non-medical costs before treatment and during intensive treatment

- For patients diagnosed through active case-finding: US\$30
- For self-referred patients: US\$54



TB awareness through traditional art

To be effective, health messages must be eye-catching and engaging. TB Awareness materials in Nepal have not been updated for many years and are uniform throughout the country. To create interest and brighten up health centres, we tried using the unique local art form, Mithila, to create new TB awareness murals in Dhanusha and Mahottari districts.

At the BNMT district office in Hetauda, Dhanusha, the art project was initiated by interns Bikram Bucha and Surya Dhungel. Their objective was to increase knowledge about TB among out-patients and visitors coming to use health facilities. So as well as consulting the scientific literature, they interviewed key informants and held focus group discussions with TB patients and others in the community. Their efforts were very successful.

The two interns explained: 'We developed the education materials and conducted a pre- and post-test survey among patients and visitors to evaluate the effectiveness of the project. The government stakeholders were very happy... The



TB mural in Dhanusha

survey result was also impressive. The findings portrayed a 47 per cent increase in knowledge among respondents who had participated in both pre-test and post-test survey.'

For Mithila artist Bijay Dutta, it was the first time he had worked in the health sector. He said: 'Having this art included in any sector is indeed a proud moment for me. And the way its use is being expanded and deepened shows that Mithila art is here to grow and sustain.'

He believes it is a good format for health education. 'This is our local traditional art; it is used at every occasion, and in every home. Using traditional art style for imparting an important message to the local people in their own locality, in their own style, is indeed wonderful. I believe it will be very easy for the people here to understand and internalise the message. It has already generated a good amount of curiosity amongst the local people here. When I was painting, people would stop on their way and watch me, ask me "What are you doing?", and also give me suggestions on how certain portions should be crafted.'

Serving disadvantaged communities: TB Reach

In the TB Reach project, BNMT is making diagnosis and treatment more accessible in disadvantaged communities in Western Nepal.



TB screening at a microscopy camp in Kapilvastu

Some important recommendations for tackling TB in Nepal have emerged from the project:

- GeneXpert should be the primary diagnostic tool for early case detection;
- A social protection policy should be developed and applied in combination with active case-finding to mitigate the financial burden of TB on patients and their families;
- Equipment maintenance and staff training in microscopy laboratories should be strengthened to improve the quality of TB microscopy;
- Active case-finding projects should last longer, to build a TB-skilled workforce in hard-to-reach communities.

The TB Reach project aims to find and treat unreported cases of TB in eight districts: Achham, Arghakhachi, Bardiya, Doti, Gulmi, Kapilvastu, Pyuthan and Salyan. It recruits and trains female community health volunteers (FCHVs), who trace the contacts of people known to be infected with TB and encourage them to go for screening. One person with active untreated pulmonary TB is estimated to infect 10-15 new people annually, and almost all of those will be close contacts. So finding and treating cases is vital, not only for the patients themselves, but for their family, friends and colleagues.

Once a TB case has been diagnosed, the FCHVs provide counselling, care and support to ensure that the patient completes the treatment.

The project also takes screening services directly to isolated communities by organising microscopy camps. To improve diagnostic services, BNMT has installed GeneXpert machines in the district hospitals of Gulmi, Pyuthan, Kapilvastu and Badiya. The Trust is also strengthening microscopy laboratories in the project districts by helping to maintain the equipment.

In 2018/19, TB Reach identified 1,092 cases of TB that would otherwise have gone unreported. So far, 631 of the infected people have completed their treatment, and the rest are still being treated.

TB Reach reported similar results to the IMPACT TB project when comparing the performance of GeneXpert machines with microscopy: GeneXpert detects more cases, and can do so at an earlier stage of the disease. The yield rate – percentage of cases identified – was 13.2 per cent for GeneXpert, compared to just 1.4 per cent for microscopy.



Training session with female community health volunteers

Supporting TB patients: overcoming stigma

Ram (not his real name) used to work in Kathmandu. In 2016 he returned to his home village in Gulmi district to visit his family. He was coughing constantly, and after two weeks his mother took him to a health post, but they could not work out precisely what was wrong.

A BNMT volunteer, Gita Bhandari, happened to be at the health post at the time. Noticing how stressed Ram's mother was, she approached them and recommended testing for TB. The test was positive.

However, Ram, who was only 15, did not want people to know he had TB and threatened to kill himself if anyone found out. He actually attempted suicide, but his mother and Gita Bhandari saved him. He also refused to go to the health post to take medicine. So Gita promised to bring the medicine to his house every day without anyone seeing. She kept her promise by taking deserted pathways and roundabout routes.

In Ram's home, she would counsel him consistently and carefully, assuring him that he would be all right after the treatment. She did this for six months, until the treatment was completed and Ram was TB free.

Gita's constant support made Ram feel empowered and gave him the courage to talk about his condition. He began to help other people through their treatment and to teach people that TB can be cured with regular medication and a healthy diet.

TB Reach project results

- 1,092 TB cases identified
- 68 per cent of people found to have active TB were male and 32 per cent female
- 42 per cent of identified TB cases were among elderly people
- 61 per cent fewer households experienced catastrophic costs when TB was detected through active case-finding
- 28 presumptive cases need to be tested to diagnose one TB positive case



TB screening in Morang

A partnership for progress: working with the National TB Programme

Project results:

- 9,466 presumptive TB cases screened
- 516 cases of TB diagnosed
- 9,679 malnourished children screened
- 2,979 presumptive child TB cases referred for testing
- 110 child TB cases diagnosed
- 48 TB cases notified from private health institutions
- 382 children under preventive therapy

BNMT is working with Nepal's National Tuberculosis Programme (NTP) to tackle TB in rural areas of eastern Nepal.

The National Tuberculosis Programme aims to reduce TB incidence by 20 per cent and increase case notification by 20,000 by 2021. To help meet this goal, BNMT is working in partnership with the National Tuberculosis Centre and the government health system to deliver TB services in five districts: Morang, Jhapa, Ilam, Sunsari and Udayapur. The work is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

This project focuses on increasing case notification by tracing household contacts, screening malnourished children for TB and raising awareness in communities. It also works with private health providers, ensuring that they offer good care and notify TB cases. The project has established a reliable system for transporting sputum samples, a network of testing and treatment centres and strengthened the referral system between the HIV testing facility and treatment centres.

Sexual and reproductive health and rights

BNMT is working with people in earthquake-affected villages to improve young people's sexual health by increasing their knowledge and advocating for their rights.



Workshop with civil society organisations in Sindhupalchowk

BNMT's sexual and reproductive health and rights (SRHR) project began work in six wards of Indrawati municipality, Sindhupalchowk district, in March 2019. It aims not only to inform young people about sexual and reproductive health, but also to educate the wider community about sexual health and rights.

Comprehensive SRHR is an essential component of any health society. However, in many communities in Nepal, open discussion and access to information about sexual issues, particularly for young people, is restricted by conservative traditions and attitudes. To break taboos and change social norms, dialogue and advocacy across divides is essential.

In Sindhupalchowk, problems relating to sexual and reproductive health and rights include early marriage, and violence against women and girls. Health workers, teachers, local leaders and others in Indrawati report child marriages, teenage pregnancies, mental and psychosocial problems among schoolchildren, sexual abuse and violence as major challenges that need to be addressed.

In this project, BNMT is working to improve the knowledge and understanding of SRHR, and how it links to mental health, among teachers, students and parents in the municipality. We hope to encourage better communication about sexuality between parents and young people. We are also building the capacity of three local civil organisations to advocate for SRHR as a basic human right.



Staff training session on SHSR

Community views of the problem

'There is increasing trend of school dropout rate, child marriage and eloped marriage of schoolchildren, ... teenage pregnancy, early start of menstruation in girls and lack of menstrual hygiene management awareness in the communities.'

Mr Manshalai Tamang, Chair

'In Sindhupalchowk health services are not accessible due to difficult geographical terrain. People walk for hours to reach the nearest health facility. We can imagine what it takes for disadvantaged groups, especially women, to get health services. There are cases of uterine prolapse and many other reproductive health problems... Community awareness on SRHR is very crucial to seek the services provided by the government.'

**Dr Pomawati Thapa,
District Health Officer**

'Many cases of rape and sexual violence in Sindhupalchowk are not reported.'

Health workers, Nawalpur Hospital

'BNMT has already implemented psychosocial support programme in our school after the earthquake and we are highly indebted to them. We feel SRHR awareness is needed for our students and the communities.'

Madhav Sapkota, principal, Shree Rajeshwari Ma. Bi., Sipapokhare



Left to right: Dr N. K. Bajracharya (Bhaktapur Cancer Hospital); Professor Ros Eeles; Dr Bishal Paudel (Bir Hospital); Mr Andy Sparkes (former British Ambassador to Nepal) and Charmaine Griffiths, Chief Operating Officer at the Institute of Cancer Research

Sharing knowledge and building expertise

Strengthening oncology services in Nepal

BNMT has been collaborating with Professor Rosalind Eeles at the Royal Marsden Hospital NHS Foundation Trust and the Institute of Cancer Research to strengthen the provision of oncology services in Nepal. When Professor Eeles visited Nepal in 2014, BNMT facilitated her visits to some of the main cancer hospitals in the Kathmandu valley. In 2017, having secured funding from the Global Challenges Research Fund, Professor Eeles was able to offer four Nepalese oncology fellowships at the Royal Marsden Hospital and the Institute of Cancer Research. As well as enabling Nepalese and British doctors to exchange expertise in the care and treatment of cancer, for the Nepali participants the programme builds knowledge in cancer genetics and experience in research methodology.

Drs Ujjawal Chalise and N. K. Bajracharya from Bhaktapur Cancer Hospital and Drs S. K. Thakur and Bishal Paudel from Bir Hospital each spent three months at the Royal Marden NHS Foundation Trust and Institute of Cancer Research in the autumn of 2018. Professors Bishnudutta Paudel and Prathiba Bista Roka visited in May 2019.

Dr Thakur said 'I was very impressed with the data management system, multi-disciplinary teams and communication skills at the RMH/ICR, which were something to replicate in my institute in Nepal.'



BNMT staff at the National Summit of Health and Population Scientists in Nepal

Klaus Jochem

It is with great sadness that BNMT reports the passing of Dr Klaus Jochem. Klaus studied medicine at McGill University, Montreal in 1980-85, before joining BNMT in 1989. He worked as a field doctor in Ilam and Phidim until 1992. Latterly he worked as a public health consultant in the Montreal Public Health Department.

A memorial service was held for him in Montreal in May 2018.

Communicating research results

BNMT Nepal shared the knowledge gained from its TB projects at the National Summit of Health and Population Scientists in Nepal on 10-12 April 2019. The summit was organised by the Nepal Health Research Council. Ms Kritika Dixit gave a presentation on the role of active case-finding in reducing catastrophic costs for TB 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, 2018 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 2018 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.

Balance Sheet

	Notes	2018		2017	
		£	£	£	£
Fixed assets					
Tangible assets	11		675	-	-
			675	-	-
Current assets					
Debtors	13	217,743		84,430	
Investments		68,694		70,154	
Cash at bank and in hand		164,971		155,883	
		451,408		310,467	
Creditors: amounts falling due within one year					
	14	7,925		59,596	
Net current assets			443,483		250,871
Net assets			444,158		250,871
The funds of the charity:					
Restricted income funds	14		12,173		39,463
Unrestricted income funds			431,985		211,408
			444,158		250,871



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 2018.

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.

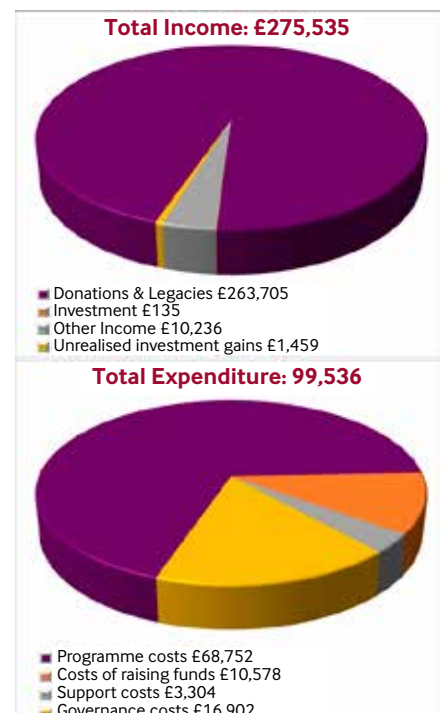
These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the board of directors and authorised for issue on 19 August 2019 and are signed on its behalf by:

Dr G M C Holdsworth
Dr G M C Holdsworth
Trustee

Dr J M V Payne
Dr J M V Payne
Trustee

Company Registration No. 921566



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 the following for their support in 2018/19:

Organisations

Everest Marathon Fund
Big Lottery Fund

Individuals

Angela Steele – for palliative care
David Waterhouse

Legacies

Christopher John Russell

The family of Dr Francis and Mrs Margaret Walley. Dr Walley, a career Civil and Structural Engineer in government service had a keen interest in the building of the East West Highway and visited Nepal several times in the 1960s. They subsequently became lifelong supporters of BNMT.

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

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 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)

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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**

**The
Britain-Nepal
medical trust**

Registered Comp any Address

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