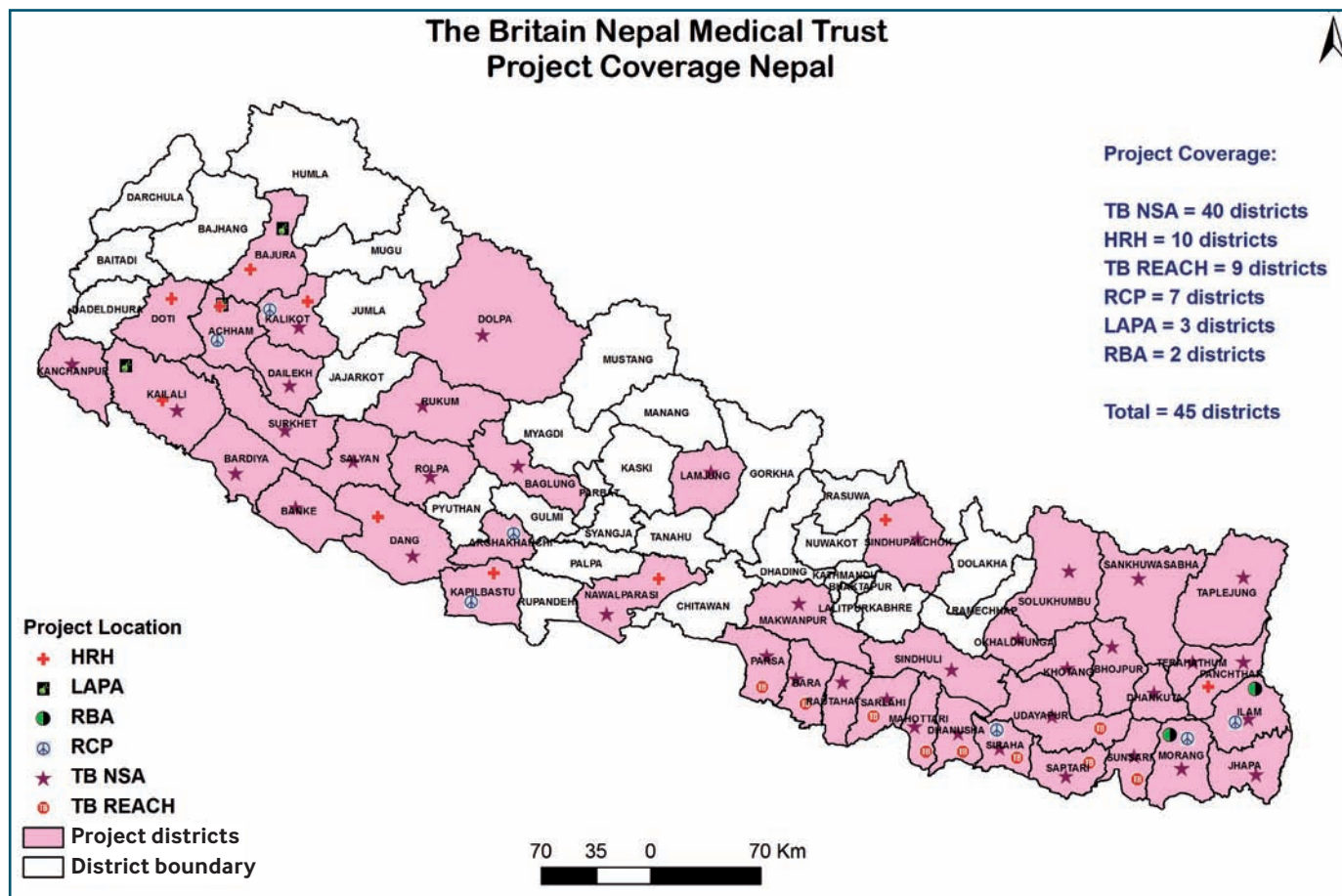


# Children and Youth



The Britain-Nepal Medical Trust  
*Annual Report 2012/13*

# Nepal – an overview



## Population

Total population: 26.6 million  
 51.44% are women  
 Rural: 83%  
 Urban: 17%  
 5.6% live in mountain areas  
 52% live in hill areas  
 42.3% live in the Terai (lowlands)  
 Total number of households: 5.66 million  
 Annual population growth rate: 1.4%.

## Labour and employment

The majority of Nepalese live in rural areas and earn a living from agriculture. Services are a major source of employment for urban workers. Every year over 200,000 Nepalese go abroad to work.

Total labour force: 11.2 million  
 Annual growth rate: 2.4%.  
 Total number of employed people: 11.8 million  
 Paid employees: 16.9%  
 Underemployment rate: 30%  
 Employed in agriculture: 73.9%  
 Employed in services: 7.3 %  
 Employed in craft and related work: 8.4%

Source: Labour Force Survey 2008

## Health in Nepal

| Indicators  | Status |
|---|--------|
| Mothers receiving antenatal care from skilled provider*       | 58.3%  |
| Births attended by skilled provider*                          | 36%    |
| Children fully immunised with all basic vaccinations*         | 86.6%  |
| Infant mortality rate (per 1,000 live births)**               | 41     |
| Under-five mortality rate (per 1,000 live births)**           | 50     |
| Maternal mortality rate (per 100,000 live births)**           | 229    |
| HIV prevalence among population aged 15-49 years**            | 0.49   |
| Clinical malaria incidence (per 1,000 population)**           | 5.7    |
| Prevalence rate associated with TB (per 100,000 population)** | 244    |
| Death rate associated with TB (per 100,000 population)**      | 22     |

\* Nepal Demographic and Health Survey 2011, Population Division, MoHP

\*\*Adapted from Nepal MDGs Progress Report 2010, NPC/UNCT



Gillian Holdsworth



Prof. S. Subedi

## Chairs' Foreword

This year's annual report focuses on the children and young people of Nepal. Nepal is home to over 26 million people, with children younger than 15 years old making up more than 40 per cent of the population. This creates enormous challenges in ensuring sustainable employment to improve livelihoods and end poverty, and many young people now have to seek employment abroad.

The health and wellbeing of the children and young people of Nepal has improved significantly over the years. Infant mortality dropped to 39 per 1,000 live births in 2011, compared with 94 per 1,000 in 1990. The level of childhood immunisation uptake is high (better than in the UK), more than 90 per cent of children have access to primary education, and the literacy rate among 15-24 year olds is over 80 per cent.

However, entrenched poverty and a decade of violent political instability have taken a toll on the Nepalese people. Eighteen per cent of babies are of low birth weight, and 41 per cent of children are stunted and 11 per cent wasted – an indicator of the poverty and food scarcity in which they grow up.

This report highlights how the Britain-Nepal Medical Trust (BNMT) has put children and young people at the heart of all of its work, giving them the recognition they deserve. It describes how we work in partnership with both government and non-governmental organisations (NGOs) to ensure that a wide range of services is accessible to all children and young people across the country.

Finally, BNMT celebrates 45 years of serving the people of Nepal this year, making it one of the oldest international NGOs working in Nepal. Last year we established a local partner organisation, Birat Nepal Medical Trust (BNMT Nepal), to ensure the long-term vision and values of BNMT are embedded in the future development of Nepal. We will continue to work in partnership with BNMT Nepal in the years to come.

What an outstanding legacy from that small team of British doctors and nurses who first travelled to Nepal in 1967, and our supporters and friends who have made this all possible over the years! Thank you.

Gillian Holdsworth

Prof. S. Subedi

Co-chairs, Board of Trustees

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Cover photo:

Young Sherpa girl from Shyaksila, Sanka Sabha



Shobhana Gurung Pradhan

## **Saving Lives and Preventing Misery The memoirs of Professor Sir John Crofton**

Professor Sir John Crofton (1912-2009), patron of BNMT for 25 years, was one of the outstanding physicians of the 20th century. He led the pioneering medical team that established that tuberculosis could be cured by combination chemotherapy ("the Edinburgh method"). A prominent public health campaigner, he did much to change public and political attitudes towards tobacco smoking.

His memoirs describe his life and work, from childhood until the extensive public health campaigns waged after his retirement from medical practice.

You can order the book for £18, online (ISBN 978-178035-541-2) from [www.fast-print.net/bookshop](http://www.fast-print.net/bookshop) or write to: FastPrint Publishing, 9 Culley Court, Bakewell Road, Peterborough PE2 6XD

## **A Message from the Director**

This year marks the 45th year of BNMT's work in Nepal. Forty-five years ago, after receiving a request from the Government of Nepal, a team of British doctors and nurses travelled overland from the United Kingdom and set up a clinic in Eastern Nepal. Today, the Trust's work covers all five development regions of the country.

A particularly important milestone for BNMT this year was the establishment of the Nepalese non-governmental organisation, the Birat Nepal Medical Trust (BNMT Nepal). This is now up and running, and will gradually assume the responsibilities of programme oversight and implementation previously undertaken by the Britain Nepal Medical Trust.

This report focuses on BNMT's work among young people and children, who account for the majority of Nepal's population of 26.5 million. According to the 2011 census, 70 per cent of the population are below 35 years of age, with approximately 44 per cent under 20. This suggests that a large share of resources and interventions need to be directed towards the education, nutrition and health of young people, so we have placed an emphasis on youth across all of BNMT's projects.

Through the Human Resources for Health Project, we established Youth Information Centres (YICs) in ten hard-to-reach districts, in order to make health services accessible to adolescents (aged 10-19). In these centres, adolescents are encouraged to discuss their health issues and experiences, and the life skills they use to tackle problems. These centres also provide information, counselling and referral services for adolescents and slightly older youths.

Our post-conflict rehabilitation project worked with local communities to reintegrate over a thousand children into formal education through bridging classes, counselling and school support. Through this project we established 105 Child-to-Child clubs where we worked with and encouraged 1,850 children between the ages of 10 and 16 in seven districts to share their knowledge about health. This project also supported the establishment and running of village child protection committees, school management committees, peer education groups and parent teacher associations.

In our project addressing tuberculosis, we focused on early case detection and treatment of children and youths with the disease. In its first year, which ended in December 2012, the TB REACH project identified 523 cases of TB in youths and children in its nine working districts.

The Rights-based Approach to Health (RBA) project works with youths in their local communities to raise awareness of HIV/AIDS and other health issues. Building on our experience and knowledge of working in the Eastern Development Region, this project has been expanded since mid-2012 to two districts (Surkhet and Bardiya) in the Mid-Western Development Region.

As well as providing an overview of BNMT's work during this year, this report presents stories from the field which illustrate the impact of our activities on the people and communities with whom we work.

I should like to thank our supporters: people in the United Kingdom and elsewhere, all our donors, partners and the Government of Nepal for their continued trust and support in our endeavour to change the lives of the people of Nepal.

**Shobhana Gurung Pradhan**  
**Country Director**

# Youth and Children in Nepal



*Child-to-Child programme in Banke: encouraging children to share health information in their community*

**The terms “young people”, “youths”, “adolescents” and “children” are conceived differently in different societies. In this report, we use the United Nations definitions:**

**Young people – ages 10 to 24**

**Youths – ages 15 to 24**

**Adolescents – ages 10 to 19.**

The 2011 census puts the population of Nepal at 26.6 million, with nearly 2 million absentee workers living abroad. Nepal is a relatively young country, and has been ever since the 1960s: 40 per cent of people are under 15 years of age and 30 per cent are aged 15-49. The labour force of 11.2 million is increasing at a rate of 2.4 per cent a year. The proportion of people aged 60 years and above is 9.1 per cent. The relatively large proportion of young people is seen by both the government and external development partners as a potential catalyst for Nepal’s development.

At present, nearly 2 million Nepalese (of which 9 per cent are women) are migrant workers, mostly in the Gulf countries, Malaysia and India, but also elsewhere. The drivers of labour migration include poverty, limited employment opportunities, declining agricultural productivity, political unrest and armed conflict.

Nepal’s demographic pattern is expected to continue on these lines for another decade. Hence the Government of Nepal and its development partners have targeted a large share of resources towards young people, especially in health and education.

While BNMT has always targeted its interventions towards vulnerable and disadvantaged groups, including young people, more recently we have developed interventions specifically for the young. For example, we have established Youth Information Centres where adolescents can gather to discuss issues related to sexual and reproductive health. We have provided training and employment opportunities for returning migrant workers and we have initiated Child-to-Child clubs in primary and secondary schools in remote areas.

## Young and old in Nepal

- ▶ 40% of people are below 15 years of age
- ▶ 30% of people are aged 15-49
- ▶ 9.1% are aged 60 years and above

*According to the Ministry of Youth, 400,000 young people in Nepal enter the labour market every year and the rate of unemployment and under-employment approaches half the working-age population. Under-employment is highest in the 20-24 years age group. About 38 per cent of the youth are unemployed.*

### Peer educators

The peer educators of the Life Protection Information Centre in Tharpu village have been disseminating messages about sexual disease and sexual harassment to their friends. Between them, they reached 850 students. They advised their friends not to have sex before marriage, but if they did, then to stick to only one faithful sexual partner. The peer educators also warned their friends about the problems that could result from unprotected sex, and showed them how to use condoms. Now adolescents of Tharpu talk openly about sexual and reproductive health and associated problems to their peers and to health workers.

**The Human Resources for Health project has directly benefited 2,871 young people (1,492 male and 1,379 female)**

*A Participatory Learning and Health Action session in Panchthar*

## Human Resources for Health: Making sexual and reproductive health services accessible to adolescents

The three-year Human Resource for Health (HRH) project aims to increase commitment, at the policy and programme level, for effective provision and deployment of health workers. The project addresses Nepal's health care personnel needs in general, but has a particular concern for adolescent sexual and reproductive health (ASRH) services.

A key objective of this project is to improve adolescents' access to and use of health services. To achieve this, two Youth Information Centres (YICs), one in a school and the other at a health care centre, were set up as pilot projects in each of the ten project districts (Bajura, Achham, Doti, Kailali, Kalikot, Dang, Kapilvastu, Nawalparasi, Sindhupalchowk, and Panchthar).

At the YICs, adolescents can discuss sexual and reproductive health issues and problems openly, and bring out any misconceptions and misunderstandings. They are encouraged to share their health issues, experiences and the life skills that they use to tackle problems. The centres provide information, counselling and referral services for all young people, both those enrolled in school and those who are not. The centres maintain confidentiality of those using the service, and try to win their trust.

BNMT used the Participatory Learning Approach (PLA) to encourage adolescents to explore and improve their knowledge, practices and needs in relation to sexual and reproductive health. They then prepared action plans to make their parents, community and society more aware of ASRH issues.





*Focus group discussion in Kailali*

The Trust also trained peer educators, aged 13 and above, to provide counselling, referral and information about adolescent sexual and reproductive health and YICs to their peers in and out of school. BNMT gave the peer educators and young people in youth clubs some basic information on paralegal issues, so that they know where to refer people in cases of rape and other gender-based violence. The peer educators participate in decision making in the Management Committee of their YIC.



*Talking about reproductive health with adolescents in Dang*

A study in 2011 found that more than 80 per cent of adolescents felt comfortable sharing their problems with their friends, but only 30 per cent felt comfortable talking about problems to health workers. Peer education is a key way of providing young people with information about sexual and reproductive health.

### **Suction machine saves a baby's life**

Many health posts in Nepal remain understaffed and under-equipped, and BNMT frequently receives requests for support from health posts in remote areas. In early 2012, the HRH project office received a request for suction machines and delivery beds from the health post in Tharpu village, Panchthar district, in Eastern Nepal.

After assessing the situation, a suction machine was made available to the health post. In the subsequent two months, out of 13 babies delivered in this remote location, five went into foetal distress owing to prolonged labour. The head of the health post recalls that one of these five babies was in a serious condition and gasping for breath, but she was able to use the suction machine to resuscitate the newborn. She says that without the suction machine, the baby would have died.

## The Tuberculosis Programme



*A TB awareness session with street children, Kohalpur*

TB is one of the most common infectious diseases among children. The World Health Organisation estimates that worldwide nearly half a million children fall ill with the disease and 64,000 die of it every year. TB kills more young people and adults than any other infectious disease and particularly affects those in the economically active age group (15-54 years). The result is an immense economic loss to communities and countries.

BNMT's TB REACH project aims to detect active TB earlier and to increase the number of cases detected among the population groups most vulnerable to the disease. Children are one of the beneficiaries and target groups of this project. During 2012/13, the project identified nearly 580 new cases of mothers with TB. The project traced the contacts of the mothers, so that approximately 2,900 children under 16 were screened, prioritised and had their sputum collected for TB microscopy. Of these children, 145 were identified as having sputum smear positive TB and were enrolled at their nearest TB centre for treatment.

In the first year of the project 2,100 new youth TB cases were identified and the youths were interviewed. This enabled the project to screen a further 10,500 youths, prioritise them and collect their sputum for testing. The 523 identified as TB positive were enrolled for treatment.

Nearly 6,800 youths learned about the disease through the orientation to TB patients and mobile microscopy camps.

The primary targets of BNMT's programme of support to Nepal's National TB Programme are youths and adults, because they are at greatest risk of getting tuberculosis. The project aims to enable and encourage people to raise awareness about the disease through peer education, meetings, training sessions and other events. The friends, families and neighbours of our primary beneficiaries benefit indirectly from this project when the primary beneficiaries share their knowledge of TB, raising awareness of the need for prevention, diagnosis and treatment.

### **In 2012/13 the TB REACH project benefited:**

- ▶ 2,900 children directly and 1,000 indirectly
- ▶ 17,385 youths directly and 13,100 indirectly





*TB treatment advocacy campaign, Dang*

This project also helped prevent the spread of TB by encouraging people to change their behaviour. The participants committed to avoid spitting in public places, and to cover their noses and mouths when sneezing and coughing. All over Nepal, more people are using the TB care service in government health institutions and BNMT is proud to have contributed to this.

Similarly, children are involved in this project as a direct beneficiary and target group for Advocacy, Communication and Social Mobilisation (ACSM) for TB awareness in communities. It is important to encourage people to seek diagnosis and treatment, which not only cures the people infected, but also prevents the spread of the disease. The awareness messages describe TB symptoms and inform people that treatment is available free of charge.

Children of the TB patients who attended the patients' club established at treatment centres indirectly benefited from this project. The club members were told about TB signs and symptoms and invited to bring their contacts, especially children under five, for a TB check. Street children and orphans in the project districts of Saptari, Siraha, Dang and Bardiya were also given information about TB and advised to go to the nearest health institution for a check-up if they get TB symptoms.

Cured TB patients were requested to bring their children for TB testing in the project districts of Ilam, Sunsari, Saptari, Siraha, Sankhuwasabha, Dang, Salyan, Rolpa, Dailekh, Bardiya and Sindhupalchok. As a result, 624 children were tested for TB and those who were found to be infected received treatment.



### Identifying a case of childhood TB

Eight-year-old Rajnisha Sada, of Ram Gopalpur-3 village in Mahottari district, had a cough, fever, and night sweats which went on for more than 30 days. His worried parents took him to a doctor and a health institution for treatment, but his condition failed to improve.

On their way to another health post, they met a Female Community Health Volunteer who worked for BNMT's TB REACH Project. When she found out that Rajnisha's grandfather had been a TB patient, she immediately advised the parents to have Rajnisha's sputum tested, told them that TB treatment was free, and suggested a volunteer they could contact for follow-up. The sputum samples were found to be positive and Rajnisha was immediately enrolled for counselling and treatment.

### Monitoring TB microscopy

**In 2011/2012 BNMT**

- ▶ cross-checked 6,099 sputum smear slides
- ▶ conducted 51 supervision visits to microscopy centres
- ▶ trained 395 laboratory staff in sputum microscopy
- ▶ trained 194 laboratory staff in management of TB microscopy

*Talking about TB to traditional healers, Dharan*

## Addressing the Effects of Armed Conflict

BNMT's project for Rehabilitating Children and supporting families and communities affected by armed conflict in Nepal (RCP) aims to help children and their families, youths and women affected by armed conflict in Nepal. More specifically, the project is intended to increase their access to social services and the range of livelihood options open to them, and enhance the capacity of local organisations to advocate for children's rights.



*Hands-on training in vegetable farming, Banke*

Over the four years of the project, BNMT ensured access to education for 1,266 children. The Trust provided catch-up classes or bridging courses for a total of 987 children who had dropped out of school. Of these, 68 per cent (673 children) are now re-enrolled in formal schooling.

BNMT helped to establish village-level mechanisms for child rights advocacy, such as Village Child Protection Committees (VCPCs), School Management Committees (SMCs), Parent Teacher Associations (PTAs), and Child Clubs. Regular co-ordination between the institutions has been established in the project villages. BNMT has facilitated good co-ordination amongst districts and community level civil society organisations and child clubs to address the issues affecting children in the project districts and villages. Various networks related to child rights advocacy have been established at village and district level. District partner NGOs have become members of national level child rights advocacy and youth advocacy networks.

BNMT also improved the quality of essential health services to conflict-affected children and families. The Trust encouraged Health Facility Management Committees (HFMCs) to address mental health and psychosocial issues. A cross-referral system has been established, and health institutions have started to report mental health cases in Health Management Information Systems.

Participatory Learning and Health Action training for HFMCs and health workers encouraged them to renovate equipment in the health institutions. BNMT also improved sanitation in health institutions by installing water supply systems and building toilets.

BNMT improved the livelihoods of conflict-affected families, women and youths through training programmes to impart basic skills and knowledge about various income generating activities. A total of 672 youths received training in motorcycle repairs, driving, beauty treatment, computers, repairing mobile phones, tailoring, vegetable farming, mushroom farming, and other ways of earning an income. These initiatives increased their range of livelihood options as well as their incomes. Some beneficiaries have changed their main occupation. The incomes of the target groups have increased, resulting in improved access to health and educational services.

Some youths are active in local community-based organisations and self-help groups, and this has helped District Development Committees, Village Development Committees and municipalities to enrich and expand initiatives for young people, based on their needs and aspirations.

BNMT strengthened the management capacity of its seven district partner NGOs in the project. This was demonstrated by better co-ordination with local governing authorities and the district offices of central government agencies. The project helped the partner NGOs to link their projects, programmes and strategic plans, and improved their financial and project management skills. There has been a remarkable improvement in the participation of women and members of disadvantaged groups in local organisations, including the management committees of health facilities, schools, children's clubs and partner NGOs. These bodies have now become more responsive to women's needs. The Trust has also improved the documentation, data management, recording and reporting skills of project partners.



Children in Banke receive support for their education

### Festival fundraising for health rights

BNMT established the Saraswati Child Club at the Saraswati Secondary School in Morang district over four years ago, under the RCP project. The Trust provided training for club members, during which they made an action plan for disseminating health rights messages.

The children organised Health Rights *Deushi Bhailo* for the Tihar festival. During Tihar (known as the festival of lights), children go from door to door singing traditional songs – *Deushi Bhailo* – and giving blessings in return for money and food. In this way, the Saraswati Child Club members collected 28,000 rupees, which they spent on various awareness-raising activities, disseminating health rights messages in Sijuwa village. The club publishes regular wall magazines with health information and they are now working to reduce social stigma linked to TB and HIV.

### 'Mushroom farming changed my life'

Dilmaya Luitel, 25 from Sijuwa village in Morang district, moved to Kathmandu with her family during the armed conflict. When she came back to Sijuwa, her family was in dire straits. Her husband and father-in-law were unemployed and the family's only assets were a small piece of infertile land and one buffalo.

Dilmaya joined the RCP project's mushroom production training in April 2009. She used the land and the buffalo dung to grow mushrooms for sale. Within four months, she earned 24,000 rupees. She saves some of her income at the local mothers' group and a local co-operative.

The Women's Federation of Sijuwa has appointed Dilmaya as facilitator for mushroom-farming training and she is also active in other community organisations. She says: "Mushroom farming changed my life, I will continue this profession and one day I will be the biggest mushroom producer in Morang."

### In 2012/13 the RCP project benefited:

*In the past two years, as a result of this project:*

- ▶ 13,548 children directly and 10,500 indirectly
- ▶ 6,941 youths directly and 10,545 indirectly

#### As a result of the project:

- ▶ 987 children who had dropped out of school attended catch-up classes or bridging courses
- ▶ 313 children received health assessments
- ▶ 125 children received various items of equipment such as wheelchairs, crutches, artificial limbs and reconstructive surgery.
- ▶ 1,030 children received support in the form of school materials such as books, uniforms, tuition fees, shoes, etc
- ▶ 105 child clubs and health rights information corners were reactivated, to help raise children's awareness of health issues.



Women's participation in community organisations is increasing

## In 2012/13, the Rights-based Approach has benefited 3,312 youths directly and 3,480 indirectly.

### The project activities included:

- ▶ Education for key gate keepers: School Management Committees, children's and youth clubs and self-help groups
- ▶ A knowledge, attitude and practices study with youths in and out of school to design health messages related to HIV and AIDS and sexually transmitted infections (STIs)
- ▶ Dissemination of information about HIV and AIDS and STIs through the school health programme and Child-to-Child clubs
- ▶ Support for youth clubs to develop their action plans, eg to establish information centres, theatre for development, puppet shows, etc
- ▶ HIV and AIDS Day celebration supporting joint ventures of government agencies and NGOs in the project areas
- ▶ Education in life skills for youth groups through the peer education process and Participatory Learning and Health Action approach
- ▶ Training in generating off-farm income (eg carpentry, plumbing, house wiring, tailoring, repairing mobile phones, bicycle and motor repairs, etc) for the ultra-poor and Dalit families

## A Rights-based Approach to Health

BNMT's project on the rights-based approach to health focuses on HIV and AIDS. It aims to improve the health of women, young people and disadvantaged groups in Surkhet and Banke districts. Most of the project activities mobilised youths to raise awareness in the community and strengthen civil society organisations (CSOs).

The Constitution of Nepal considers health to be a fundamental right of all citizens. Often, however, disadvantaged groups – especially women and children – cannot access or use primary health services. Most are not even aware of their rights.

Besides making disadvantaged groups aware of their health rights through interaction and educational activities, the project brings together duty bearers (government health service providers) and the rights holders (women, children and other members of disadvantaged groups) so that both parties can identify and resolve issues related to access to health services. The project also supports the service providers through training and orientation, feedback and supply of equipment, thus building their capacity to cater to the needs of the disadvantaged population.

Youths participate in every step of the project cycle. Mobilising the youth has proved to be the best way of providing health education to the whole community. Young people organised a range of activities that not only attracted local people but also raised awareness about how HIV and AIDS and other STIs are transmitted, and how they can be prevented. The activities ranged from street theatre, cultural activities, interaction programmes and quiz contests to postal communications and door-to-door campaigning.

BNMT provided a variety of educational activities for community volunteers, health workers, members of NGOs and community-based organisations, students, youths and others. A total of 3,312 beneficiaries participated directly in the project, 53 per cent of them female.

One major objective of this project is to strengthen the capacity of CSOs in vulnerable rural communities to respond to the effects of HIV and AIDS. To address this, BNMT organised life skills training for youths.

After attending orientation and training, local youths disseminated health-related information to their peers, their families and their own villages. As a result, people in the communities became aware of their health rights and their use of local health institutions increased.

The project has taught youths and schoolchildren life-saving skills: a large number of young people now know how HIV and AIDS and STIs can be prevented. Involving young people in community health initiatives can help draw the attention of community-based organisations to these issues.

The Trust's Participatory Learning and Health Action technique was an effective tool for mobilising young people for health and development.

Another result of the project is that communities are finding ways to ensure that disadvantaged people can exercise their health rights equally as rights and responsibilities.



Celebrating AIDS day


# Financial Report

The Financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2012 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2012 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.

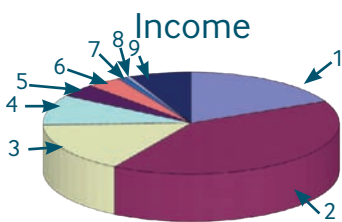
## Balance Sheet as at 31 December 2012

|  | 2012           |                 | 2011           |                  |
|--|----------------|-----------------|----------------|------------------|
|  | £              | £               | £              | £                |
| <b>Fixed assets</b>                          |                |                 |                |                  |
| Tangible assets                              |                | 2,277           |                | 2,846            |
| <b>Current assets</b>                        |                |                 |                |                  |
| Debtors                                      | 94,650         |                 | 129,550        |                  |
| Investments                                  | 130,761        |                 | 115,733        |                  |
| Cash at bank                                 | 590,740        |                 | 632,109        |                  |
|  | <u>816,151</u> |                 | <u>877,392</u> |                  |
| <b>Creditors:</b>                            |                |                 |                |                  |
| amounts falling due within one year          |                | <u>(86,844)</u> |                | <u>(144,226)</u> |
| <b>Net current assets</b>                    |                | <u>729,307</u>  |                | <u>733,166</u>   |
| <b>Total assets less current liabilities</b> |                | <u>731,584</u>  |                | <u>736,012</u>   |
| <b>Charity funds</b>                         |                |                 |                |                  |
| Restricted funds                             |                | 382,467         |                | 348,108          |
| Unrestricted funds                           |                | <u>349,117</u>  |                | <u>387,904</u>   |
|  |                | <u>731,584</u>  |                | <u>736,012</u>   |

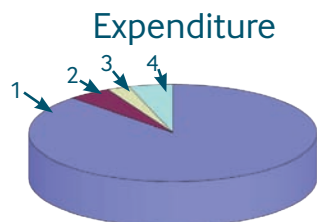


  
 Dr. G.M.C. Holdsworth  
 Co-Chair

  
 J.M.V. Payne  
 Trustee



- Key
1. EU/HRH
  2. Global Fund/NTC R7
  3. WHO/TB Reach
  4. EU/RCP
  5. NCCSP
  6. ICCO/RBA
  7. Everest Marathon
  8. Nutrition Fund
  9. Other donations/legacies/interest



- Key
1. Direct charitable expenditure
  2. Costs of generating income
  3. Support costs
  4. Governance costs

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



Hannah Hayes

## Fundraising

### Hannah Hayes runs the marathon to raise funds for BNMT

Having heard about the work of the Trust from her father, who had raised money for the Community Based Child Nutrition Programme by walking 5,000 km across Europe, Hannah Hayes decided to make her own contribution by running a sponsored marathon. After four months of hard training in miserable weather, on the day of marathon the sun shone and Hannah completed the race in four and a half hours. Her sterling effort raised £1,393.75 for the nutrition programme.

To read about the work supported by Hannah and John Hayes, go to our Report page at [www.britainnepalmedicaltrust.org.uk](http://www.britainnepalmedicaltrust.org.uk) and see the Report on the Community Based Child Nutrition Programme (CBNP).

### Give As You Live

If you shop online, you can raise funds for BNMT's work and it won't cost you a penny extra. Under the Give As You Live scheme, retailers will donate a percentage of your total bill to a charity of your choice. More than 2,000 retailers have signed up to the scheme, including most of the big food stores, holiday and travel companies such as Virgin and Easyjet, and Amazon books. And if your family and friends shop online, do let them know about this too: they can give long-term support to a good cause without spending any extra cash.

#### To register go to [www.giveasyoulive.com/](http://www.giveasyoulive.com/)

Then go to 'Get Started' and follow the instructions, choosing 'Britain-Nepal Medical Trust' as your charity..

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## Thank you

**We should like to thank everyone without whose generous support BNMT's work would not be possible.**

### Major donors

CADP-N; Everest Marathon Trust; Global Fund/NTC/NSA; Inter-church Organisation for Development Co-operation, The Netherlands (ICCO); NCCSP; Nutrition Fund; The European Union; WHO/TB Reach

### Trusts, foundations and other organisations

Blunt Trust; Classic Nepal Ltd; Clay Charitable Trust; Curzon Charitable Trust; D. & H. E. W. Gaunt Charitable Settlement; C. G. Murray Charitable Trust; Inner Wheel Club of Llandaff; Janelaw Trust; Longview Trust; Oakdale Trust; Rhoddwyr Trust; Sheffield Medical Society; Stonewall Park Charitable Trust

### In memory of

Mr F. Walley; Mr Deryck Gomez

### Bequest

Miss P. A. Thomas

Our thanks also to the many other organisations and private individuals too numerous to mention whose donations make all the difference to the success of our work.

## ShareGift

[www.ShareGift.org](http://www.ShareGift.org)

ShareGift is an independent charity which receives donations of shares. These shares it sells, when it has sufficient.

For the original owner, the cost of selling the shares would be greater than the actual sale proceeds. Money accruing goes towards donations to charities.

If you can help in this way, please mention your support for  
**The Britain-Nepal Medical Trust**  
(Charity Reg.No. 921566).

# How Your Donation/s Can Help Us

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

- **£7** will buy a ring pessary to ease the suffering of a woman with uterine prolapse.
- **£12** buys packets of oral re-hydration solution to treat 100 children with acute diarrhoea.
- **£115** buys 40 packets of clean home delivery kits that protect 100 babies and mothers from infection.
- **£115** can buy a set of life-saving basic equipment for a health post in a remote village.
- **£450** pays for a year's supply of life-saving drugs at a rural health centre.
- **£500** contributes significantly to our organisational running costs.
- **£3,000** can, for one year, educate and mobilise 30 young people to prevent the spread of HIV/AIDS.

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 of £10 or £15 would make an even greater impact on the lives of people in Nepal. To 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 BNMT's website at [www.britainnepalmedicaltrust.org.uk](http://www.britainnepalmedicaltrust.org.uk) or by donating via the Charities Aid Foundation's site [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 new 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 Declaration

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 Inland Revenue tax you have already paid. All gifts from UK taxpayers now qualify for Gift Aid.

- Please treat as Gift Aid donations all qualifying gifts of money made: today / in the past 4 years or in the future, until further notice
- I confirm that I have paid or will pay an amount of Income Tax / 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 / /

Name..... Signature .....

Full Home Address .....

..... Post Code .....

- Please tick here if you would like to receive details on how to make the **Britain-Nepal Medical Trust** 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).....

(All individual personal information will not be sold, routed or otherwise transferred to a third party without your explicit consent)

Please return the completed form to

The  
**Britain-Nepal**  
medical trust

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

Tel: 01732 360284 • Fax: 01732 363876

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

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



# The Britain-Nepal Medical Trust

## Aims

BNMT aims to assist the people of Nepal to improve their health through the realisation of their health rights. It does this by working in partnership with the Ministry of Health, international and local non-governmental organisations, local committees and communities to:

- *strengthen the capacity of local institutions to respond to the community and globally identified health needs of disadvantaged groups – the poor, women and children – with effective preventative and curative health care services;*
- *empower communities, especially disadvantaged groups, to advocate for and obtain improved and equitable access to essential health services and resources;*
- *validate models and approaches that provide affordable and accessible quality health care services for disadvantaged groups that can be advocated, replicated and adapted by others;*
- *develop mechanisms that will ensure the sustainability of outcomes after completing hand-over of successful programmes to local institutions and organisations.*

## Strategy

BNMT's strategic plan for 2009-2013 stresses four key areas:

- *promoting quality health services and ensuring health rights;*
- *maximising livelihood opportunities;*
- *responding to effects of climate change, environment and disaster on human health;*
- *peace building*



### Registered Office

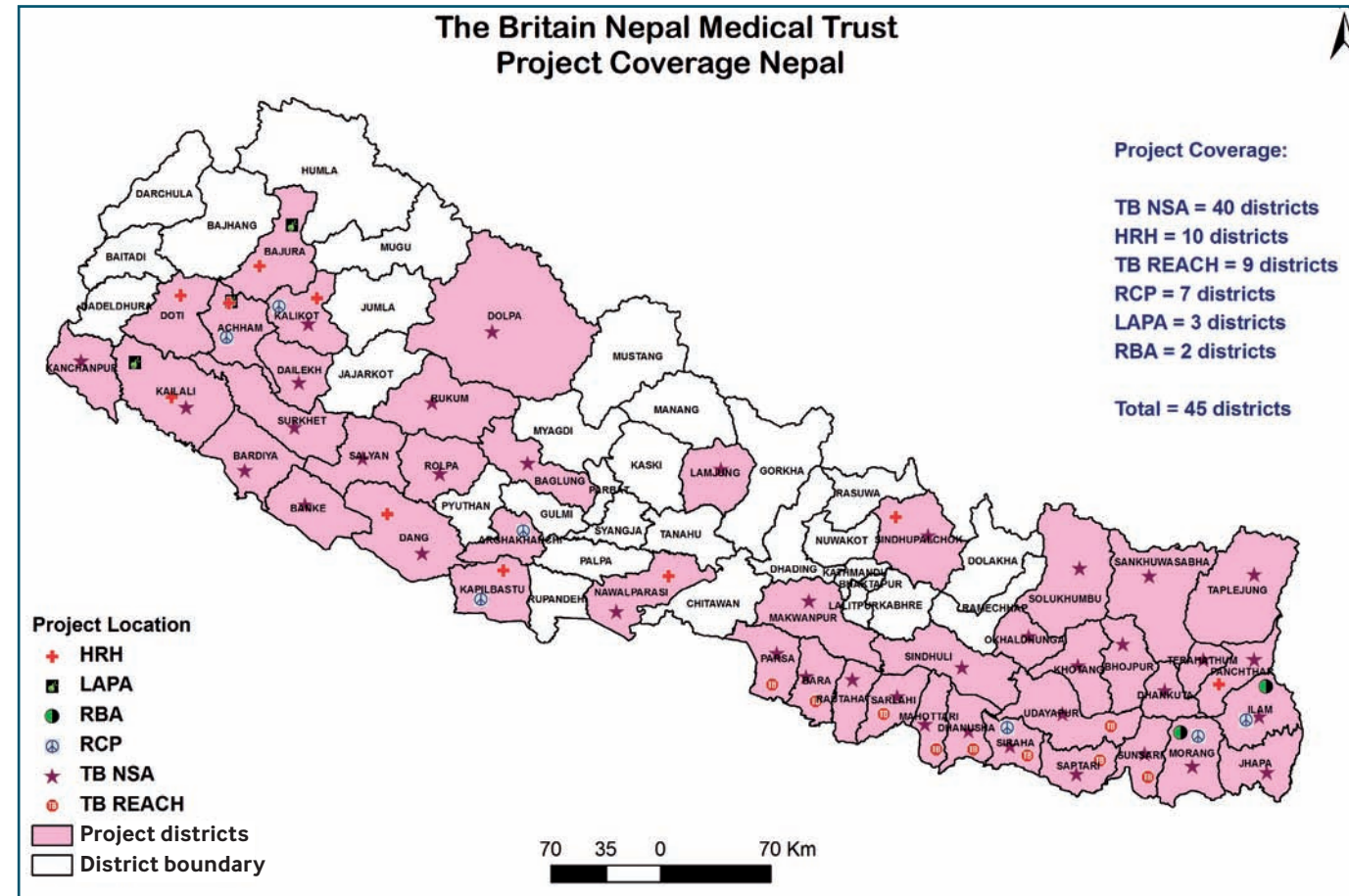
Export House • 130 Vale Road • Tonbridge • Kent TN9 1SP

**Tel:** +44 (0)1732 360284 **Fax:** +44 (0)1732 363876 **Email:** [info@britainnepalmedicaltrust.org.uk](mailto:info@britainnepalmedicaltrust.org.uk)

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



## Nepal – an overview



### Population

Total population: 26.6 million  
 51.44% are women  
 Rural: 83%  
 Urban: 17%  
 5.6% live in mountain areas  
 52% live in hill areas  
 42.3% live in the Terai (lowlands)  
 Total number of households: 5.66 million  
 Annual population growth rate: 1.4%.

### Labour and employment

The majority of Nepalese live in rural areas and earn a living from agriculture. Services are a major source of employment for urban workers. Every year over 200,000 Nepalese go abroad to work.

Total labour force: 11.2 million  
 Annual growth rate: 2.4%  
 Total number of employed people: 11.8 million  
 Paid employees: 16.9%  
 Underemployment rate: 30%  
 Employed in agriculture: 73.9%  
 Employed in services: 7.3 %  
 Employed in craft and related work: 8.4%

Source: Labour Force Survey 2008

### Health in Nepal

| Indicators  | Status |
|---|--------|
| Mothers receiving antenatal care from skilled provider*       | 58.3%  |
| Births attended by skilled provider*                          | 36%    |
| Children fully immunised with all basic vaccinations*         | 86.6%  |
| Infant mortality rate (per 1,000 live births)**               | 41     |
| Under-five mortality rate (per 1,000 live births)**           | 50     |
| Maternal mortality rate (per 100,000 live births)**           | 229    |
| HIV prevalence among population aged 15-49 years**            | 0.49   |
| Clinical malaria incidence (per 1,000 population)**           | 5.7    |
| Prevalence rate associated with TB (per 100,000 population)** | 244    |
| Death rate associated with TB (per 100,000 population)**      | 22     |

\* Nepal Demographic and Health Survey 2011, Population Division, MoHP

\*\*Adapted from Nepal MDGs Progress Report 2010, NPC/UNCT