

Rebuilding Nepal



The Britain-Nepal Medical Trust
Annual Report 2014/15



Gillian Holdsworth



Prof. S. Subedi

Chairs' Foreword

When you heard the terrible news on 25 April about the earthquake (magnitude 7.8 on the Richter scale) your immediate thoughts were probably for the safety and wellbeing of the people you know in Nepal, and in particular Kathmandu, near the earthquake's epicentre.

Nepal straddles a geological faultline where the Indian plate meets the Eurasian plate, resulting in the formation of the spectacular Himalayan range. So we always knew the Nepalese were likely to experience a devastating earthquake at some point, although of course we hoped that it would not be just yet.

It took BNMT a day or two to establish that all our staff were safe and the office buildings intact. Meanwhile, in the UK we were inundated with calls and emails asking what you could do to help. It was humbling to realise the strength of support for the work of BNMT – demonstrated by all of your generous donations and fundraising efforts – so a big thank you to you all. The total sum raised for the Trust's earthquake response work was £145,609.

BNMT's initial response was to distribute relief materials to address the immediate need for shelter, food and clean water. Once the Ministry of Health and Population, with support from the World Health Organisation (WHO) established the Health Emergency Operating Centre, BNMT actively participated in the national coordinated response. We provided medical supplies for distribution in some remote mountain districts, organised health camps for earthquake victims, built community toilets for tented camps around the Kathmandu valley and provided psychosocial counselling for survivors traumatised by their experience.

We will continue to support the earthquake reconstruction programme over the coming months, working with the Ministry of Health and National TB Programme as well as affected communities. Our focus will be on medical care, sanitation and psychosocial counselling.

The reconstruction of homes and services and rebuilding of lives will take many years. We look forward to your continued support for the work of the Trust as it helps to rebuild for a future of health and prosperity in Nepal.

As this report was about to go to press, the Constituent Assembly of Nepal passed a new Constitution. We hope that this will bring political stability and make governance of the country more inclusive. The promulgation of the new Constitution marks the culmination of Nepal's peace process, which brought the Maoists into mainstream politics through a Comprehensive Peace Agreement negotiated nearly a decade ago. We are pleased to conclude on this positive news.

Gillian Holdsworth

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Cover photo:

Earthquake survivors, Bakhtapur



In Memoriam Dr Penny Cunningham

Dr Penny Cunningham, a founder of BNMT, died on 9 July 2015 following a long illness.

In April 1968 she was one of 11 young men and women who set out from England in three landrovers to drive to Nepal, 7,000 miles away in the Himalayas. They were the first medical team of the newly formed Trust, the brainchild of John and Penny Cunningham. The success of their tuberculosis control work encouraged the establishment of the National Tuberculosis Control Programme in Nepal. BNMT was also the first charity to train community health volunteers and establish reliable supplies of essential medicines across the whole of eastern Nepal, into the most remote health posts and clinics.

What a tremendous legacy that first medical team left – and what an inspiration they have been to those who followed after.



Shobhana Gurung Pradhan

A Message from the Director

The past year has been a hugely challenging one for all of us in Nepal, because of the devastating earthquake that struck the country in April 2015. This Annual Report highlights BNMT's response to the disaster. In the immediate aftermath we focused on providing emergency aid, including medical treatment, psychosocial support, and water and sanitation. But we also have plans to provide longer term support for individuals and communities affected.

As we work together to rebuild Nepal, we also continue the important work the Trust has been doing to improve the health and wellbeing of communities across the country. We maintain our partnership with the National Tuberculosis Programme of the Ministry of Health to prevent and control tuberculosis. We plan to conduct an intensive case-finding and treatment initiative in 15 earthquake affected districts.

To celebrate the 200 years of diplomatic ties between the United Kingdom and Nepal, we initiated a number of activities highlighting the close links in health and development between the two countries. They included the launch of the website www.healthlink.org and a series of talks for health professionals featuring British and Nepalese experts.

In addition, we embarked on a number of smaller projects addressing the sexual and reproductive health of women and girls. The Menstrual Hygiene Management initiative highlighted the pressing need to address a major taboo in Nepal, while our research study on the integration of family planning with agriculture showed that women were the main decision makers and users of family planning methods.

In the coming year we will concentrate our efforts on reconstruction and rehabilitation; continue to encourage collaboration between health professionals in our two countries through Health Link; and contribute to the control and treatment of tuberculosis through our partnership with the Government of Nepal.

I take this opportunity to thank all BNMT staff members: despite being personally affected by the earthquake, their efforts to support unreached communities at this difficult time were exemplary.

I should also like to thank our supporters, donors and partners. We have forged new partnerships with UK organisations, many of whom went out of their way to express their solidarity with the people of Nepal and BNMT. The response to this tragedy underlines the special bond between our two countries.

Shobhana Gurung Pradhan
Country Director

Nepal – an overview

With an area of 147,181 km². Nepal is home to a population of 27.7 million. This culturally diverse country has three distinct ecological zones: the high mountains, with 7 per cent of the population; the hills, with 43 per cent of the population; and the *Terai*, or lowlands, where 50 per cent of the population lives.

Despite its ancient heritage, cultural richness 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 non-governmental organisation (NGOs).

Sources:

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) ¹ | 2014 Progress (NMICS 2014) ² |
|---|-----------------------------------|---|
| Mortality | | |
| 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) ³ | 134 | 190 |
| Nutritional status | | |
| 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 |
| Breastfeeding and infant feeding | | |
| Infants breastfed within one hour of birth (%) | 60 | 48.7 |
| Exclusive breastfeeding under 6 months (%) | 60 | 56.9 |
| Children ever breastfed (%) | 100 | 97.3 |
| Low-birth weight | | |
| Low-birth weight infants (%) (weighing below 2,500 grams at birth) | 12 | 24.2 |
| Vaccinations⁴ | | |
| 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 |
| Reproductive health | | |
| 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 |
| Maternal and newborn health | | |
| 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 |
| Water and sanitation | | |
| Proportion of population using an improved drinking-water source (%) ⁶ | 73 | 93.3 |
| Proportion of population using an improved sanitation facility (%) ⁶ | 80 | 60.1 |
| Households with hand washing facilities with water and soap near the latrine (%) | 85 | 72.5 |
| HIV/AIDS, tuberculosis and other infectious diseases | | |
| Percentage of population aged 15-24 years with knowledge of HIV/AIDS | 40 | 36.4 |
| Tuberculosis case detection rate (per 100,000 population) ⁵ | 85 | 83 |
| Tuberculosis treatment success rate among diagnosed (%) ⁵ | 90 | 90 |
| Literacy and education⁶ | | |
| 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 |



A troubled journey towards a new Constitution

The major earthquake of April 2015 struck during testing times for Nepal's people and their leaders.

For a small Himalayan state, Nepal has gone through more than its share of tragedies in recent years, both natural and man-made. Owing to political mismanagement, the country has seen its political system crumble and its democratic institutions in tatters. Adding to these man-made tragedies, the country was hit by a major earthquake in April 2015, a massive disaster for the country.



It was heartrending to see the scale of devastation in my birthplace. I have regarded my native country as the land of holy mountains. When I was growing up, I could see majestic views from my bedroom window. They were so uplifting. My father was a scholar of Sanskrit and a universalist in his approach to life. His values were highly influential in the formative years of my life. Seeing the images of destruction after the earthquake made me sad and nostalgic. The temples that had stood the test of time had fallen, and the whole Kathmandu Valley looked like a war-torn city.

There are reports that the Kathmandu Valley and the mountains have moved by about one metre north-west owing to the movement of the tectonic plates beneath the hills of Nepal and that western Nepal or India may experience an earthquake of a greater magnitude in the near future.



The task of relief operations and reconstruction of the severely damaged infrastructure was daunting. Since the Nepalese are an immensely resilient people, there was no doubt that they would start to recover from this tragedy, and they have. The international community has come to the rescue with a big heart. Tremendous goodwill was demonstrated, especially by Nepal's large neighbours, China and India, and traditional allies such as the UK, the USA and Japan. The UK had been the largest bilateral donor to Nepal and the generosity displayed by the British people in the aftermath of the disaster was heartening.



But the country needs more than the resilience of its population and the help of the international community. It needs good governance and a responsible, transparent and non-corrupt government, led by people with vision, foresight and wisdom. But this has been missing in Nepal for some time and this is why the country was ill-prepared to deal with the earthquake.

Of course, no one can predict natural disasters and no preparations can ever be adequate to deal with the aftermath of a disaster of such magnitude. But it was known that fault lines run across the Nepal Himalayas and that powerful earthquakes were likely to hit the country. The chaos and unpreparedness that we witnessed in the streets of Kathmandu and in rural areas after the earthquake were a testimony to the failure of the country's political elite.



However, the longer-term challenge of reconstruction is a more daunting one, and the quality of the political elite offers little hope. Therefore, the international community should do its utmost to ensure that the financial assistance extended to Nepal is put to good use in a transparent manner and that the reconstruction process is underpinned by good governance.

Nepal was a monarchy until a decade ago. The foundation of the 240-year-old Shah dynasty was shaken to the core by the royal massacre in 2001, in which King Birendra and nine other members of the royal family were gunned down. The only surviving brother of the late king then ascended to the throne. But he made a series of blunders that resulted in the abolition of the monarchy itself in 2007.

Another force wrecking the country was the Maoists, who had been creating terror in the rural areas since 1996. They intensified their campaign in the aftermath of the royal massacre, in an insurgency that led to the death of 17,000 people and the disappearance of scores of others. When the Maoists were eventually brought into mainstream politics through a comprehensive peace agreement, there was a ray of hope that this politically mismanaged and economically impoverished country would witness economic growth and prosperity. But the power vacuum created by the abolition of the monarchy was filled by politicians lacking in wisdom and foresight.

The old values had crumbled due to the political upheavals, and new democratic values had not yet taken root. The country elected a constituent assembly to write a new republican constitution for the country; but due to constant bickering among the politicians, driven mainly by petty interests, the assembly was dissolved without completing its task. After a period of meaningless political squabbles, a new constituent assembly was elected.

The challenge for the new Constituent Assembly was to enshrine in the Constitution the transformation from a monarchy to a republic, from a unitary system to a federal system and from the first-past-the post electoral system to a mixed system (combining proportional representation and first-past-the-post). Each of these would be a daunting task in any country and Nepal was attempting to deal with all three at the same time. The massive earthquake and the task of rebuilding the infrastructure seem to have jolted the squabbling political elite and galvanised them into action to finalise a new constitution for the country.

The Assembly finally adopted a new Constitution in September 2015 enshrining all these three elements and other principles designed to make the governance of the country more inclusive, participatory and democratic.

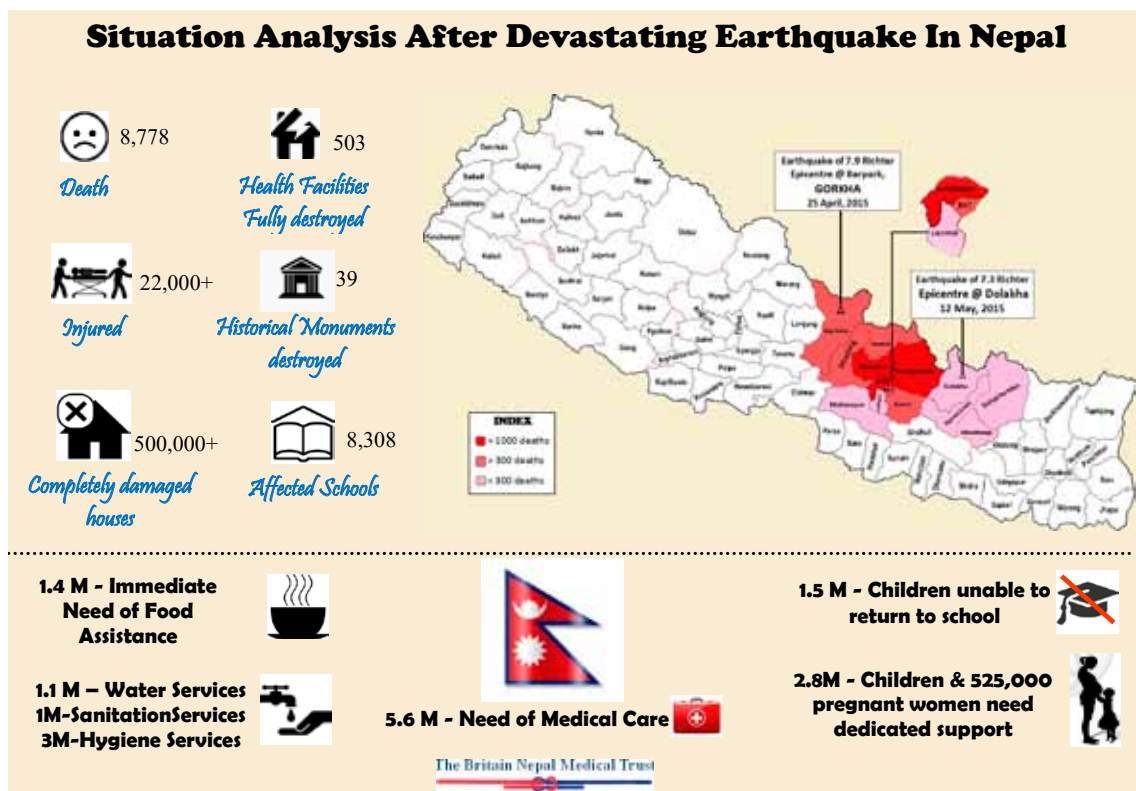
There is now a ray of hope that the country will experience political stability it so badly needs. Of course, the new Constitution is not a perfect document and there are already some teething problems. Many Madeshi leaders from the south, who want a stronger and larger federal state along the Madhesh belt, boycotted the Constituent Assembly. They began agitating against the new Constitution. But it is hoped that their demands will be addressed through political dialogue and that the country will embark on an era of political stability and economic development. So there is now some positive news starting to come out of Nepal. May this long continue!

Prof Surya P. Subedi



The earthquake and its impact

The huge earthquake that struck Nepal in April 2015 killed thousands of people, injured tens of thousands and deprived millions of their homes as well as basic services including health, sanitation and water supplies.



On 25 April 2015 an earthquake (7.9 on the Richter scale) hit Nepal, its epicentre just 45 miles northwest of the capital, Kathmandu. It was followed by multiple aftershocks and, on 12 May, by a second severe earthquake (7.3 on the Richter scale), with an epicentre 47 miles east of Kathmandu.

The earthquake severely affected 39 districts. The 14 worst hit (see box) included the capital. The disaster claimed the lives of almost 9,000 people and injured more than 22,000 (see diagram). Of all the people who lost their lives, 56 per cent were female, the majority being children up to 10 years of age. In addition to the deaths, physical destruction and loss of livelihoods, many people were left with post-traumatic stress disorder.

More than half a million homes and thousands of government buildings were destroyed, while numerous historical monuments and cultural heritage sites suffered irreparable damage. In the worst affected areas, 80 per cent of houses are severely damaged, creating huge mounds of rubble that impeded rescue efforts and blocked delivery of assistance to survivors.

More than 500 health facilities – including six hospitals and 12 health centres – have been completely destroyed and another 460 are damaged, depriving 5.6 million people of access to health services. After the earthquake, more than a million people were in dire need of food aid, and millions were left without water, sanitation or hygiene services. With more than 8,000 schools affected and 19,708 classrooms unusable, 1.5 million children cannot return to school.

The 14 worst affected districts

- ▶ Kathmandu
- ▶ Rasuwa
- ▶ Ramechhap
- ▶ Lalitpur
- ▶ Sindhupalchowk
- ▶ Dhading
- ▶ Gorkha
- ▶ Bhaktapur
- ▶ Nuwakot
- ▶ Dolakha
- ▶ Sindhuli
- ▶ Makwanpur
- ▶ Kavreplanchowk

Conditions are worst in rural areas with difficult terrain and poor transport links. By July, the approaching monsoon was expected to make life even more difficult for rural communities with limited shelter and little or no access to food and clean drinking water.

The situation of women and girls is of particular concern. In desperate times, the risk of sexual violence, exploitation and abuse, trafficking, forced prostitution and forced marriage is likely to increase.

BNMT's response

Given the scale of the disaster, BNMT realised it had a responsibility to assist the affected communities, and to use its wide network of contacts to help bring in the most appropriate services. Our main plan was to do what we do best: work with local communities, supporting them with shelter, food, water and first aid, and referral to acute services where required.

While our priority was to work directly with communities, all of our earthquake response work has been carried out in coordination with the Government of Nepal, to avoid duplication of efforts and to ensure that help reaches those who need it most. We are also coordinating with government line agencies, international and national organisations, local stakeholders and community based agencies.

BNMT also contributed to the earthquake response work of the Ministry of Health and Population. We provided essential medicines to the ministry for distribution to government hospitals and health centres in Ramechhap and Dolakha. We also provided technical and financial support to the District Public Health Office in Kathmandu, helping it to mobilise volunteers and conducting psychosocial support sessions.



Packing relief goods

BNMT staff assess the situation on the ground



Mental health and psychosocial support

BNMT's psychosocial counselling and support programme is an important element in the earthquake relief effort.



Psychosocial support follow-up session in Bhaktapur

Immediately after the earthquake, a BNMT team went to Bhaktapur, one of the hardest hit districts. People were scared and confused. Women and children complained of physical symptoms: rapid heartbeat, dizziness, inability to eat and sleep, and overall lethargy. Men were angry and felt powerless to protect and care for their families.

Neighbours and family members had lost their lives. Hopes and dreams, as well as home comforts, were buried in

the rubble. It was clear that survivors of the earthquake were in dire need of mental and emotional support, but were not getting it.

After consultation with the Nepalese government and other organisations providing services to earthquake survivors, BNMT set out to provide psychosocial support to people in communities across three districts: Kathmandu, Bhaktapur and Makwanpur.

From May to July 2015, more than 600 individuals and their families benefitted from the Trust's counselling and psychosocial support in these three districts. People who receive counselling are followed up after four to six weeks, and are referred to hospitals for further support if necessary.

Capacity building

BNMT is building the capacity of its own psychosocial support team. For two weeks a volunteer from the USA, Jennifer de la Montana, a counsellor with 20 years of experience in this field, provided training for our staff. The team also received Psychosocial First Aid training from the Mental Health Department of the Institute of Medicine at Maharajgunj Medical Campus Teaching Hospital. A number of other organisations provided training in specific aspects of mental health and psychosocial support: AmeriCares, the Mental Health and Psychosocial network, the International Medical Corps, the Transcultural Psychosocial Organisation and ART Refuge UK.

The psychosocial support team encourage the participants (groups or individuals) to share their experiences, fears and feelings, but also to talk about their coping mechanisms and resilience after the earthquake, to help them on the journey back to a normal life. They help people to identify their problems and find their own solutions through counselling, education, meditation, relaxation, games and other techniques. With schoolchildren, the programme uses play and art as well as formal counselling. BNMT staff carry out their work with respect for individual and community values and culture, and the privacy and confidentiality of participants.

The team works mainly with the most vulnerable – women, children and the elderly – but also draws in a wider range of community members, including men. BNMT also provided counselling and basic training in psychosocial support for Female Community Health Volunteers (FCHVs), teachers and health workers, to enable them to help people in their communities to deal with their fears and concerns and regain a regular life. By providing this training to key community members, BNMT aims to establish a support group within the community to reach out to the families and individuals hit hardest by the earthquake.

BNMT also provided training for other organisations. We conducted training in post-disaster psychosocial counselling and support to other non-governmental organisations and delivered psychosocial education in Kanya Mandir Higher

Secondary School. We continue to work with community groups in Bhaktapur, Kathmandu and Makawanpur, providing psychosocial skills training.

The psychosocial support received a positive response in affected communities. It helped to reduce anxiety and depression, so that people are now more open and relaxed, and aware of their own resilience. It has enabled individuals and communities to begin to rebuild their lives.



Psychosocial skills training with community members in Bhaktapur

The Trust is now planning a long-term programme of psychosocial support, focusing on specific groups such as schoolchildren and women. A priority of the programme will be training for key community members, to build their capacity to form psychosocial support networks in the affected communities.

Overcoming anxiety

We met Aasha (not her real name), a 23-year-old student, during our group counselling session in Bhaktapur. Her home had been completely destroyed by the earthquake and she was living in a makeshift tent.

In the first group counselling session she was quiet for much of the time. Like many others in the group, she said that she was afraid. In subsequent sessions we noticed her with wet eyes but she never said what she was feeling. It was in the third follow-up session that she finally opened up.

BNMT staff introduced the group to a game for identifying the people they relied on for support in their life. During the session Aasha burst into tears and shared her story. Her mother had been buried in the debris of their house and was rescued after two hours. For every second that her mother lay buried she lived with the fear of losing the main source of support in her life. She felt unable to talk about this fear with her family, as she felt it would only revive the pain they had all gone through. The fear and stress were bottled up inside her all the time.



In the next two sessions she seemed brighter than before. She smiled and shared her questions and concerns more openly. By the last session she was eager to learn some basic counselling skills. The day after the last session, the BNMT counsellor got a phone call from Aasha. In a happy tone she said 'Thank you for the counselling. I hope to see you again.'



Medical aid in Sindhupalchowk

After the earthquake: Food, shelter and health care

After the earthquake BNMT helped thousands of people in affected communities by distributing food and other basic necessities, and providing medical treatment. The Trust also supplied essential medicines to the Government of Nepal.

BNMT's earthquake relief initiative assisted communities in seven of the worst-affected districts: Makwanpur, Nuwakot, Dhading, Sindhupalchowk, Kathmandu, Bhaktapur and Lalitpur. The Trust distributed food and other relief goods to

1,000 households, and provided free consultation and medical treatment to 600 individuals.

To address the immediate need for shelter, food and other materials, BNMT prepared a relief bucket containing supplies (see box) sufficient to last the average household at least one week. To address diarrhoeal diseases – highly likely given the destruction of water sources – oral rehydration solution and glucose were included in the package, as well as sanitary napkins for women and girls. The bucket itself can be used to fetch or store water or other materials.



Relief distribution at Tallo Okharpauwa

Health camp in Sipaghat

On 26 August BNMT organised a health camp in Sipaghat in Sindhupalchowk on the banks of the Indrawati river. In the surrounding villages over 80 per cent of the houses had been destroyed. BNMT worked in partnership with the local health post to provide medical supplies (donated by International Health Partners) and clinical services, including general, paediatric, orthopaedic and obstetrics consultations. More than 450 local people attended the clinic. Fractures, sprains, waterborne diseases, skin problems and respiratory problems were the main clinical problems, in addition to exacerbation of chronic diseases – all very common immediately after disasters.

In addition to the relief buckets, BNMT distributed a total of 500 tarpaulins, 200 blankets, 100 mattresses and 100 tents to families living out in the open because their houses had been destroyed.

The relief bucket

Each bucket include: Bucket; Salt; Rice; Biscuits; Beaten Rice; Instant Noodles; Lentils; Oral Rehydration Solution; Soya Beans; Glucose; Cooking Oil and Sanitary Pads.



Relief distribution at Dubachaur

To avoid duplication and reach the households who need it most, BNMT's relief distribution efforts were conducted in coordination with the government, and based on consultation with local authorities and leaders, as well as the Trust's own needs assessment.

Medical aid

As one of the country's longest standing healthcare organisations, BNMT sought to provide medical assistance to victims and survivors in earthquake-affected areas. The Trust organised health camps in hard to reach communities, bringing in doctors and nurses to treat fractures, sprains, cut, wounds and waterborne diseases. Medicines were provided free of charge.



Distributing blankets in Phutung

The Trust's relief work was carried out with the help of a range of partner organisations. Our partners included:

- ▶ The Nepalese Nursing Association UK
- ▶ Freedom Matters (UK) and its local implementing partner Child Nepal
- ▶ Society for Emergency Care and Support (Nepal)
- ▶ Tamakoshi Cooperative Hospital, Ramechhap
- ▶ German Rotary Volunteer Doctors



Relief distribution in Bhidanikantha



Struggling to survive

On 25 April 2015, Jyoti Deula's life changed forever. Jyoti, who was pregnant with twins, lost her home in Yosinkhel, on the outskirts of Bhaktapur when the big earthquake struck Nepal.

Since then, Jyoti has been living under a tarpaulin which her family shares with five other families. They are among the 245 households camped on the site of Biscuit Jatra, where an important festival takes place every year in April (Nepali New Year). The sides of their shelter are open to the elements and when it rains the area floods. The camp water supply is a single tap with a bucket, and there is only one toilet. It is a daily struggle to obtain the basics of life: food, water, and dry clothes and bedding.

On 22 July Jyoti gave birth to twin boys. She worries for their future: she has nowhere to live and not enough milk to feed them. She requested help in the form of bottled milk, but in this environment giving bottled milk to babies creates significant risk of life-threatening diarrhoeal disease.

BNMT Nepal provided her family with a 12-person tent, along with nutritional support for Jyoti so she can feed her twins properly. The Trust also arranged for four community toilets with a water supply to be built at the camp.

It is a great improvement, but Jyoti looks forward to the day when she can move back into her own home.

Contributor: Sophie Langran

Water and sanitation: Community toilets

To address one of the major risks to health in earthquake-affected areas, BNMT organised the construction of toilets in densely-populated parts of the Kathmandu valley.

In the aftermath of the earthquake, thousands of people, having lost their homes, live crowded together in temporary shelters without proper sanitation facilities. The lack of toilets and a safe water supply has made the situation even more difficult for those who have lost their family members, homes and belongings in the earthquake.

The lack of sanitation poses a big threat of diarrhoeal and other infectious diseases spreading. A rapid assessment conducted by BNMT following the earthquake found that many people were using backyards and other open spaces for defecation because they had no alternative.

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 has become an even bigger challenge in the stressed environments that many currently live in.

Some relief agencies have set up temporary toilets in the earthquake affected areas. However, they are insufficient and unsustainable, as they will only be in operation for one or two months, while reconstruction of houses is expected to take several years. There is an urgent need for community toilets that everyone

– including women and girls – can use in densely populated areas that have been hard hit by the earthquake. BNMT therefore resolved to build ‘gender friendly’ community toilets in temporary settlements in towns in the Kathmandu valley: toilet blocks with separate compartments for males and females and a reliable water supply.

BNMT first selected two sites in Bhaktapur district: Maheshwari Khelmaidan-6 and Yosinkhel-11. A total of 245 families are taking shelter in Yosinkhel, and 182 in Maheshwari.

BNMT coordinated with Bhaktapur Municipality over site selection, engineering design and cost. A Users’ Committee was formed at each settlement and charged with the responsibility for building work. Before construction started, a three-way agreement was drawn up between BNMT, Bhaktapur Municipality and the Users’ Committee, spelling out the roles and responsibilities of each party.

The construction of the toilets was completed in July 2015. Discussions are ongoing with local government leaders to build more community toilets for tented camps in Lalitpur, Bungamati and several other towns in the Kathmandu valley. By working collaboratively with local government representatives and community leaders, BNMT ensures local ownership of the facilities.



Menstrual hygiene management

BNMT's menstrual hygiene management project addresses a key aspect of sexual and reproductive rights for adolescent girls.

For many adolescent girls in Nepal, the onset of menstruation is marked by cultural practices that restrict their mobility and place them in isolation. State schools, where most girls spend a quarter of their day, ignore their needs. They make no provision for privacy, or supplementary facilities such as water supply and space for washing, cleaning and changing.

To address the problem, BNMT launched a pilot project on menstrual hygiene management in three state schools in Morang district from January to March 2015. A total of 242 schoolgirls took part in the project, all of them from low-income families.

A baseline survey conducted at the start of the project found that more than three-quarters of the girls stayed away from school during menstruation, and that two-fifths of them could not afford to buy sanitary pads.

One aim of the project was to raise awareness and knowledge about menstrual hygiene management, so students, both girls and boys, and teachers from all the project schools were given basic education on the topic. Tests carried out before and after the education session showed an increase in knowledge.

The project also taught girls to make and use re-useable, environmentally friendly, 'Sajilo' (meaning 'easy' in Nepali) sanitary napkins that even those from poor communities could afford. This training was also conducted with female community health volunteers and mothers' groups. A ready-made set of Sajilo napkins was given to each participant in the programme.

A survey at the close of the project found students' understanding of their physiology had improved, while the proportion of girls attending school during their menstrual period rose from 24 per cent to 91 per cent. However, one of the most striking issues that emerged is the lack of toilet facilities for girls in the schools.

Given the success of the pilot project, BNMT plans to extend this work – including gender friendly toilet construction – to other schools.



Learning about menstruation as a natural process



Preparing a Sajilo napkin

'We knew very little about menstruation. It is not among the subjects which we openly discuss. But the orientation on menstruation and adolescent health by BNMT provided us a comfortable environment to learn and discuss about it.'

'I also received training in preparing "Sajilo" napkin and it has been really helpful. I don't have to worry about spending money on sanitary napkins now. Moreover, I don't have to stay at home during my menstrual period. I can prepare napkins and use them as I need.'

I hope BNMT is able to support other schools as well and many girls like us benefit from it.'

**Rabina Kumari Hamsda, 15,
Shree Durga Higher
Secondary School, Morang**

Controlling tuberculosis: Quality control of TB microscopy

BNMT is responsible for maintaining and improving the standard of TB microscopy in eastern Nepal.

Examination of sputum smears under a microscope is essential for diagnosis of TB, and also for monitoring the effectiveness of treatment. BNMT manages Nepal's Eastern Region Quality Control Centre, which checks the quality of TB microscopy across the region.

The centre was established in 1997 under a tripartite agreement between the Eastern Regional Health Directorate (a government body); the Nepal Anti-Tuberculosis Association (NATA) in Morang district and BNMT. The Regional Health Directorate is responsible for overall guidance and monitoring, as well as logistics, while NATA provides the premises. BNMT is responsible for staffing and quality assurance, which is achieved through:

- ▶ cross-checking of sputum smear slides
- ▶ supplying reagents to TB laboratories
- ▶ building capacity of laboratory staff for TB microscopy
- ▶ supervision and monitoring of microscopy centres.

TB microscopy in the Eastern Region 2014

- ▶ 7,061 slides were examined, coming from 109 laboratories
- ▶ 72 laboratories had no false results
- ▶ 13 laboratories met the national target of less than 5 per cent false results
- ▶ 24 laboratories failed to meet the target

Staff at the centre check the standard of TB microscopy in laboratories across the region. The process involves taking a random selection of slides from each laboratory, re-examining them and comparing the outcome with the original result. Each round of slide checking is followed by feedback in the form of a written report, showing details of incorrect results and offering suggestions for improvement.



Building the capacity of the region's laboratory staff is the core function of the Quality Control Centre. It provides basic and refresher training for sputum microscopy and the identification of TB bacteria.

The quality assurance process identifies the strengths and weaknesses of the microscopy laboratories. Those found to be performing poorly receive a visit from the quality control centre staff, who provide on the spot training.

Access to TB treatment: The Swasthya Sudha DOTS sub-centre

A centre run by a youth club with support from BNMT provides TB treatment to people who cannot use the government service.

BNMT has been working with the local youth club in Rani, an industrial area in Biratnagar Municipality, on the border with India, since 2006. At the time the area was included in the Trust's Rights-Based Approach to Health project, which focused on ensuring that disadvantaged groups had access to health services.

About three-quarters of Rani's population work as labourers, the majority in jute factories but some work as rickshaw-pullers or seasonal migrant workers. BNMT staff noted that the majority of TB patients who worked in factories failed to complete their course of treatment – a problem not only for those patients, but also for the wider community, as it exposed them to greater risk of contracting the disease. Further investigation revealed that the factory workers could not attend for treatment within the limited opening hours of government TB clinics (10am-2pm) because they had to be at work.

The youth club members stepped in to solve the problem. They established a clinic to provide Directly Observed Treatment Short Course (DOTS) – the TB control strategy recommended by the World Health Organisation. BNMT provided technical assistance, equipment and furniture. More recently, a small grant from the Simon Memorial Fund was used to install a water filter and hand pump, so that the patients have washing facilities too.

The centre is open 12 hours a day, so patients – most of them mill workers and rickshaw pullers – can attend early in the morning or in the evening after work. The centre's success has inspired the establishment of three similar centres in adjacent areas.

Volunteers from the Rani youth club also play an active role in finding TB cases. The club's other activities include literacy classes for the elderly, a savings scheme, income generation and livelihood programmes.



Volunteer Deepa Poudel with a TB patient



Water pump provided to the DOTS clinic by BNMT

'We are providing the medicines as per the time feasibility of the patients. The centre has been providing 12 hours service per day. All the patients are extremely happy with our service. Without the support of BNMT the effectiveness of the services will obviously be insufficient. I hope BNMT continues its support and even expand the services.'

Deepa Poudel, volunteer at the DOTS centre in Rani

Health Link Nepal

In 2014 BNMT launched a scheme to strengthen the links in the health sector between the UK and Nepal.

Health Link aims to link clinical and public health experts in the UK and Nepal, so that they can exchange their knowledge and research and share it with a global audience. It provides them with the opportunity to engage in debate, raise awareness, and share knowledge and experience in clinical and public health.

The scheme was inaugurated on 31 October 2014 by His Excellency Andrew James Sparkes, then British Ambassador to Nepal. It has two main components: the Health Link website (www.healthlinknepal.org) and a seminar and discussion series.



An attentive audience for the launch of the Health Link discussion series

The website hosts an electronic discussion forum for health professionals, academics and researchers from around the globe, to encourage sharing of knowledge and experience relevant to health and development in Nepal.

The seminar and discussion series focuses on issues prioritised by the Nepal Health Sector Programme. Topics covered in the five sessions conducted so far included safe motherhood, mental health, health financing, health care for the elderly, and health education.

Researching family planning

BNMT is contributing research expertise to an innovative approach to family planning, which is considered a high priority by the Government of Nepal.



The Adventist Development and Relief Agency (ADRA) has started to integrate family planning into its poverty eradication work in Nepal. To help monitor the impact of this approach, ADRA Nepal requested BNMT to carry out a baseline study before the launch of a pilot project that embeds family planning education into agricultural programmes targeted at women.

The study was conducted in five villages in each of three districts: Palap, in the mid-hills of western Nepal; and two Terai (lowland) districts, Rupandehi and Kapilvastu.

A similar survey will be undertaken after the project to evaluate the impact.

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, 2014 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 2014 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 2014

| | 2014 | | 2013 | |
|--|----------------|----------------|----------------|----------------|
| | £ | £ | £ | £ |
| Fixed assets | | | | |
| Tangible assets | | 1,460 | | 1,824 |
| Current assets | | | | |
| Debtors | 15,946 | | 59,683 | |
| Investments | 130,058 | | 170,708 | |
| Cash at bank | <u>214,877</u> | | <u>335,896</u> | |
| | 360,881 | | 566,287 | |
| Creditors: | | | | |
| Amounts falling due within one year | (39,988) | | (70,603) | |
| Net current assets | | <u>320,893</u> | | <u>495,684</u> |
| Total assets less current liabilities | | <u>322,353</u> | | <u>497,508</u> |
| Charity funds | | | | |
| Restricted funds | | 49,073 | | 156,490 |
| Unrestricted funds | | <u>273,280</u> | | <u>341,018</u> |
| | | <u>322,353</u> | | <u>497,508</u> |

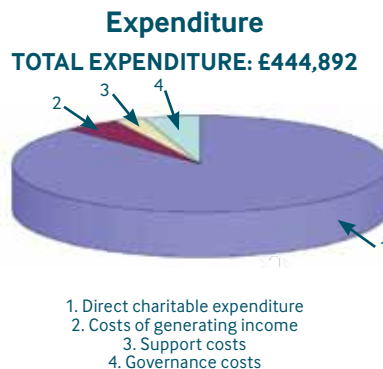
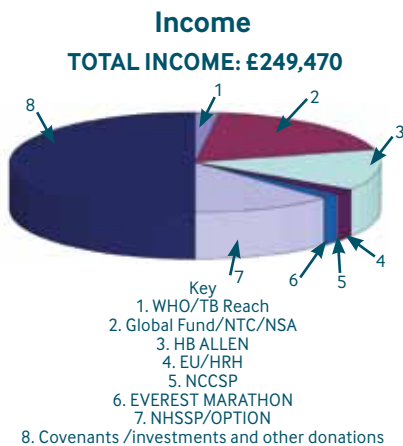


Dr. G M C Holdsworth

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



Lucy Jackson, aged 10, raised over £1,000 for BNMT after the earthquake in Nepal, by climbing 15 Wainwright peaks in six days, despite some dreadful weather.. Lucy has been raising money by climbing every summer since she was seven. She climbed Scafell Pike when she was seven, and Ben Nevis and Snowdon when she was eight. Last year she climbed 12 Wainwrights in the lakes.



The former British Ambassador to Nepal, Andrew Sparkes, joined BNMT's 100km walk along the south coast of England in July 2015 to raise funds for earthquake relief. The remaining walkers include the Trust's co-chairs Dr Gillian Holdsworth and Prof Surya Subedi, Nicky and Paula Willmore, Rosemary Blandy and Shona Duncan.

Fundraising

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

This year, following the devastating earthquakes, we received an amazing number of generous donations for relief work in Nepal. Many people and organisations held special fundraising events.

To cite just a few examples:

- ▶ The Britain Nepal Society's multiple fundraising events
- ▶ Cuddington Village Hall film evening
- ▶ The Didi Daju Dash 100km walk
- ▶ Michael Hutt's breakfast event
- ▶ Clare and Mike Day's Swimathon
- ▶ Willow Nursery Sponsored Toddle
- ▶ Ann Walters' concert and sale of flowers, vegetables and fruit
- ▶ Sherborne Girls School
- ▶ The Vale of Glamorgan Wine Tasting

We should also like to thank the following for their fundraising efforts:

- ▶ All Saints Milton
- ▶ Bawdeswell All Saints PCC
- ▶ Blockley WI
- ▶ Broadway Church.
- ▶ The people of Chearsley
- ▶ Friends of Marlborough
- ▶ Friends Meeting
- ▶ Kenilworth Methodist Church
- ▶ Mortimer Gardening Club
- ▶ PHAST
- ▶ The Quakers Cambridge
- ▶ Salisbury Samaritans
- ▶ Skipton Rotary
- ▶ The United Nations office in Cambodia
- ▶ United Reform Church
- ▶ The Women's Council

Many private trusts made generous donations including:

- ▶ BMH Charitable Trust
- ▶ Brenish Family Foundation
- ▶ Bryan Foster Trust
- ▶ Clay Trust
- ▶ Dacre Trust
- ▶ EF Charitable Trust
- ▶ George Cadbury Fund
- ▶ Henry C. Hoare Trust
- ▶ Radley Trust

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
- £40 buys packets of oral rehydration solution to treat 100 children with acute diarrhoea
- £125 buys 40 packets of clean home delivery kits that will protect 100 babies and mothers from infection
- £150 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
- £450 pays for a year's supply of life saving drugs at a rural health centre
- £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
- £2,500 builds a community toilet to serve an earthquake affected community
- £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 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

Another way to 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.

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 Fax: 01732 363876
Email: info@britainnepalmedicaltrust.org.uk
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



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

Web: www.britainnepalmedicaltrust.org.uk