Stopping Tuberculosis in Nepal

The Britain-Nepal Medical Trust

Annual Report 2009/10

Jeffrey W. Mecaskey

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Foreword

A fragile peace persists in Nepal, while ongoing political instability leaves citizens and observers with an uncomfortable uncertainty about when and if things will return to 'normal'. From the fourth quarter of 2009, an impasse in the adoption of a new constitution has brought to light fundamental disagreement on the direction for a democratic, federal republic of Nepal. Against this backdrop, the struggle to achieve health remains a challenge.

This year's annual report goes back to basics, reviewing our programme commitment to the treatment and control of tuberculosis (TB). Readers who have a longer-term relationship with the Trust will recall that TB has been a core aspect of our work for more than 40 years. While fashions in international health and development, as well as Nepal's needs, have changed over time, TB has persisted as both a cause and a marker of persistent poverty and inequity.

After a period of neglect, it is heartening to see tuberculosis control once again receive the priority its public health importance warrants. Just a few years ago, the Trust and others had great difficulty in mobilising funds to support a TB programme. Support from the Bill and Melinda Gates Foundation kept this work going through mid-2003, but there followed a drought until the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) began financing work in Nepal, including BNMT's operational work, from early 2006. In the meantime, BNMT has provided critical technical support to the National Tuberculosis Programme, helping it to secure additional support for GFATM Round 7 from 2008. The Trust also played a key role in developing Nepal's National Strategic Application (NSA), which GFATM will pilot in Nepal from 2010. The NSA promises to bring greater momentum and focus to Nepal's National Tuberculosis Programme.

As outlined in this year's report, the control of tuberculosis in the 21st century is a different and more complex undertaking than it was in earlier years. The emergence of HIV/AIDS and its slow but steady spread in Nepal has meant that more people exposed to infection are developing clinical, infectious disease. Moreover, owing to persistent underinvestment in both the health system in general and TB control in particular, drug resistance has become a problem. This applies both to the more manageable so-called multi-drug resistant TB, but also to Extremely Drug Resistant (XDR) TB, which defies treatment altogether. These developments underscore the importance of BNMT and its partners getting back to basics with good casefinding; good completion of treatment; and good cure rates.

The task of building a new Nepal is still at hand. We extend our appreciation to those who have supported us in the past, and we encourage you to consider increasing your investment with BNMT to help us continue our work in building the basis for a just and lasting peace.

Gratefully yours,

Jeffrey W Mecaskey, Chair, Board of Trustees

Sadhana Shrestha


Bhanu B. Niraula

In memoriam: Sir Wallace Fox

Professor Sir Wallace Fox, a long-time friend and supporter of BNMT, has died aged 89. His connection with BNMT goes back to 1977 when he was appointed a Trustee, a position he held until 1990, when he became a Patron.

In 1965 he was appointed Director of the Medical Research Council's TB research unit. Professor Fox led the Medical Research Council's programme that developed the standard worldwide treatment of tuberculosis: a six months course with two drugs – rifampicin and isoniazid – plus pyrazinamide for the first two months. The treatment was recommended worldwide by the World Health Organisation (WHO). He also had a leading role on WHO expert committees.

Message from the Country Directors

BNMT has a long history of fostering people-centred health and socio-economic development in Nepal. In an unusual decision by the Trustees, we were inducted as Country Directors with joint responsibility for managing BNMT Nepal. One of us was given responsibility for programme and operations; the other for external relations, advocacy and resource mobilisation, with fundraising as the single most important priority of the organisation to ensure its relevance and sustainability in Nepal's development.

One of our first critical tasks was to finalise the Trust's Strategic Plan. The new strategy for 2009-2013 was drawn up in consultation with the staff and Senior Management Team. It focuses on four thematic programme areas: improving health; fostering livelihood opportunities; addressing the effects of climate change and disaster on health; and peace building. Our human resource policy and guidelines have also been revised and updated.

BNMT played a key role in assisting the National Tuberculosis Programme (NTP) to secure support from the Global Fund for HIV/AIDS, Tuberculosis and Malaria to boost TB control efforts in Nepal. BNMT is currently a sub-recipient for implementation of the National Strategy Application. The Trust began its work by addressing TB, and this remains one of our strengths – and hence the focus of this annual report.

BNMT continues to work closely with many stakeholders: ministries and departments, local governance bodies, health officials, communities, intergovernmental organisations, non-governmental organisations, and community groups. Through our programmes on TB, on rehabilitating war-affected children (supported by the European Union) and rights-based approaches to health (supported by ICCO) we work to improve the health and well-being of the Nepalese population in more than 30 districts of the country.

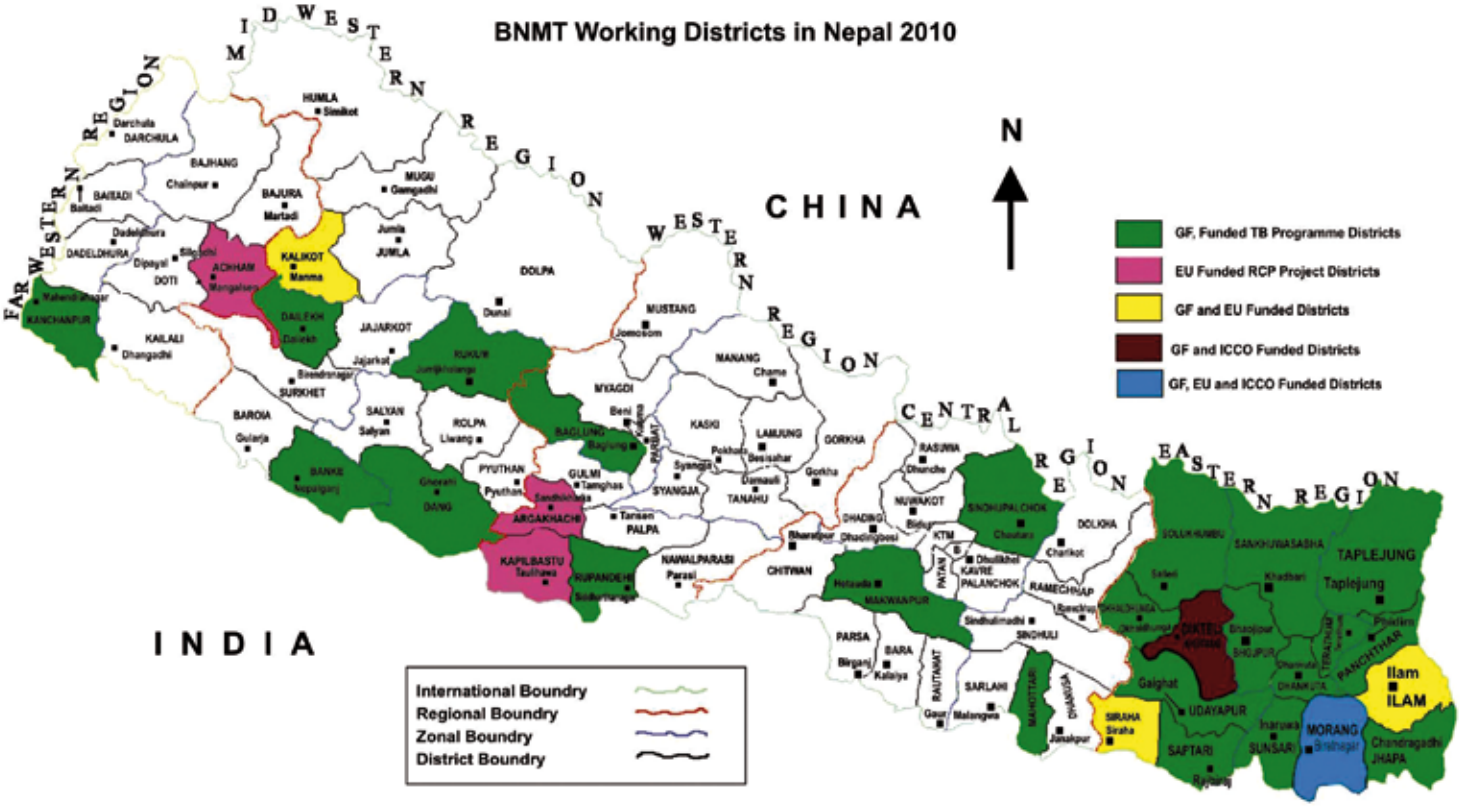
As we approach the end of our first year with BNMT, we feel proud of our achievements. But these successes are not enough to ensure BNMT's survival and relevance to Nepal's development. We have yet to secure our operational costs. We call upon our patrons, supporters and donors to work with us for BNMT's sustainability and its continued relevance to Nepal's development. We sincerely feel that BNMT, with its four decades of development experience, is still needed by the people of Nepal.

Finally, we would like to thank the Board of Trustees and Friends of BNMT for their unstinting support, and the staff for their hard work. The Trust is grateful to all its supporters and donors, whose contributions have helped improve the health of marginalised and excluded communities and individuals. You can continue to make a difference to the lives of impoverished people by donating to efforts to improve their health, reduce the adverse effects of climate change, expand their livelihood options and build peace. BNMT looks forward to working together with all stakeholders for a healthier, prosperous and peaceful Nepal.

Sadhana Shrestha, Country Director
(External Relations, Advocacy, and Resource Mobilisation)

Bhanu B. Niraula, PhD Country Director
(Programmes and Operations)

BNMT's working district and funding partners



Nepal – an overview

Nepal has a population of 27.1 million, 84 percent of whom live in rural areas.

Almost half of the population (49 percent) live in the *terai* (lowlands) bordering India that constitutes 23 percent of the total land area of Nepal.

44 percent of the population live in the middle-hills, which range in altitude from 600 to 4,500 metres.

Seven percent of the population live along the northern border with Tibet, where the Himalayan Mountains include eight of the world's 14 highest peaks.

The country is both ethnically and linguistically diverse and includes, among others, Gurungs, Limbus, Madhesis, Magars, Rais, Sherpas, Tamangs, Tharus, and Tibetans. Nepali is the official language, with dozens of others spoken by some portion of the population.

Religion plays a significant part in Nepalese life with 81 percent of the population Hindu, 11 percent Buddhist, 4 percent Muslim and the remainder having other religions.

Patriarchal social structures and a caste system disadvantage several groups, including the so-called lower castes, certain ethnic groups, women and children.

In 2006 Nepal emerged from a decade of armed conflict that led to more than 13,000 deaths and at its peak internally displaced up to 200,000 people. In 2008 the Constitutional Assembly abolished the 240-year-old monarchy and declared Nepal a federal democratic republic.

Economically, Nepal is one of the world's poorest countries, with few economically viable natural resources. Its foreign exchange is earned principally through remittances from Nepalese working abroad and tourism. More than three quarters of Nepalese live on less than $2 a day.

Poverty and health

Basic statistics comparing the poorest 20 percent of the population of Nepal with the wealthiest 20 percent

	Poorest 20% of population	Richest 20% of population
Births attended by skilled health personnel	4%	45%
Children fully immunised against common diseases such as tuberculosis, diphtheria and measles	61%	83%
Infant mortality rate	85.5 per 1,000 live births	77 per 1,000 live births
Under-five mortality rate	130 per 1,000 live births	86 per 1,000 live births

BNMT Quality Control Officer examines slides

Towards a TB-free Nepal

Tuberculosis is one of the top three killer diseases worldwide. According to the World Health Organisation (WHO), TB infection is currently spreading at the rate of one person per second. It kills more young people and adults than any other infectious disease. And it is the world's biggest killer of women.

About one-third of the world's population carry TB bacteria, and 5-10 percent of the infected will develop the active disease. However, this proportion is changing because HIV, which undermines the immune system, makes people more likely to develop TB.

In 2005, 14.1 million people around the world had TB, and there were 8.8 million new cases of the disease.

Nepal's National Tuberculosis Programme is considered one of the most successful TB control efforts in the world. Nevertheless, the disease remains a public health priority, and the brunt of its burden is borne by the poorest and most disadvantaged groups in Nepalese society.

In Nepal, TB kills between 5,000 and 7,000 people a year. Nearly 80,000 people currently have the disease and more than 40,000 new cases arise each year. About half of these new cases are of infectious TB. It is expected that more than 200,000 people will develop TB over the next five years. Most of them will be in the economically active age group (15-45 years) – so the disease is a huge economic burden not only for their families but for the country as a whole

In Nepal as elsewhere in the world, TB prevalence and death rates have been falling for several years. With the introduction of improved medications and a new approach to treatment – the Directly Observed Treatment Short Course (DOTS) – in 1996, the number of deaths from TB fell by about one-third, from 9,712 in 1990 to 6,436 in 2007. Notifications of new cases continued to rise steadily until 2001, although there has been a slow decline in case notifications since then. Given Nepal's political crisis over the last decade, it is hard to know whether this decline is due to poorer reporting or reduced transmission. A national prevalence survey scheduled for next year aims to resolve this question.

Tuberculosis and poverty

The majority of TB sufferers are poor and the disease continues the cycle of poverty by keeping them poor because infected people are too debilitated to be productive.

People living in poverty are at higher risk of TB infection because it spreads in crowded places, including households, factories, markets and public transport. The poor are more likely to be malnourished, so more susceptible to the disease. They are also less likely to seek treatment in the early stages of the disease. Because they have less access to education, they are less likely to know and recognise the symptoms. And because most of the people affected are primary income earners for their families, they rarely seek a cure until the disease has reached such an advanced stage that they cannot work.

During the six to eight months of treatment, the patient is unable to earn an income or contribute to household duties. And although diagnoses and treatment are provided free of charge by the government, the cost of transport to and from the health facility and food must be paid by the patient and their family.

BNMT staff member presents the Trust's health education materials to Prime Minister Mr Madhav K. Nepal on Global AIDS Day

Working to stop TB

BNMT has been tackling TB in Nepal ever since it first started its work in 1968 (see box). Today, the Trust works to support the goals of the National Tuberculosis Programme (NTP): to reduce sickness and deaths caused by the disease and to stop its transmission, until it is no longer a public health problem in Nepal.

If TB is to be reduced, people need to know the symptoms, to know that treatment is available, affordable and effective, and they need to know where to go to get it. The diagnosis and treatment centres need to be accessible (in terms of culture and financial cost, as well as distance to travel). The staff and volunteers providing the treatment, care and counselling need to have the training and resources to do their job. And a coherent, strategic approach is needed to integrate the TB control efforts of the government health service, private health practitioners, and non-governmental organisations. BNMT's contribution to the NTP touches on all of these aspects.

A strategic approach to public education and advocacy

Tackling TB is not simply a matter of administering medical treatment. Public education and advocacy play a vital role in increasing knowledge and awareness of TB and its prevention and transmission; in encouraging people to seek treatment; and in mobilising resources to improve the quality of care and support for the people affected.

It is important to encourage wider public participation in the TB programme, through local media, volunteers, community organisations, women's groups and local opinion leaders. Ultimately, this helps the wider public understand the need to devote effort and resources to stopping TB.

Many organisations in Nepal have carried out scattered public education and awareness raising efforts. The NTP is now trying to do this in an integrated way, for greater impact. In 2009-10 BNMT worked with the NTP and its partners to draw up a comprehensive strategy for TB advocacy, communication and social mobilisation. The strategy includes:

- advocacy directed at leaders and decision-makers, to influence policy decisions;
- communication directed at individuals and groups, to change their knowledge, attitudes and behaviour in relation to TB, for example by informing them that TB can be cured and that public services are available;
- social mobilisation, directed at the wider public to win broader support for the national TB control effort and to create an environment where communities can discuss, debate, organise and communicate their own perspectives on TB.

A pioneering role: The history of BNMT's TB programme

BNMT has been working to address TB in Nepal since its inception. The Trust played a leading role in establishing the NTP, and for many years helped the National Tuberculosis Centre to implement TB prevention and control measures in eastern Nepal.

In the 1990s BNMT reconsidered its approach, and moved from delivering TB services in eastern Nepal to helping to develop an effective national TB control programme. The Trust's knowledge and experience were put to use building the capacity of the NTP and the Basic Health Service (BHS) to diagnose and treat TB.

The services previously run by BNMT in eastern Nepal – the case-finding programme, TB clinics and TB hostels where patients from remote villages could stay while undergoing treatment – were handed over to the government and are now run by the district health authorities.

BNMT took on the role of training BHS staff to treat and care for TB patients and ensuring the quality of TB microscopy.

During the 1990s, BNMT pioneered new approaches to TB treatment in Nepal. The success of the Trust's DOTS pilot programme in Dhankuta laid the groundwork for a national scheme that extended DOTS throughout the country. BNMT also pioneered treatment for TB-HIV co-infection, starting with a pilot project in Sunsari District in 2001.

A patient receives drugs at a DOTS centre

Tackling tuberculosis

BNMT works to improve the quality of TB diagnosis and treatment services by providing quality assurance for TB microscopy, monitoring and supervision of DOTS treatment centres, and training for BHS staff and Female Community Health Volunteers (FCHVs). The Trust also works to expand the reach of DOTS centres and to draw private practitioners into the national TB control effort. And it plays a leading role in health education for the people at greatest risk of contracting TB.

To back up this work, and that of the NTP as a whole, BNMT has carried out research on existing TB-HIV services, on knowledge, attitudes and practices related to TB in local communities, and on the benefits of public-private collaboration in TB control.

The aim of BNMT's TB programme is to improve prevention efforts and patient care, with the aim of making Nepal's TB control programme effective, efficient and sustainable.

In 2009/10 BNMT provided TB and DOTS education sessions for:

- 123 factory workers in Udaypur, Sunsari and Morang
- 61 inmates of Sunsari prison
- 20 Bhutanese refugee health groups
- 91 teachers
- 19 journalists.

Training

BNMT runs training sessions on TB for BHS staff. The training courses include basic training – identification of suspected TB cases, diagnosis, treatment and follow-up – as well as refresher training and training in treatment and care of patients with TB-HIV co-infection.

The Trust provides management training for DOTS centre staff.

The Trust also trains volunteers from local communities.

Female Community Health Volunteers (FCHVs) are particularly effective in finding TB cases, so it is important to keep them motivated and keep their training up to date.

BNMT has collaborated with the NTP and other partners to develop training manuals and courses for service providers and volunteers. These include:

- a training manual for health care provides on TB-HIV co-infection
- a training manual on TB treatment for FCHVs
- a training package on TB education and advocacy for FCHVs
- a training manual on TB education and advocacy for health care providers.

Monitoring and supervision

BNMT works to ensure good practice and quality services in DOTS treatment centres, by visiting the centres to observe diagnosis and treatment, recording and reporting systems, and drug availability and storage. If necessary, the visiting supervisors give on the spot training to health workers. The visits culminate in feedback sessions to help health service staff improve the treatment programme.

Ensuring quality in microscopy services

In 2009/10 BNMT worked to ensure the quality of sputum microscopy (vital for TB diagnosis) of national laboratories and in the 88 microscopy centres in the Eastern Development Region. This included cross-checking the work of the microscopy centres,

monitoring and supervision of laboratories, training the staff, and supplying reagents to smaller laboratories.

Expanding DOTS centres

BNMT worked to expand six urban DOTS treatment centres in eastern Nepal and helped them to trace the contacts of people found to have TB. The Trust also trained the members of DOTS committees – local volunteers who manage the treatment centres and encourage people in their communities to go for diagnosis and treatment.

A training session for health workers

Working with the private sector

To engage all health care providers in the national effort to stop TB, BNMT works with private health practitioners, to explain the national TB programme and NTP guidelines for care and treatment of TB patients. The Trust also organised an information session for 20 private drug retailers, to encourage them to refer TB sufferers to DOTS centres for free medication.

Microscopy training

Community education

The main targets of BNMT's TB education work are the most disadvantaged groups and those at greatest risk from the TB, as well as those, such as teachers and journalists, who are in a position to pass on their knowledge to others.

TB education needs to convey more than the medical facts. It has to motivate people to visit a TB clinic if they have TB symptoms, and to complete the course of treatment if the diagnosis of TB is confirmed. BNMT's community education stresses the importance of seeking diagnosis and continuing with the full course of treatment.

In 2009/10, the Trust held TB education sessions for factory workers, prisoners, Bhutanese refugees, teachers and journalists. In addition to formal education sessions, BNMT organised street theatre performances to raise public awareness and encourage people to seek treatment.

As a result of education and counselling provided by BNMT, 19 people living with HIV or AIDS went to get tested for TB infection.

The Trust also works with local radio stations, encouraging them to broadcast information about TB, and uses World TB Day to raise awareness. In Biratnagar municipality, where the number of reported TB cases was improbably low, BNMT approached local radio stations to help raise awareness about the disease. At the same time, it mobilised health workers and volunteers to make door-to-door visits to talk to people about TB and identify possible cases. This has significantly increased the number of cases found.

In 2009-10 BNMT:

- provided basic laboratory training for 27 staff and refresher training for 26 staff in microscopy centres in eastern Nepal
- carried out 48 supervision visits to district centres, 24 supervision visits to DOTS treatment centres, and 24 visits to DOTS treatment sub-centres
- provided training for 114 Basic Health Service staff and 309 FCHVs
- organised workshops on the National TB Programme for 70 private practitioners
- arranged food, transport and accommodation during treatment for 25 patients with multi-drug resistant TB.

Duna-tapari bowls are a source of income for rural women

Rebuilding communities affected by armed conflict

For the past two years, BNMT has been working in partnership with local organisations on a project to improve the health and livelihoods of people affected by a decade of armed conflict.

Nepal's internal armed conflict affected every stratum of society, but those who suffered the worst effects were women, children and young people, and impoverished people from marginalised social groups who were forced to flee their homes.

The project 'Fostering Health and Livelihoods of Conflict Affected People in Nepal' aimed to improve the living standards of the poorest conflict-affected communities, and thus to reduce the potential for a resurgence of armed violence. More specifically, it aimed to revitalise health services, expand livelihood opportunities and boost the ability of local people to rebuild their communities and assert their rights.

BNMT played a leading role in the project, which was implemented by a consortium made up of BNMT, two national non-governmental organisations (NGOs) and 11 district-based NGOs. The Trust was responsible for overall management of the project and provided technical support for its health components. Forest Action Nepal and World Vision Advocacy Forum Nepal (WVAF) provided technical support for livelihood and institutional capacity building respectively. The district partners contributed local knowledge, expertise and contacts to enable the project to identify and prioritise local needs. They also planned and carried out the project activities on the ground. The consortium cooperated closely with government agencies in the project area.

The project started in March 2008 and ran for two years. It covered 11 districts: Morang, Dhankuta, Panchthar and Khotang in eastern Nepal; Kavre and Chitwan in central Nepal; Nawalparasi, Arghakhachi and Kapilvastu in the west; Kalikot in the mid-west; and Achham in the far west. The project operated in the ten most disadvantaged conflict-affected villages of each district.

A group of conflict affected women whose livelihood opportunities were broadened by the project.

Health

The health component of the project focused on improving essential health care services. It revived Health Facility Management Committees (HFMCs) in 110 health institutions, renovated 55 health institutions and supplied small items of medical equipment to 57 health institutions to start them functioning. Local communities contributed from 30 to 90 per cent of the renovations costs. The work included building maternal and childbirth centres, as well as repairing conflict-damaged buildings.

The project trained health workers in participatory learning and action (PLA) techniques, designed to enable communities to identify their health needs and take action to address them.

The project also addressed the physical and psychological trauma arising from armed conflict. It trained health workers in mental health and psychosocial counselling, and trained Female Community Health Volunteers (FCHVs) to provide home-based counselling and refer people to health professionals where necessary.

As a result, the number of patients seeking mental health care and counselling has increased, and health institutions have started to keep records of mental illness cases.

Although the health service now provides many drugs free of charge, this does not apply to all the drugs that the local health institutions need. The project supplied essential drugs to health institutions and encouraged HFMCs to establish revolving funds to ensure adequate drug supplies in local health institutions. Health workers and HFMCs were trained to run the schemes.

The project also organised health camps, taking doctors and nurses to provide medical treatment to remote rural communities where there are no health services. A total of 4,982 patients (1,056 men and 3,926 women) received medical treatment at the health camps. The main focus was on women's reproductive health, particularly uterine prolapse and family planning, but eye and dental services were also provided.

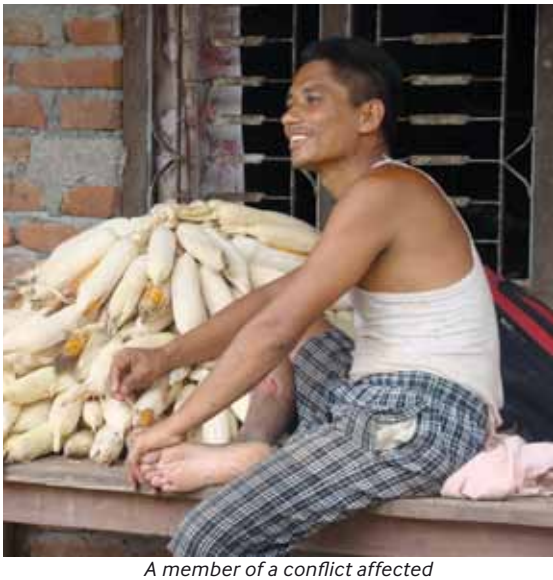
Most rural people, when they have a health problem, turn first to the traditional healer, so it is important to work with the traditional healers if people are to be encouraged to use the Basic Health Services. The project organised meetings and training sessions for traditional healers, encouraging them to refer people needing medical attention to the health institutions. Since these sessions, traditional healers in the project area have referred about 3,350 people to health institutions.

More than 300 conflict affected families also received direct rehabilitation support in various forms, ranging from artificial limbs and extraction of bullets to support for children's education.

Livelihoods

The effort to expand livelihood opportunities focused on skills training, to enable conflict affected families to earn a living. The types of training included farming, livestock raising, bicycle and motorcycle repair, furniture-making and hairdressing. People who previously engaged in traditional occupations – blacksmiths and tailors – were encouraged to resume their trade and given training to upgrade their skills. All those who received training were also given basic supplies, tools and equipment to enable them start up in business.

A number of women – mostly single women and widows – were given seed funds and training to open small grocery stores. All of them have set up small stores and are now making a living from them. In three districts, some women received training in production of *duna tapari* (plates and bowls made of leaves) are now making a living from the sale of their products.



A member of a conflict affected community who received support from the project for his livelihood

A water pump installed as part of the project

Men who received vocational training in various trades such as bicycle and mobile repairs have also been operating their workshops and are earning income.

In total, 1,214 people (691 men, 532 women) received training and support for income generation. About three-quarters of the project beneficiaries are now either self-employed or have a job. The most successful activities were the grocery stores and the *duna tapari* production.

Rural infrastructure

The project helped to install safe drinking water sources and small-scale irrigation works. Hand pumps and taps were installed in two villages providing clean water to 400 households. This dramatically reduced cases of water-borne disease and as a result children started to attend school regularly.

Strengthening local organisations and communities

To ensure sustainability, the project made an effort to boost the capacity of local partner NGOs and community organisations to rebuild communities. The organisations received training in PLA techniques, gender, social inclusion and leadership development. Training in account keeping was also provided for 165 people, most of whom were the treasurers of savings and credit groups. All these activities have strengthened norms of transparency and good governance among partner NGOs.

Human rights and health education sessions for women and young people aimed not only to impart information, but also to encourage the participants to act as peer educators, passing on their knowledge to others.

Women's groups who received training in PLA are now using their skills to address health problems in the community, and persuading Village Development Committees, HFMC, and schools to allocate resources towards improving community health.

Impact

The project succeeded in improving the living standards of vulnerable communities. It improved access to essential health services, increased livelihood opportunities, and increased the capacity of disadvantaged groups to seek services from government agencies operating in their area.

A total of 27, 556 people benefited directly from the project, considerably more than the original target of 20,000. More than half of the beneficiaries were women, And 17 percent of the beneficiaries were Dalits, who account for 13 percent of the population of the project area.

An independent evaluation of the project by two external consultants found that the project had to a large extent reached the conflict affected and vulnerable population and rebuilt confidence in government services. The evaluators said the project showed that it is possible to improve living standards and reduce the potential for conflict, However, they noted that two years was not enough to make these achievements sustainable. They concluded that 'Nepal needs many such projects... and the time period should be 3-5 years'.

Working with the next generation

The project for 'Rehabilitating Children, Supporting Families and Communities Affected by Armed Conflict' is being implemented in 41 villages and one municipality in seven conflict affected districts. These districts – Kalikot, Achham, Kapilvastu, Arghakhachi, Siraha, Morang and Ilam – were among the areas that suffered most during the armed conflict.

To implement the project, BNMT is working with seven partner NGOs, one in each district. The project builds on the experience gained from the project for 'Fostering Health and Livelihoods of Conflict Affected People' (see page 8).

The project began with a baseline survey to assess whether and how conflict affected children and their families were using education and health care services, and how their families made a living. The survey also looked at the capacity of partner NGOs and community organisations in children's rights advocacy.

The survey helped BNMT identify 1,266 children who would benefit from the project. Many of them had dropped out of education, and some had been used as porters, cooks, helpers and informants. Some had been used as human shields and some had undergone political indoctrination. Of those who had dropped out of school, almost one-third were Dalits, 28 percent were Janajatis (collective term for Nepal's indigenous peoples), 28 percent belonged to the higher castes, and 12 percent belonged to the Madhesi ethnic group.

The project runs catch-up learning classes for 333 of these children, as well as non-formal education for children who are now beyond school age. All of these children, as well as others who attend school, have been provided with school clothes, bags and stationery.

The project has established 35 children's clubs, holds peace education classes in selected schools, and is also supporting Parent-Teacher Associations and School Management Committees by training the members to run their organisations and monitor the education service.

As well as getting children back into education, the project is working to improve health services for conflict affected children. The project trained health workers in mental health and counselling. Meanwhile, Female Community Health Volunteers and some families have received basic training in home-based counselling. They now have the knowledge to refer people with mental health problems to health institutions if necessary.

The project has also arranged immediate support for some children, calling on the expertise of the Hospital for Rehabilitation of Disabled Children and the Community Based Rehabilitation Centre in Biratnagar.

One way of addressing children's needs is to ensure that their families can make a living. The project provided various forms of training to help families earn an income, including vegetable growing, mushroom farming and herb growing. It also provided vocational training for 49 young people, in subjects including motorcycle repair, furniture making, tailoring, plumbing, house wiring, driving and basic computer courses.

To strengthen local NGOs and community organisations, the project provided training in organisational development, good governance and financial management, as well as a rights-based approach to health and children's rights. It is hoped this will increase the capacity of local civil society organisations to promote children's rights.

Waiting for treatment at a health camp

In June 2009 BNMT embarked on a project designed to secure the future of conflict affected children and their families.

Schoolchildren discuss health issues and health rights

BNMT staff members at a community meeting

An 18-month project to promote rights-based approaches to health built on the Britain Nepal Medical Trust's expertise in working with communities and local health institutions.

As a result of this project

- 552 community groups have been formed
- 75 secondary schools have a health programme for the students
- 20 health institutions have been renovated
- 12 birthing centres have been established, with equipment and private space
- 3,156 pit latrines have been constructed
- 55 outreach clinic committees have been reactivated and made more inclusive.

Translating rights into health realities

The project 'Translating Human Rights into Health Realities in Nepal' aimed to consolidate the achievements of BNMT's previous work with communities in eastern Nepal, and to promote the rights-based approach to health (RBA) beyond the local level. The project was implemented in the hill districts of Dhankuta, Sankhuwasabha and Khotang, and the *terai* (plain) district of Morang.

An important aspect of the project was to encourage and enable staff and officials of the government health service to understand and use a rights-based approach in their work. To this end, BNMT provided training in RBA for health workers, and good practice workshops for government officials at regional and national level.

The Trust also provided more specific training for health workers to increase the capacity of government health institutions: 103 health workers were trained to run outreach clinics, and 98 were trained to understand TB-HIV co-infection.

The other key aspect of the project was to work with local communities, to encourage them to assert their rights to health and use the health services available. The project supported a wide variety of community groups: women's groups, mixed groups of adults, youth groups, children's groups based in secondary schools, and one senior citizens' group.

These groups served as a mechanism for promoting awareness of health rights and for organising action to improve health in their local community. With help from BNMT and partner organisations, they devised and implemented their own action plans. Their activities included building toilets, protecting water resources, organising systems for waste disposal and building smokeless stoves. Some groups set up savings and credit schemes for health emergencies, or to fund income generating efforts such as livestock rearing or kitchen gardening.

BNMT's support included training and some financial support for construction or repair of health and sanitary facilities. However, many of the groups also raised funds for such activities from local sources, or persuaded their Village Development Committee to allocate some resources to health activities. One community group built a clinic: BNMT provided some seed money, but the bulk of the funds and materials were raised from the Village Development Committee, a landlord, a community forest users' group and donations from private households.

Twenty of the groups were composed of Dalits. They focused on skills training, income generating, and raising awareness of health and sanitation. The youth and children's groups focused on awareness-raising on a range of health issues.

As part of this project, BNMT also conducted research on violence against women and girls, and set up community-based pressure groups to combat domestic violence and promote women's rights. A total of 990 women and girls are now involved in these pressure groups.

The project revived the Health Facility Management Committees (HFMCs) which run local health posts and outreach clinics, and made these committees more inclusive by ensuring representation of women, Dalits and different ethnic groups.

BNMT also organised health camps, bringing doctors and nurses to remote communities to offer treatment. Health camps were held in all four project districts, providing treatment for a range of health problems for more than 1,200 people – including more than 1,000 women suffering from prolapsed uterus. The project also took forward BNMT's work promoting safe motherhood. It provided counselling for pregnant women and their families, and introduced individualised invitation cards to encourage women to attend ante-natal and post-natal care. The result has been an increase in the use of these services.

Financial Report

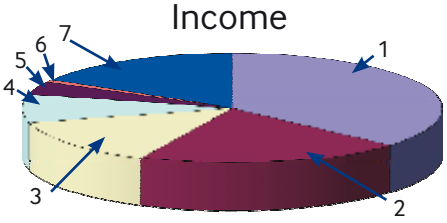
The Financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2009 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2009 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 2009

	2009		2008	
	£	£	£	£
Fixed assets				
Tangible assets		1,892		2,667
Current assets				
Debtors	92,793		96,715	
Investments	99,432		88,612	
Cash at bank	834,103		941,672	
	1,026,328		1,126,999	
Creditors:				
amounts falling due within one year	(140,523)		(98,556)	
Net current assets		885,805		1,028,443
Total assets less current liabilities		887,697		1,031,110
Charity funds				
Restricted funds		276,058		349,463
Unrestricted funds		611,639		681,647
		887,697		1,031,110

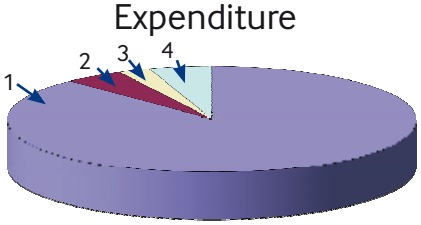
Dr. I.A. Baker
Trustee

J.M.V. Payne
Trustee



TOTAL INCOME: £1,080,812

Key
1. EU/VCP 2. Global Fund/NTC R7 3. EU/RCP
4. Global Fund/NTC R4 5. Big Lottery Fund
6. HB Allen/Beatrice Laing/Stonewall Trusts
7. Other donations/legacies/investment income



TOTAL EXPENDITURE: £1,235,045

Key
1. Direct charitable expenditure
2. Cost 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

John Harvey shares his plan to raise £20,000 for BNMT by going on a seven-month walk across Europe.

Fundraising

From Tarifa to Budapest

Starting in March next year I'm going to walk 5000 kms from Tarifa in Spain, along a long distance footpath known as the E4, to Budapest in Hungary, trying to raise £20,000 for the Britain Nepal Medical Trust. It's a brilliant walk, crossing some of the world's most beautiful countryside, but the fundraising target turns it into a real challenge.

The idea for a long distance walk stemed from a holiday in Cyprus in the Troodos Mountains with my wife Christine. We discovered the trail we were on formed part of a network of 12 trails which traverse Europe in all directions.

A signpost on the E4 trail

Researching them back home I was gripped by the idea of going along a trail from one end to the other, documenting the planning and execution of the walk on a website, and using it to raise money for a charity.

I'm going to try and raise the money from three sources: individuals, starting with family and friends, businesses and organisations with an interest in travel in general and walking in particular, and hotels, bed and breakfasts and mountain huts along the route.

Much of my passion for walking came from holidays in Nepal, the spiritual home of trekking. Trips to Nepal are always an inspiration, not just for amazing scenery but also the welcome you get from the Nepalese. Trying to raise money for the Britain Nepal Medical Trust is a small attempt to try and give something back.

John Harvey

To learn more about John Harvey's epic journey go to ***www.e4longdistancewalk.com***

Thank you

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

Major donors

Everest Marathon Trust; Global Fund/NTC; H.B. Allen Charitable Trust; Inter-church Organisation for Development Co-operation (ICCO), The Netherlands; The Big Lottery Fund; The European Union.

Trusts, foundations and other organisations

Beatrice Laing Trust; Blunt Trust; Clay Charitable Trust; Curzon Charitable Trust; Euxton Parish Church; D. & H.E.W. Gaunt Charitable Settlement; Inner Wheel Club of Llandaff; Liverpool Medical Student Society; Longview Trust; C.G. Murray Charitable Trust; Stonewall Park Charitable Trust;
In memory of: the late Mrs M. Hobley
Bequest: the late M.H. Gibson

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

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

- **£5** will buy a ring pessary to ease the suffering of a woman with uterine prolapse.
- **£10** buys packets of oral re-hydration solution to treat 100 children with acute diarrhoea.
- **£100** buys 40 packets of clean home delivery kits that protect 100 babies and mothers from infection.
- **£100** can buy a set of life-saving basic equipment for a health post in a remote village.
- **£400** pays for a year's supply of life-saving drugs at a rural health centre.
- **£500** contributes significantly to our organisational running costs.
- **£2,880** 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 £5 or £10 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 direct debit, online through the Charities Aid Foundation's secure fundraising service by going to BNMT's website at **www.britainnepalmedicaltrust.org.uk** or the Charities Aid Foundation site **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.
- If you are a UK tax payer and want the BNMT to treat all donations you have made since 6th April 2000 and all donations you make from the date of this declaration, until you notify us otherwise, as Gift Aid donations, please tick here ☐

Date / / /

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

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).....

FundRaising Standards Board

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
www.britainnepalmedicaltrust.org.uk

FundRaising Standards Board

Registered Charity No 255249

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*

The Britain-Nepal medical trust

FRSB FundRaising Standards Board

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

Registered Charity No 255249