

Foreword



Female Community Health Volunteers gather for a training session

Women in East Nepal are less educated than men, but have similar knowledge of common diseases and of sexual health. An extensive survey, conducted by the Trust during 2003/04 in all 16 districts of East Nepal, showed that illiteracy rates among the general population were 42 per cent for women compared with 14.6 per cent for men, but 72.6 per cent for women and 48 per cent for men in disadvantaged households. Access to basic health services was equitable for the sexes, but lower for people from disadvantaged households. Of women who had babies in the past three years, over 80 per cent had home deliveries with only family or friends to help.

A research study undertaken by Nepalese Mother and Infant Research Activities, supported by the Institute of Child Health in London, showed what empowerment of women can achieve. The researchers invited women (over 60 per cent of them illiterate) in mothers' groups to undertake participatory planning to improve pregnancy outcomes, assisted by trained female volunteers. Compared with a control group receiving basic maternity services, neonatal mortality was 30 per cent lower among the women who took part in the planning sessions, and maternal mortality was 80 per cent lower.

The Trust's staff, of whom 29 per cent are female, work with Female Community Health Volunteers (FCHVs), women in community groups and with other non-governmental organisations (NGOs) to raise awareness of health and human rights through participatory approaches. If more women are represented on local health and district committees and are given the support they need, they can advocate for better services. Evidence from research can be turned into practice and the Millennium Development Goals advanced.

Such progress can be made, even in troubled Nepal, with the efforts of our dedicated staff and your continued donations and support.

DR IAN BAKER
Chair of the Trustees

Patrons and Trustees

Royal Patrons: HRH The Prince of Wales KG KT GCB • HRH Princess Helen Shah of Nepal

Patrons: Sir Christian Bonington CBE DSc • Sir John Crofton MD FRCP • Dr Penny Cunningham MB BS • Professor Wallace Fox CMG MF FRCP
Professor Sir Andrew Haines MBBS, MD, FRCGP, FFPHM, FRCP, FMedSc • Lady Hughes-Hallet • Lady Pike • Dr J O B Rosedale • Lt Col C G Wylie OBE

Trustees: Dr I A Baker • Dr I A Campbell • Dr G Holdsworth • Mr J Mecaskey • Dr K Øvreberg • Dr N Padfield • Dr D Patterson • Dr J Payne
Dr S Sinclair • Ms D Tamang • Ms P Wilson

Company Secretary/Administrator: Mrs A G Peck

A message from the Chief Executive Officer

The struggle against discrimination and exclusion



BNMT staff on the mountain trail

Most women, indigenous people and Dalits in Nepal suffer discrimination, exclusion and powerlessness. Action plans and programmes designed for the general population have failed to reach them. Now BNMT is devising strategies specially tailored to their needs.

The majority of Nepalese women are struggling for self-respect, confidence and dignity because of discrimination based on a patriarchal social structure. Nationally, women's participation in development is very low, despite efforts to encourage it since the early 1980s.

Women have limited access to and control over resources in their own households and in the country at large. Women's literacy rate is 24 per cent and Nepal's maternal mortality rate is one of the highest in South Asia: an estimated 539 for every 100,000 live births. For every maternal death, it is estimated that another 6-15 women face disease or a lifelong debilitating illness as a consequence of unsafe pregnancy and childbirth.

BNMT seeks to reach marginalised and disadvantaged groups, to enable them to demand and gain access to quality health services. To do this, the Trust first of all focused on building the capacity of its female staff working in the field, to establish role models in the organisation and in the community. BNMT is also building the capacity of women to lead and manage committees, to influence decision-making,



Mrs Chanda Devi Shrestha Rai

At the beginning of 2005, BNMT initiated a new, rights-based approach to health focusing on:

- strengthening the ability of partners, especially health service providers, to adopt a health rights orientation and deliver quality care;
- raising awareness and enabling disadvantaged groups to demand and access quality health services;
- advocating for policy change, particularly at local level.

to increase their participation in and access to health and development and to raise their social status at all levels.

BNMT is committed to translating human rights into health realities in Nepal in the coming years.

MRS CHANDA DEVI SHRESTHA RAI
Chief Executive Officer

The Health Improvement Programme



Through its Health Improvement Programme (HIP), BNMT works with local partners to help the people of eastern Nepal to improve their health.

The HIP aims to improve the health services available to communities, in particular to the most marginalised groups: women, excluded castes, ethnic minorities and the poor. It seeks to build their capacity to identify and address common health problems, and demand health services that respond to their needs.

To do this, BNMT works with community-based organisations (CBOs), helping them to analyse the community's health problems and express their needs. It also works with local health service providers – government agencies and non-governmental organisations (NGOs) – to help them improve their provision.

In 2005, a total of 60 NGOs and CBOs worked with BNMT to improve the health of people in eastern Nepal. All the activities of the HIP were planned, implemented and monitored by BNMT and other organisations working in partnership.

The plans were based on a wide-ranging survey of health needs and services in eastern Nepal carried out by BNMT in 2003.

The HIP suffered little disruption from the armed conflict in Nepal in 2004. Some planned activities were delayed, but none were cancelled. BNMT staff maintain political neutrality and the Trust's work is widely respected in the communities it serves.

Health in Nepal

Infant mortality rate	66 per 1000
Under-five child mortality rate	91 per 1000
Maternal mortality rate	740 per 100,000
Life expectancy	59.9 years
Total fertility rate	4.3 children per woman

The HIP has four main components

- *quality care for and prevention of infectious diseases*
- *reproductive health and safe motherhood*
- *quality care for and prevention of TB, HIV/AIDS and sexually transmitted infections*
- *a sustainable supply of essential drugs.*

Empowering Women through Partnership and Participation

BNMT works through partnership and participation. This means encouraging organisations, individuals and community groups to work together to improve people's health in eastern Nepal. In the process, they exchange experiences, learn new skills, and gain a voice in the decisions that affect their lives.

An advocate for women's rights

Known as Lata to her friends, **Dhan Kumari Kharel** (pictured) started a local NGO called Nari Kalyan Sangh (Women's Welfare Association) which works with indigenous groups of Meche, Ganesh, Tajpuria, Satar and Rajbanshi.

Nari Kalyan Sangh is led by women and it aims to make women and children in ethnic, indigenous and disadvantaged communities aware of health, education and development.



Lata believes that the best way to raise women's status is to help them generate an income. This gives them decision-making power at home and in the community, and furthers their ability to manage social affairs. But men, too, she says, must play an active role in women's initiatives.

Working in partnership with BNMT has given Lata the opportunity to gain technical knowledge. She now feels more empowered to advocate for the needs and rights of women.

Local health committees

Local health committees, with representatives from the community, have responsibility for managing their local health institutions. Women play a leading role in this, and their participation has greatly improved the committees' performance. It has also won them a new recognition and respect from the men in their families and the wider society.

Mrs Ambika Thapa (pictured) is a member of the local health committee of the Maheshpur sub-health post in Jhapa district. She started volunteering in the local health support committee and the DOTS committee a year ago, when BNMT made an effort to encourage more women to take part in their local health committees. Ambika

Thapa already had considerable training and experience: she is a maternal health worker.



Ambika Thapa raises awareness on health issues among secondary school students, factory workers in the local tea-gardens, traditional healers (*Dhami-Jhakri*), mothers' groups and others in the community. Her work has resulted in a high level of awareness locally, and a large daily flow of patients to the health post. She mobilised the local community to help build a room for tuberculosis patients and outpatients. The health post has also established its own microscopy centre and expanded its DOTS centre.

Nara Maya Shrestha, 33, is an active member of the health committee for the Prithivi Nagar sub-health post

in Jhapa district. She has management responsibility for drugs, tuberculosis treatment (the directly observed therapy short-course or DOTS), and the health post. She has acquired a great deal of knowledge and experience in these areas of work.

As well as managing the health post, she raises awareness of health issues in the community. One way she does this is to compose songs and sing them at mass gatherings, school events or going from door to door. An inspiration to the other committee members, she is proud of her work and feels supported by her family and people in her community.

A female community health worker

Mrs Rewati Rai of Sitalpati, in Sankhuwasabha district, is 67 years old. But the older she gets, the greater her enthusiasm for her work as an FCHV. Her bag filled with education materials and essential drugs provided by BNMT and the District Health Office, she walks up and down the hills day in, day out, visiting people to talk about health and development. She talks about health needs, the rights of women and their role in development of their families and communities.

She also visits the local health post and refers patients for treatment. At the health post, there is a chance to meet other volunteers and discuss their work and burning issues. She supports and encourages the other volunteers.

Rewati Rai believes that it is vital to involve men in empowering women, so she always invites men to take part when she organises meetings in the community.



Mrs Rewati Rai (standing) refers patients to a health post

Tackling Infectious Diseases

BNMT's infectious diseases programme seeks to prevent and control the spread of infectious diseases, in particular kala-azar, malaria, acute respiratory infections and diarrhoeal disease.



Training session for health volunteers on oral rehydration treatment

The infectious diseases programme covers five districts of eastern Nepal: Khotang, Udayapur, Sankhuwasabha, Morang and Dhankuta. In addition to district health authorities and health institutions, 23 NGOs and CBOs worked with BNMT to prevent and control infectious diseases.

BNMT gave training on kala-azar and malaria to workers in health institutions, with a focus on participatory techniques to help communities address the risk.

The Trust used a range of methods to raise awareness and increase knowledge about the diseases among the general public: billboard advertisements, street theatre,

workshops in schools, and basic information sessions on respiratory and diarrhoeal diseases for mothers' groups, social workers, female community health volunteers and traditional healers.

In 2004, BNMT's infectious diseases programme

- helped arrange sanitation and drinking water supply in five places
- held four workshops for young people on kala-azar and malaria
- provided health education on diarrhoea and respiratory infections in 10 schools
- put on 16 street theatre performances on respiratory disease
- gave basic information about infectious diseases to people in 42 communities.



Mrs Safala Basnet works in a *terai* community. She is a maternal and child health worker at the sub-health post of Belbari Village Development Committee in Morang district. Taking part in activities supported by BNMT has increased her skills and knowledge.

She can now listen to people carefully and find ways to support them. She helps them to identify health needs and explore the resources available within the community to meet them. Only if they cannot tackle the problem on their own do they look for external help.

In 2004 Safala Basnet helped the community combat kala-azar and malaria, both of which are transmitted by insects. She gathered the community, explained the source of the problem, and asked them to help solve it. All members of the community were mobilised to help. They asked BNMT and the District Health Office in Morang for technical assistance with spraying insecticide. When the rainy season came and the local people noted that the incidence of the diseases was lower than usual, they felt happy and proud of their work.

Reproductive Health and Safe Motherhood

Since BNMT introduced the birth preparedness package, the flow of women and children attending maternal and child health clinics has increased.

Nepal has one of the highest rates of maternal mortality in the world; in 2004 BNMT launched the Safe Motherhood Innovative Project (SMIP). So far, much of its work has revolved around training local health workers and volunteers to use an educational package for families and communities known as the birth preparedness package (BPP).



A mother and her newborn baby attend the clinic for a health check-up

The project has formed safe motherhood management teams in communities, and has held sessions on reproductive health with groups of men, so that male members of the community would also understand women's health problems.

In addition to district health authorities and health institutions, 19 partner organisations collaborated with the Trust's work in this area.

In 2004, BNMT provided training on the birth preparedness package for:

- 67 government health workers
- 22 Local Health Support Committees
- 52 volunteer health workers and maternal and child care workers
- FCHVs and traditional birth attendants in 28 places
- 28 people from NGOs and CBOs.

Preventing HIV/AIDS

As part of its work, BNMT seeks to improve the capacity of its partner organisations to provide appropriate services for prevention and control of HIV/AIDS and sexually transmitted infections (STIs). Through basic training and meetings, BNMT has helped its partner organisations to raise awareness in the community about these illnesses. This programme currently covers three districts: Sunsari, Morang and Udayapur.

Information and messages about HIV/AIDS and STIs were spread through street theatre, quizzes, a competition, and by World AIDS Day and World Condom Day celebrations.

In November 2004, BNMT cooperated with the Lutheran World Federation (LWF) and Sakriya Sewa Samaj (SSS) to organise a workshop on HIV/AIDS for

Hindu priests. Religious leaders can play an important role both in raising awareness of the behaviour which leads to HIV infection, and in reducing the stigma and discrimination associated with it.

The aim of the workshop was to equip the participants with the knowledge and skills required to play a role in tackling HIV/AIDS in their communities and to encourage them to examine their own attitudes to the disease and to people living with it. At the end of the workshop, the participants drew up their own action plans to address HIV/AIDS through their religious activities and education work.

All were warmly appreciative of the workshop and recommended it be expanded into a programme for members of all religious groups.

Tuberculosis Programme

BNMT's intensive support for the National Tuberculosis Control Programme has ensured the programme's success in eastern Nepal.



Street theatre performance on World TB Day 2005, Udayapur

BNMT's work on tuberculosis now covers all 16 districts of eastern Nepal. This year, in addition to its long-standing work in rural communities, the programme has expanded to make treatment available in towns, factories and tea plantations.

BNMT works with people at community level to ensure that cases of tuberculosis are identified and that people affected continue their treatment. The Trust helps to raise awareness of the importance of seeking treatment through street theatre, folk song competitions, quizzes and essay competitions for schools and newspaper and billboard advertising.

In 2004, BNMT's tuberculosis programme:

- expanded eight treatment centres
- held 90 workshops on tuberculosis treatment
- provided tuberculosis drugs and logistical support in 16 districts
- trained 278 volunteer health workers and maternal and child health workers to trace patients who default on treatment
- carried out 200 programme supervision monitoring visits
- provided smear preparation training for 156 people
- provided basic training on tuberculosis for 176 Basic Health Service (BHS) staff
- provided refresher training for 97 BHS staff
- provided a basic explanation of tuberculosis treatment to 2,779 female community health volunteers.

Almost all health workers in the region have received basic training in treating tuberculosis. All maternal and child health workers and volunteer health workers have been trained to locate patients who default on treatment, and support staff in health institutions are trained to prepare sputum smears.

The regional quality control laboratory for tuberculosis is fully staffed by the BNMT.

The laboratory supervises 77 microscopy centres on a regular basis.

The Trust also runs hostels where tuberculosis patients from poor and disadvantaged groups and ethnic communities in the hills can stay during the intensive phase of treatment. The hostels provide food, bedding and cooking utensils for the patients and the family members who are taking care of them.

In the *terai* districts, where there are no TB hostels, patients must travel to the treatment centre every day by rickshaw. Patients from poor and disadvantaged communities have difficulty in paying the fare. BNMT discussed the problem with local communities and the rickshaw pullers and in some places poor tuberculosis patients now travel at a subsidised rate.



Patients at the TB hostel in Ilam

Essential Drugs

The essential drugs programme makes medical drugs available to people living in remote rural areas.



Dispensing essential drugs

The Hill Drugs Scheme started by BNMT in 1969 in the eastern hills became the model for community drugs programmes throughout Nepal. The Trust continues to train and support Local Health Support Committees (LHSCs) in Nepal to manage the supply and distribution of drugs in the community. The scheme works in coordination with the government's Community Drugs Programme, and with local retailers.

The Trust provides essential drugs and medical supplies to the district suppliers, who in turn deliver

them to the various health institutions in the programme. BNMT staff train the suppliers in store management and record keeping and monitor the scheme. The drugs are dispensed to patients at affordable prices set by the local committees. LHSCs are increasingly taking responsibility for monitoring the programme, with the support of district health offices.

The essential drugs scheme now works in 11 districts of eastern Nepal. In addition to district health authorities and health institutions, 45 partner organisations worked with the Trust to provide essential drugs to rural communities.

Although transport and travel are difficult owing to the armed conflict, the programme suffered no direct damage or loss of drugs.



A local supplier receives an order for drugs from a health institution

In 2004, the essential drugs programme:

- introduced the drugs scheme to four new districts
- facilitated 75 LHSC meetings
- carried out 160 monitoring visits.



Manju Neupane dispenses TB drugs to a patient

After participating in the TB modular training conducted by the District Public Health Office in Morang and BNMT, in November 2004 **Manju Neupane** joined a team of volunteers at a new TB clinic in Biratnagar. The clinic is run by a local NGO, the Under-privileged Children Association (UPCA), and serves people living near the Nepal-India border.

The clinic operates on a model of partnership and participation and was established with the help of local organisations and individuals. The Hulas Metal Craft Industry provided a room to run the clinic. Local people, including TB patients, local NGOs and community organisations helped to furnish it.

Manju and her colleague Umesh Gurung provide immunisation services for children and treat tuberculosis patients. She sometimes travels more than 10 kilometres to trace a patient who has failed to turn up for treatment. So far, the clinic has treated 44 TB patients. Manju has two sons and has the support and encouragement of her husband, family members and the community. She is proud of her work as a health volunteer.

BNMT is an Inspiration

Anupama Shrestha, until recently a staff member of BNMT, is now studying for a Master's degree in public health at Stratford College, London. Here she explains what working for the Trust meant for her.



Anupama Shrestha in her office in Jhapa

I grew up in Kathmandu, the capital of Nepal, and never had to step outside the valley. I had my first glimpse of the world beyond my perfect little city at the end of my studies, when we were taken for a field trip. That was when I realised how small my world was and how much I could do if I let go of the luxuries I was so used to.

After graduation, it was not easy to convince my family to accept that I would be working far from home, especially in a family of Newars where generations still live in close proximity and at a time of conflict and violence in the country. But I joined BNMT as a Health Support Officer and was sent to Jhapa district. I wanted to work with BNMT because it would give me an opportunity to learn much more about the field I was going to be in for the rest of my career.

I started with many expectations from BNMT and a determination to change the lives of the local people. I didn't know then that it would change me in many ways as well. I worked for health improvement programmes with various disadvantaged groups. It was not easy working in the midst of an armed conflict, but BNMT could do it because of its track record in health improvement. Everyone took BNMT as a synonym for better health and no one attempted to hinder its work. In the first few months, I learned a lot from the senior staff. Obstacles did come my way, but help was always there. In time I learned how to handle various situations.

The technical part of the work was easy. The social aspect was the hard part.

There always remained one problem which I faced myself at times. Female participation in health initiatives was lower at all levels. Sometimes I found myself alone in a crowd of men. I have always wondered how my female senior office staff survived these circumstances, especially as they began working at a time when gender bias was much greater than it is today. I salute them for their commitment towards the community and the Trust. Seeing their success in community development has motivated me to fight against gender bias and contribute to health improvement in eastern Nepal.

But I don't want it to end there. I want to do more. I feel that I lack the expertise that could help me do more for communities like those I met during my time in BNMT. With that in mind, I decided to educate myself further so that I could bring some real change in the health system of the country. With the education that I am now receiving, and the experience I have gained, I plan to work more efficiently in these areas and bring about some visible change, possibly at policy level. Having ambitious dreams won't do me any harm. I know it will only make me reach higher goals than I would have dreamt of when I was a city girl.

Financial Report

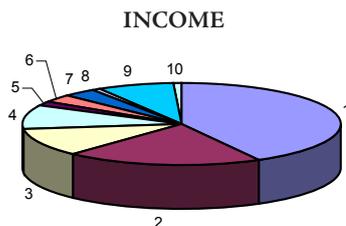
The Financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2004 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2004 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 2004

	2004		2003 Restated	
	£	£	£	£
Fixed assets				
Tangible assets		3,394		252
Current assets				
Stocks of drugs	7,144		10,793	
Investments	86,592		99,775	
Debtors	196,036		25,696	
Cash and current accounts (including monies held in Nepal)	202,105		237,356	
Bank deposit accounts	18,038		175,886	
	<u>509,915</u>		<u>549,506</u>	
Creditors				
amounts falling due within one year	(153,249)		(222,211)	
Net current assets		<u>356,666</u>		<u>327,295</u>
Net assets		<u>360,060</u>		<u>327,547</u>
Revenue reserves				
Unrestricted funds				
Accumulated income account		<u>360,060</u>		<u>327,547</u>

These Financial Statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies. The financial statements were approved by the Board of Trustees on 17th September, 2005 and signed on its behalf.

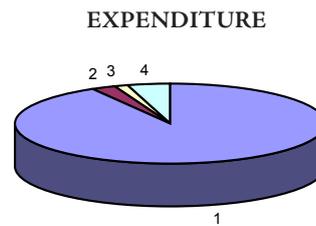

Dr. I.A. Baker, Director



1. DfID, 2. Community Fund, 3. ICCO, 4. ADRA,
5. Kadoorie Foundation 6. WHO/ARI, 7. SIMAVI, 8. Elizabeth Taylor,
9. Trusts, other donations and covenants, 10. Other income

TOTAL INCOME £812,635


Dr. J.M.V. Payne, Director



1. Direct charitable expenditure, 2. Fund raising and publicity
3. Programme support 4. Management and administration

TOTAL EXPENDITURE £785,128

The Britain-Nepal Medical Trust is a company limited by guarantee and registered in England under number 921566

Fundraising



Female community health volunteers

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

Major donors

ADRA
Department for International Development (DfID)
Inter-church Organisation for Development Co-operation, The Netherlands (ICCO)
Kadoorie Charitable Foundation
The Big Lottery
The World Health Organisation
SIMAVI
Elizabeth Taylor Aids Foundation

Trusts, foundations and other organisations

Beatrice Laing Trust
Blunt Trust
Clay Trust
Dorothy Gertrude Allen Memorial Fund
Euxton Parish Church
F & E Ford Charitable Trust
D & H E W Gaunt Charitable Settlement
Coulsdon Methodist Church



Children watch a street theatre performance

Bryan Guinness Charitable Trust
Himbleton Trust
Lawrie Plantation Services Ltd
Loseley & Guildway Charitable Trust
Longview Trust
C G & S M Murray Charitable Trust
Salamander Charitable Trust
Stonewall Park Charitable Trust
Swire Charitable Trust
and the many other organisations and individuals too numerous to mention whose donations make all the difference to the success of our work