

40 Years and Beyond



The Britain-Nepal Medical Trust

Annual Report 2007/8

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, 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.

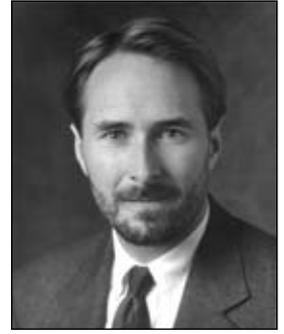
In 2006 Nepal emerged from a decade of armed conflict that led to more than 13,000 deaths and at its peak internally displaced 300-600,000 people. In 2008 the Constitutional Assembly abolished the 240-year-old monarchy and declared Nepal a federal democratic republic.

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 Nepalis working abroad and tourism. More than three quarters of Nepalis 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

Foreword

As Nepal – now a democratic republic – enters a new era, this report bears witness to the transition experienced by its people over the past 40 years. The fragile peace noted in last year's Annual Report endures, and the elections held this spring seem a success. BNMT is therefore challenged to consider its role in Nepal's future.



The world and Nepal have changed much since 1968, and the Britain-Nepal Medical Trust has evolved with them. When BNMT began its work in 1968, travel to Nepal from the UK was overland and took weeks; the government of Nepal was an absolute monarchy; and one out six Nepali children died before their fifth birthday. Forty years later, air transport serves those leaving the country in search of a living and those arriving in search of a trek. Nepal is now a democratic republic with an elected government. And mortality rates have improved in absolute terms, with only one in 16 children dying before their fifth birthday – although that is still 10 times the rate in the UK. BNMT's work is changing, but it is far from over.

During these 40 years, the staff and strategies of BNMT have developed, but the Trust remains true to its purpose: to assist the people of Eastern Nepal to improve their own health. In the 1960s, our programme provided clinical services delivered by expatriate staff. In the 1980s and 1990s, we strengthened Nepali management of the Trust and our work focused on wider community development, as well as strengthening basic health services. In the first decade of the 21st century, BNMT is a Nepali-led organisation with an ambitious agenda for overcoming the root causes of poverty, poor health and vulnerability, and making the right to health a reality.

These shifts in strategy mirror changes in the world at large and reflect how the Trust has felt it could make a difference. This report highlights these major developments and provides a platform for outlining how BNMT's work will grow in the future.

Our reflection on BNMT's first 40 years would be incomplete without recognising the contribution of the many people who have helped bring BNMT's vision to life:

- without the vision of the original team, BNMT would simply never have been born;
- without the effort of international and national staff, BNMT's programme would never have grown;
- without the courage and initiative of the Trustees, BNMT would never have remained relevant;
- without the hard work of the company secretary, financial advisor and other UK colleagues, BNMT would never have survived; and
- without the support of our generous funders, BNMT's vision would never have been met.

On behalf of BNMT's Board and Staff, I extend my appreciation to those who joined us on this journey and enabled BNMT to help make a difference. In appreciation, I encourage you to join us for the next leg as well.

Gratefully yours,



JEFFREY W MECASKEY, CHAIR, BOARD OF TRUSTEES

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A message from the Chief Executive Officer



The journey of the Britain Nepal Medical Trust (BNMT) began in 1967, so the year 2007 marked the 40th year of its service of assisting the people of Nepal to improve their health. Over the past four decades, BNMT has provided direct services to thousands of patients. It has supported the Nepalese health system to achieve full BCG immunisation services in eastern Nepal and has established an essential drug supply system to improve access to essential medicines at community level. This system is now being operated successfully by a local NGO and the concept has been adopted by the Government. BNMT contributed to the establishment of the national tuberculosis control programme and provided support for the early development of the Koshi Hospital in Biratnagar – including support on outpatient facilities, maternity wards, and laboratory services. For the past decade, it has focused on strengthening the capacity of both service providers and disadvantaged community members to increase the use of health services and improve health status. In doing so it has taken a rights-based approach and strengthened the linkage between the supply and demand sides of the essential health care system.

Over the four decades of its work in Nepal, BNMT has harnessed the experience and skills of many dedicated doctors, nurses, development specialists and grassroots workers. These people worked with BNMT to deliver excellent services to people living in remote, rural areas of eastern Nepal and BNMT's current team highly appreciate and acknowledge their contribution. They made a difference to the poor and deprived. The Trust is also grateful to its funders, supporters and the Government of Nepal, who have enabled BNMT to do such good work on the ground.

It is BNMT's legacy to travel judiciously, do the right thing and move with the times to meet the changing needs of the community. This legacy will guide its future work to reach out to many more marginalised and underprivileged sections of society. With the end of the armed conflict, the gleam of hope for peace and political stability in Nepal has provided some relief and opportunity for prosperity. And, come what may, the BNMT team remains determined to continue its work of serving the poor.

DR ANIL SUBEDI
Chief Executive Officer

Celebrating 40 years of service to the people of Nepal

The Britain-Nepal Medical Trust's 40th anniversary was marked with special occasions in Kathmandu and in the UK.

Trans-Nepal trek

To kick start the anniversary, London public health consultant and BNMT trustee Dr Gillian Holdsworth made a trans-Nepal trek from the western border at Simikot in Humla district to the eastern border at Olangchunggola in Taplejung district.

The 75-day trek (from 2 September to 15 November) took her through remote, rural communities where she discussed the right to health with the residents and learned more about the culture of rural Nepal.

Celebrations in the UK

To celebrate the 40th anniversary of BNMT's work in Nepal, many former staff, Trustees and current staff gathered in Abergavenny, Wales, for a weekend of meeting old friends and reminiscing.

Despite the passage of time, there was at least one person present representing each year of the Trust's life, from the first overland expedition through to today. A number of the early staff are still very much involved as Trustees.

Throughout the weekend it was heartening to see that enthusiasm for the work carried out to help the Nepalese people still remains, and although times change there is great desire to meet the challenges ahead.

Celebrations in Kathmandu

To mark the 40th anniversary of BNMT, a celebration programme was organised in Kathmandu on 27 November 2007. The guests included the Honourable Minister for Health, Mr Giriraj Mani Pokhrel, the UK's ambassador to Nepal, His Excellency, Dr Andrew Hall, and many senior government officials and heads of multilateral and bilateral development agencies.

The programme opened with a welcome from BNMT Chief Executive Dr Anil Subedi. Dr Andrew Hall congratulated BNMT on its 40th anniversary and wished the Trust the best for the future. The UK, he said, wanted to help Nepal build a more democratic and prosperous future for its people, and the foundation for that was a healthy and educated population.

Representatives of the Dalit community, local civil society organisations and a health committee member shared their experiences with BNMT and told of the impact of its programmes in their communities.

On behalf of the Government of Nepal, Health Minister Mr Giriraj Mani Pokhrel urged BNMT to expand its work into new areas and made a commitment to provide the necessary support. The government, he said, was committed to fulfil the health rights of its citizens.

To close the event, BNMT Chair Mr Jeffrey W. Mecaskey called on the Trust and its partners to redouble their efforts to enable poor Nepalis to realise their health rights and thanked all the stakeholders for their support.

Looking back – looking forward



'I was totally unaware of health rights, right to quality health services, maternal and child health until I received training through BNMT programme. Because of the training, I am now aware and determined to make changes in my community. There has been a visible change in my community because of the BNMT programme and we seek continued support from BNMT and the Government of Nepal for the empowerment of the Dalit community.'

Ms Munni Pariyar, Dalit community

'BNMT's programme has been helpful in strengthening the capacity of local Community Based Organisations. It has been actively involved in facilitating the coordination and cooperation between the local government agencies and civil society organisations for sustainable development. We thank BNMT for this noble work.'

Ms Meera Thapa, Women Welfare Society, Ilam

'... since BNMT is reaching the underprivileged, Dalit and marginalised strata of the society through its essential drug programme and rights based approach to health improvement programme, it is very important that this programme continues for the benefit of the community.'

Mr Hari Prasad, local health committee, Dhankuta



'... the Government of Nepal looks forward and welcomes BNMT to work in close coordination and cooperation with the government in the coming days'

**Dr Govinda Ojha,
Director General of Department of Health
Services**



'BNMT's 40 years of long and glorious history is an outcome of the successful tools and methodology that it has used to deliver its services to reach out to the community. Its approach which has been tried and tested has to be shared and replicated in other areas as well.'

**Mr Giriraj Mani Pokhrel,
Minister of Health**



'... the relationship between Britain and Nepal goes back to almost 200 years and health is a prominent aspect of the multifaceted relationship between the two countries'

**His Excellency Dr Andrew Hall,
UK ambassador to Nepal**

How BNMT Began

The Britain-Nepal Medical Trust was the brainchild of two young British doctors, John and Penny Cunningham (pictured right), who decided to put their training and qualifications to use in an area of the world where medical skills were in short supply.

In October 1966 Dr John Cunningham approached the Government of Nepal, offering to supply a team of doctors and nurses from the United Kingdom to work in Nepal on a long-term basis. At the time, neither of the Cunninghams had ever been to Nepal. But when an encouraging reply came from the Health Ministry in Kathmandu, they set about raising funds, acquiring equipment, and gathering a team of doctors and nurses. The Britain-Nepal Medical Trust was officially registered as a charity in the United Kingdom in November 1967.



From the First Report of the Britain-Nepal Medical Trust Limited – April 1968

Reasons for Choosing Nepal

- The population of Nepal is approximately 9,000,000 of which 8,000,000 are outside the main Kathmandu valley. There are only 220 Doctors and for this reason much of the country has little or no medical facilities.
- According to the statistics in Maurice King's book "Medical care in developing countries" the DOCTOR/PATIENT ratio is the lowest in the world, apart from Northern Nigeria. The amount of finance spent per head of the population is the lowest in the world.
- The very high incidence of the particular diseases in which the members of the team are most interested.
 - Active Tuberculosis – approximately 30% of the population
 - Leprosy – approximately 4% of the population
 - Meningitis and enteritis – the main causes of an infant mortality of 40%
- The wide variety of research projects which may be undertaken in a hitherto untouched field.
- The high regard that both this country and Nepal have for each other and their close ties over the last 150 years.

On 13 April 1968 a team of five doctors, four nurses, a midwife and a mechanic began an 8,000-mile journey overland to Nepal in specially fitted Land Rovers. Six weeks later, they reached Kathmandu.



BNMT staff with friends and family, 1970s

On the request of the Government of Nepal, the team moved to Biratnagar in the east of the country. Ever since, the Trust has focused its efforts in the Eastern Development Region of Nepal, where health and development opportunities are limited.

The team's first job was to get a local hospital equipped and functioning. But they soon realised that TB was by far the biggest single health problem in the region, with leprosy also a common disease. There were no facilities for regular diagnosis, treatment and follow-up.

BNMT's response was to launch a comprehensive programme for TB control throughout the region, starting with BCG vaccinations, and facilitating training, diagnosis, quality control and awareness programmes.

Another immediate and obvious need was for a supply of essential drugs accessible to people in remote rural areas. High prices were not the only problem. In the hill districts of eastern Nepal, transport of goods was difficult, and many villages were accessible only on foot. BNMT's essential drug supply programme started in 1969 with four village shops. It gradually expanded and matured into a highly successful programme ensuring year-round availability of drugs, carried by porters where no other form of transport was possible.

By 1979, BNMT's assistance had increased many fold in terms of resources as well as programmes. TB clinics and laboratories were established in many parts of eastern Nepal: Bhojpur, Dhankuta, Panchthar, Sankhuwasabha, Taplejung and Tehrathum.

In response to the changing needs of the communities and the people it serves, BNMT has changed its approach over the years. Initially its programme focused on the development and delivery of direct health services, largely by expatriate staff. But during the 1970s Nepali staff increasingly took responsibility for service delivery, while expatriate staff continued to work with them to develop new programme models.

In the 1980s attention shifted towards strengthening governmental health services and to broader community development, as the Trust began to address the root causes of poor health. And from the mid-1990s, BNMT adopted the rights-based approach to ensure that all people, particularly the most vulnerable and disadvantaged, can realise their health rights by increasing both the supply of quality health services and the demand for them.



TB Patient

Over the years, the Trust has developed strong partnerships with community-based organisations, NGOs, Nepali government agencies and donors. Several of BNMT's innovative strategies have been incorporated into national policy and practice, and its programmes have been handed over to local partners to manage.

In pioneering its TB programme, BNMT introduced and supported the development of national control programmes addressing TB, leprosy and other conditions that mostly affect the poor. Today BNMT continues to support the national TB programme, which is considered one of the most successful TB prevention and control programmes in South Asia.

The Hill Drugs Scheme became the model for community drugs programmes throughout Nepal, and has been taken up by the government and other partners in the form of the Community Drug Supply Scheme.



A government employee prepares a dressing at a BNMT-supported rural health institution



Dr Gillian Holdsworth examines a patient at a health post

In the past, the Trust worked directly with community groups at grassroots level. Today it works in partnership with health staff, government social mobilisers and non-governmental organisations to help communities to identify their health problems and to develop local and sustainable solutions to health needs.

BNMT's current work is streamlined under the comprehensive Health Improvement Programme, which strives to increase the use of health services and improve the health status of disadvantaged groups such as dalits, jana-jaties, underprivileged and the deprived communities.

With your support BNMT will continue to help the people of Nepal to achieve their right to the highest attainable standard of health.

The rights-based approach

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

Timeline

1966

First approach made to His Majesty's Government of Nepal, offering to supply a team of British doctors and nurses.



Dr Murdoch Laing takes a smear from a leprosy patient

1969

TB and BCG health education materials produced. Blood donor system established in Biratnagar, Dhankuta TB leprosy clinic and pathology laboratory opened. Hill Drugs Scheme starts with four shops. Mother and child health, family planning and ante-natal clinics extended to Dhankuta.

1970

BNMT arranges for Dhankuta town water supply to be iodised.



1971

Biratnagar Hospital out-patients department and pathology laboratory buildings completed.

1974

Emergency treatment and vaccination programme against cholera epidemic in Saptari district.

1976

Millionth child receives BCG vaccination. Thirty-one Hill Drug Scheme shops operating.

1978

BNMT starts training and supervision of village health workers in Sankhuwasabha district. Government of Nepal requests BNMT to help improve the drug supply system in public health outlets.



1979

Nutrition unit opens in Khandbari.

1980

First Cost-Sharing Drug Scheme established in Bhojpur. Community Health Leader training started in Sankhuwasabha.

1982

BNMT registered as a charity in USA.



Dr Gillian Holdsworth with health staff of Phidim clinic

1983

BCG campaign completed in all districts of Eastern Region. Maintenance work handed over to government health service.

1984

Multi-drug therapy for leprosy started. Female Community Health Volunteers training programme established.

1985

Start of support to local partner Nepal Anti-TB Association, with provision of supplies and seconded staff.

1986

BNMT TB/leprosy clinics operating in eight hill districts. Women's literacy classes started in Sankhuwasabha.

1989

Start of integration of BNMT TB/leprosy work into government health service.

1990

First TB training held for government health workers in lowland districts. Street theatre established to promote health messages.



Phillipa Saunders (Trustee 1995-2003) meet government health sector staff

1991

All 29 Hill Drug Scheme shopkeepers awarded licences. Community Health Volunteers programme handed over to government. School Community Development Programme started.

1992

TB and leprosy work reorganised, introducing new TB treatment regime and expanded role for Nepalese staff.

1994

Appointment of Mahesh Sharma, first Nepali director. 88 per cent cure rate achieved in TB programme.

1995

TB case finding programme handed over to government.

1996

New TB treatment – directly observed treatment short course (DOTS) – started in Dhankuta as pilot for national scheme. Regional TB diagnosis quality control centre established. Transport of drugs to health posts taken over by local health committees.



2001

At government's request, BNMT starts a community drug programme in 16 health institutions in Tehrathum.

2002

Handover of TB/leprosy clinics to government completed in eight Hill Districts. Adoption of rights-based approach and a new strategy, moving away from direct implementation to training and support for local NGO partners to implement community empowerment activities in health.



Sandra Bernklau (left) BNMT Director 1999-2002 in discussion with rural women

2003

Appointment of Nepali Chief Executive. BNMT managed entirely by Nepali staff. Change in organisational structure, from three programmes focusing on distinct areas of intervention to a system of area offices in Dhankuta, Ilam and Udaypur. BNMT conducts survey of health and health services in Eastern Nepal – one of the largest health surveys ever conducted in the country.

2004

Start of a new programme integrating all BNMT's areas of work: the Health Improvement Programme. BNMT starts Safe Motherhood Innovative Project in three districts to address the high rate of maternal mortality.

2005

BNMT helps set up community health emergency funds in 30 villages; 65 neighbouring villages take up the idea and start their own funds.

2006

Management of Essential Drugs Scheme and Biratnagar Drug Store handed over to local NGO.

2007

Impact of Safe Motherhood Innovative Project assessed, showing big increases in use of clean home delivery kits, in numbers of women attending at least four antenatal check-ups, and in number of births attended by skilled personnel.

The Hill Drugs Scheme



The Britain-Nepal Medical Trust launched the Hill Drug Scheme in 1969, with four shops in rural areas selling medicines more cheaply than other suppliers. The scheme provided essential drugs to people near their homes, and eventually worked directly with more than 70 trained private retailers. Retailers who demonstrated capability were released from the scheme and allowed to sell drugs independently.

From these origins, the Trust built up Cost Sharing Drug Schemes, supplying drugs through porters in areas which could not be reached by other forms of transport, sharing payments with patients and communities, and advocating rational drug use.

BNMT's efforts indirectly motivated the government to formulate a list of prescription drugs, to develop a training package for private retailers and to regulate the sale and distribution of drugs.

From 1998, the scheme became the Community Hill Drug Scheme, a community-run programme owned by Village Development Committees (VDCs) and Local Health Support Committees. The initial focus was on improving supply of drugs to health institutions. Once the supply of drugs improved, the next challenge was to improve the way they were used, which required training for prescribers in rational drug use.

Local Health Support Committees, District Health Coordination Committees and local people took full responsibility for maintaining the supply system by establishing stores at district levels and they now supply and distribute drugs from district stores to health institutions. At the end of 2002 BNMT's district drug stores were handed over to drug suppliers elected by the District Health Coordinating Committees.

By 2003, the Scheme covered 152 health institutions in six Districts. Today, the government and other external donors/partners provide similar schemes.

Management of the essential drugs scheme and the regional drug store at Biratnagar has now been handed over to a local NGO. It is hoped this will prove a sustainable mechanism for continuing the programme so that it provides a supply of affordable and quality drugs to health institutions and ensures rational use of drugs by providers and users.

The Tuberculosis Programme



In November 1968 a school teacher walked into the BNMT office in Biratnagar to ask for BCG vaccinations for his pupils, 40 miles away in Morang, a *terai* district on the Indian border. His request led to the establishment of a vaccination programme for the whole of Morang, using mobile TB clinics. The following year, BNMT extended the programme to the neighbouring district of Sunsari, and then to the hill districts – where, in the absence of transport, the vaccination teams travelled on foot.

The Trust opened its first TB clinic in Dhankuta, in 1969. In its first year, it developed from a twice-weekly session at the local hospital to a small house on the main street where staff provided diagnosis and treatment for patients seven days a week. Education about TB and the importance of seeking treatment was a key part of both the vaccination campaign and the work of the clinic. As the word spread that treatment was available, patients began to arrive from as far afield as northern Nepal and even Assam, in India.

BNMT's TB and Leprosy Control Programme helped to vaccinate millions of children and went on to open TB and leprosy clinics in eight Hill Districts of Eastern Nepal.

After 15 years of vaccinations and campaign work, BNMT handed over that part of the programme to the government health services, which continues to run it today. The handover of all BNMT-run clinics to the government was completed by 2002.

The programme then shifted from direct service provision and running the clinics to training government counterparts to run them. Now that government health institutions have gained the skills, BNMT plays a supporting role.

The incidence of leprosy cases in the hill districts is now less than one in 10,000 of the population, so the disease has been virtually eliminated.

BNMT continues to strengthen the capacity of the Basic Health Service to manage TB control. The Trust's TB programme makes up for gaps in the knowledge and capacity of health staff, providing training, supervision, medical supplies, laboratory equipment and microscopy quality control. Because of staff shortages in the government's health service, BNMT personnel assist in laboratories and clinics.

Working for Health Rights: Achievements in 2007



The Britain-Nepal Medical Trust aims to assist the people of Nepal to improve their health by boosting the ability of communities – and in particular their most disadvantaged members – to claim their health rights. The Trust works in partnership with health service providers and local communities to empower disadvantaged groups and improve the quality of the health services available to them.



Street Theatre performance

The Rights-Based Approach (RBA) Programme

Based on a survey of the health needs of people in Eastern Nepal, the Trust identified its programme focus areas as tuberculosis, reproductive health and safe motherhood, HIV/AIDS and sexually transmitted infections, infectious diseases (acute respiratory infections, diarrhoeal diseases, malaria and kala-azar), statutory health needs and livelihood enhancement. The programme operates in the eight most deprived districts in the Eastern Development Region of Nepal: Khotang, Sankhuwasabha, Morang, Dhankuta, Ilam, Panchthar, Siraha and Saptari.

BNMT uses a range of participatory techniques to equip the people in local communities with the skills, knowledge and confidence to use and advocate for quality health services. These include:

- the Participatory Health Analysis and Action Process (PHAAP), which encourages people in communities to identify their health problems, prioritise them and develop an action plan to address them;
- street theatre, which is a popular and effective way of spreading messages and information about health;
- participatory learning and action (PLA) with women, which enables the participants to analyse health problems in their community and identify the causes and effects;
- youth work, mobilising young people from disadvantaged communities to educate their peers about key health issues;
- the child-to-child approach, working with school students to develop their awareness of health issues and their sense of responsibility for health in their community.



BNMT item Adam Levy interacts with schoolchildren in a village in eastern Nepal

In its work with the government health service and non-governmental organisations (NGOs), BNMT encourages them to adopt these participatory techniques and provides training in their use. The Trust also supports the efforts of its partners to provide quality health services through training, logistical and technical support, and monitoring.

Since the programme began, the services delivered by health institutions have improved, attendance of patients from disadvantaged groups has increased, and many communities have established health funds to support people in emergencies.

Case Studies

Renu's mission

The majority of the population living in Bhediya, in Siraha District, belong to a disadvantaged community with a very low level of literacy. But things changed after a local NGO conducted a PLA session with Renu Devi Nayak and the other local women. They learned about the root causes of common health problems and became agents of change in their community, encouraging



everyone to adopt healthy behaviour. Bhediya, which had hardly any latrines, now has six latrines and the importance of using latrines instead of going out in the fields is steadily seeping into people's daily lifestyle. There are now fewer incidents of diarrhoea and other infectious disease in the community. The improvement has made Renu and the other women even more determined to pursue their health mission.

Harnessing health rights

Yaphu in Panchthar district is similar to many small communities which have undergone great changes with the implementation of BNMT's rights-based health programme. The community as a whole has become empowered to demand their health rights. Community members meet regularly every month to discuss health issues and they regularly make requests of the District Health Office for better health services. They have even demanded the creation of a permanent post for qualified health personnel in their local health facility and forced the local health authorities to respond to the demand.



Community members learn about health analysis and action

In 2007, BNMT's RBA programme:

- Conducted health improvement workshops in 107 communities in eight districts.
- Formed a new street theatre group by training six community members in script writing, and performance skills.
- Organised PLA sessions attended by 1,234 female community health volunteers and women from disadvantaged communities.
- Trained more than 1,100 young people (including 636 young women) from disadvantaged communities in health rights, communication and facilitation skills, to enable them to educate their peers in the community.
- Talked to more than 1,000 school children (544 boys and 552 girls) about health and health rights.
- Organised four health camps – mainly to address women's health problems – in selected communities, benefiting more than 3,500 patients.
- Supplied medicines and logistical support to more than 10 primary health care outreach clinics.
- Established 89 RBA networks at community level to ensure ownership and sustainability of the RBA approach in the community.

Some of the results of BNMT's work in 2007:

- Street theatre trainees put on 100 street theatre shows focusing on health issues that were seen by 4,500 community members.
- School students spread their new knowledge about health with other community members through one-to-one interaction, songs, poems, debates, quiz contests and drama shows. Students also established 47 health rights corners in schools, to transfer their knowledge to their classmates.
- In 141 youth groups that the Trust worked with, each young person conducted health education with three or four others in their communities.
- As a result of BNMT's work with local health committees, staff attendance and the availability of medicines at health institutions improved.

- Conducted refresher training for local health committees in eight districts.
- Worked with more than 12,000 people in partner organisations to boost their ability to work on health rights.
- Trained 139 health workers to refresh their knowledge and skills of the RBA concept and processes.



Community members create a social map to help analyse health issues

Focus on tuberculosis

BNMT's work on TB is an integral part of the Health Improvement Programme and assists the government's National Tuberculosis Programme (NTP). The NTP aims to 'reduce morbidity, mortality and transmission of disease (TB) until it is no longer a public health problem'.

In 2007 the BNMT tuberculosis programme:

- Cross-checked 7,042 slides from 78 microscopy centres to ensure quality services.
- Provided basic lab modular training to 10 health personnel.
- Organised a regional TB microscopy workshop for 40 lab technicians.
- Ensured uninterrupted supply of reagents and logistics to laboratories across eastern Nepal.
- Conducted contact tracing programmes in 33 villages in different districts of eastern Nepal.
- Expanded 32 TB treatment sub-centres in different sub-health post of eastern Nepal.
- Made 4,711 monitoring and supervision visits health institutions and communities.
- Organised two private practitioners' workshops with a total of 141 participants.
- Organised 197 capacity strengthening and mobilisation workshops for FCHVs and other health personnel.
- Oriented committee members and factory workers on TB treatment.
- Organised a TB programme in 10 schools.
- Organised six awareness-raising activities, including street theatre.
- Provided support to poor TB patients through the National Anti-TB association.

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, 2007 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2007 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 2007

	2007		2006	
	£	£	£	£
Fixed assets				
Tangible assets		3,542		3,152
Current assets				
Debtors	24,236		108,296	
Investments	102,364		103,505	
Cash at bank	<u>509,964</u>		<u>419,636</u>	
	636,564		631,437	
Creditors				
amounts falling due within one year		(119,584)		(143,506)
Net current assets		<u>516,980</u>		<u>487,931</u>
Total assets less current liabilities		<u>520,522</u>		<u>491,083</u>
Revenue reserves				
Charity funds				
Unrestricted funds		<u>520,522</u>		<u>491,083</u>
		<u>520,522</u>		<u>491,083</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 and in accordance with the Financial Report Standard for Smaller Entities (effective January 2007). The financial statements were approved by the directors on 17th September, 2008 and signed on its behalf, by:

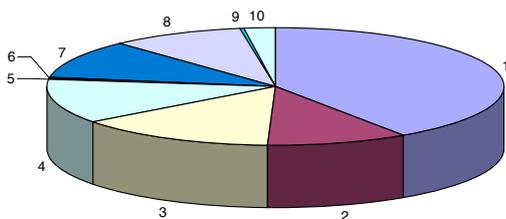


Jeffrey W. Mecaskey, Chairman



Dr. J.M.V. Payne, Director

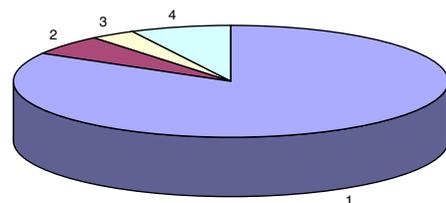
INCOME



1. Big Lottery Fund; 2. ADRA; 3. ICCO; 4. Global Fund/NTC;
5. Beatrice Laing; 6. Need in Nepal; 7. Covenants and Other Donations;
8. Legacies; 9 Investment Income; 10 Deposit Interest

TOTAL INCOME £490,901

EXPENDITURE



1. Direct Charitable Expenditure;
2. Costs of Generating Voluntary Income;
3. Support Costs; 4. Governance Costs

TOTAL EXPENDITURE £460,320

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

Fundraising



A BNMT vehicle bought with funds raised by a previous Everest Marathon

Everest Marathon November 2007

The participants of one of the toughest races in the World, the Everest Marathon, have again raised thousands of pounds for projects in Nepal. The money donated to the Trust will be used to buy a new vehicle to enable easier access to many parts of our project area.



Everest Marathon near Sarnassa copyright Rob Howard



Everest Marathon; near Lobuche copyright Rob Howard



Musical soirée

Mrs Ann Walters, who has supported the Trust for many years, recently held a musical recital in her home to raise money for the Trust. She sang a wide-ranging programme of songs, accompanied on the piano by Ailsa Howarth, to a highly appreciative audience.

Thank you

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

Donations

Major donors

ADRA
Everest Marathon Trust
Global Fund
Inter-church Organisation for Development Co-operation, Holland (ICCO)
The Big Lottery

Trusts, foundations and other organisations

H.B. Allen Charitable Trust
Beatrice Laing Trust
Blunt Trust
Clay Charitable Trust
F & E. Ford Charity Trust
D & H.E.W. Gaunt Charitable Settlement

Bryan Guinness Charitable Trust
Ian Karten Charitable Trust
Ibbetson Charitable Trust
Longview Trust
Mercury Pheonix Trust
C.G. Murray Charitable Trust
RedSkyIT
Stonewall Park Charitable Trust

Bequests

The late, E. Glass, S. Blackett

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

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 necessary to ease the suffering of a woman with uterine prolapse.
- **£10** buys packets of oral rehydration solution to treat 100 children with acute diarrhoea.
- **£20** saves the lives of 100 children under five with acute respiratory infection: a major killer in Nepal.
- **£35** cures a patient of TB.
- **£100** buys 40 packets of clean home delivery kits that protects 100 babies and mothers from infection..
- **£100** can cure 100 cases of sexually transmitted disease.
- **£100** can buy a set of life saving basic equipment for a health post in a remote village.
- **£100** will cover the cost of an operation to permanently repair uterine prolapse.
- **£250** pays for a year's supply of life-saving drugs at a rural health centre.
- **£500** can educate and mobilise 30 young people to fight against HIV/AIDS.



I enclose a cheque*/postal order* £ _____ **Made payable to: The Britain-Nepal Medical Trust*

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 either 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 by donating via 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

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 and are worth almost a third more for the BNMT at no extra cost to you.
- 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 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

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;

and

develop mechanisms that will ensure the sustainability of outcomes after completing hand-over of successful programmes to local institutions and organisations.



Registered Office

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

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Web: www.britainnepalmedicaltrust.org.uk