Health and well-being

The Britain-Nepal Medical Trust

Annual Report 2010/11

Gillian Holdsworth

Prof. S. Subedi

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Foreword

There is an increasing sense of frustration among the Nepalese people as the political parties of this fragile emerging democracy fail to agree on the content of the new constitution. A major sticking point is the role of former combatants in a democratic Republic of Nepal. Additionally, a growing federalist movement threatens to divide the country further on geographical and ethnic lines.

In this year's report we say farewell to our outgoing Country Directors, Dr Bhanu Niraula and Ms Sadhana Shrestha. We thank you both for your commitment to the Trust and wish you all the best in your future careers. Our thanks, too, to our outgoing Chair, Mr Jeffrey Mecaskey, who we are pleased to report remains with us as a Trustee.

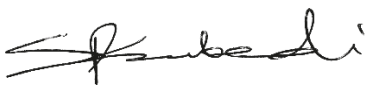
Over the past five years, BNMT has been implementing the rights-based approach to health with some of the most disadvantaged groups and communities in Eastern Nepal. During this time, the Trust worked in partnership with health service providers and local communities to empower disadvantaged groups and to improve the quality of health services available to them. In the process, we aimed to increase their understanding and knowledge of health and disease, especially of some of the major causes of ill-health in Nepal: infectious diseases, unsafe motherhood and sexual infections, including HIV/AIDS. Excitingly, an evaluation of the impact of our health rights approach has shown a clear increase in health knowledge among the groups with whom we have worked (see page 4). The challenge now will be to persuade people to change their behaviour as a result of that knowledge.

A major success for the Trust over the past year has been in securing a three-year grant from the European Union to support the development of human resources for health. This project builds on BNMT's experience of working with disadvantaged groups on health rights. It will advocate for better access to health and healthcare by focusing on the health workforce and the service it provides, both locally and at national level.

As we go to press, we can report that we will be extending our support to Nepal's National Tuberculosis Programme (NTP) in partnership with the World Health Organisation's TB Reach. This programme will extend the capacity of the NTP to identify people infected with tuberculosis and bring them in for treatment. TB remains a core part of our work and our partnership with the NTP helped Nepal to secure the National Strategic Application from the Global Fund for TB in 2010. Over the past year BNMT has continued to provide technical support to improve the quality of TB services in Nepal and led the effort to foster a closer working relationship between private and public health services to tackle TB.

We should like to thank all of you who have supported us in the past. The world of fundraising has become more competitive, with multiple calls on people's pockets amid a global financial crisis. Nevertheless, we hope you will continue to support BNMT in building the future for health and prosperity in Nepal.

Gillian Holdsworth



Prof. S. Subedi
Co-chairs, Board of Trustees

Bhanu B. Niraula

Message from the Country Director

Over the past year BNMT, drawing on its wide experience of implementing health and development projects, has worked to improve the health and well-being of the people of Nepal. This report captures our efforts to empower the most marginalised and disadvantaged people in society, to ensure their voices are heard and their needs served by those whose duty it is to fulfil their rights.

We have also worked to strengthen our own organisation by mobilising resources, diversifying the Trust's programme base and consolidating institutional change.

The success of our efforts is reflected in the evaluation report of our pioneering rights-based approach to health in eastern Nepal (see page 4) and also in the launch of two major new projects this year: an endeavour to improve human resources for health (HRH – see page 10), which we started implementing, with our partners, in early 2011; and a project to identify and treat people infected with tuberculosis (see page 7). This second project will complement the ongoing work of the National TB Programme. We have secured funding for both projects, and we continue our efforts to seek support from a variety of donors, national and international.

Our programme has gradually broadened its focus from health to closely related areas such as peace-building, fostering livelihoods and climate change – all of them key aspects of well-being for the people of Nepal.

This year we embarked on two small pilot initiatives, one focusing on climate change and the other on children's nutrition. We entered into an agreement with CADP/N, a national NGO which is piloting the National Adaptation Plan of Action (NAPA) on climate change. BNMT was able to demonstrate how the local health facility management committees (HFMCs) could help implement the climate change adaptation plan of action at local level.

BNMT worked with Laxmi Bank (under its corporate social responsibility programme) and the non-governmental organisation (NGO) Asman Nepal to support a child nutrition intervention programme in Kapilvastu district. Nepal lags behind in achieving its national and international commitments on nutrition, in particular child nutrition, and Kapilvastu has one of the highest rates of child malnutrition in the country.

The lessons learned from these pilot projects have strengthened BNMT's capacity to engage in new fields of work and have helped us to mobilise resources from a variety of donors.

Institutionalising change in BNMT is critical to making it dynamic, vibrant and relevant to Nepal's development needs. To achieve this we have strengthened governance and operations, improved delivery, strengthened monitoring and supervision, and collaborated with other development actors to deepen and extend the impact of our joint efforts.

Despite significant improvement in its project and financial base in 2011, BNMT lacks the funds for day-to-day running of the organisation. These costs are rarely covered by project donors. The Trust needs a renewed and sustained flow of core funding and donations to allow it to remain operational. As usual, BNMT looks to you for continued support.

As we close the page, Sadhana Shrestha and I take our departure from BNMT. We thank you all for your generous support and wish the new Country Director every success.

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

New leadership

Ms Shobhana Gurung Pradhan

BNMT's Board of Trustees is delighted to announce the appointment of Ms Shobhana Gurung Pradhan as the new Country Director in September 2011.

Shobhana Gurung Pradhan has a Master's degree in Business Administration and most recently has been working with F-SKILL – an organisation dedicated to providing employment and training to young people from disadvantaged and difficult backgrounds. F-SKILL was successfully transformed from an international NGO into a private company to ensure its sustainability and the Trust hopes to benefit from Shobhana's vision, experience and energy as we explore organisational models for the Trust to secure its long-term future.

Nepal's Political Landscape

BNMT's work focuses firmly on improving the health and wellbeing of the people of Nepal. The context of this work is a country that has emerged from armed conflict into a period of immense political turmoil, where social, political and institutional changes are going ahead at tremendous speed.

In 2006, after a decade of armed conflict between the Maoists and the Nepalese monarchy, the guns fell silent. Thanks to the comprehensive peace agreement concluded in November 2006 and the adoption of a power-sharing Interim Constitution in January 2007, Nepal seemed to be back once again on the road to democracy, albeit a fragile one.

However, the challenges that Nepal faces today have never been greater or more serious and they are likely to become even more complex. Internally, Nepal is in political disarray. Externally, the indications are that China and India may be entering a new phase of rivalry for influence in the neighbourhood.

Nepal has long been proud of its ability to maintain its distinctiveness and equilibrium between its two giant neighbours, and it enjoyed international respect for this. But the immense political and social turmoil of the recent past has undermined this ability, and now those neighbours have a hugely disproportionate and increasingly visible impact on the country's internal politics.

The change that Nepal has undergone in the recent past has been breathtaking in some respects and alarming in others. The 240-year old monarchy came to an end in 2007. The country decided not only to embrace a republican system of government but also a federal one. In this time of political ferment every ethnic, religious, racial and linguistic group became politically conscious and aware of their rights. All these groups have now organised themselves to assert their claim to power, with the result that the Interim Constitution has tried to offer everything for everybody.

Emancipation is in the air, especially for those who have traditionally been oppressed and marginalised. But at the same time the national security and identity of Nepal are being seriously eroded because the state institutions that should manage such change have become dysfunctional. Ultimately, the Interim Constitution has brought the Maoists into mainstream politics, but has not fully addressed the issues raised by their uprising against the centralised power structure.

Today the fragile peace process could be derailed at any time. Various ethnic groups, especially those in the Terai region, bordering India, have resorted to violence, claiming that the Interim Constitution is insufficiently democratic and does not give them equal access to power. For the time being, following government concessions, the violence has subsided and the peace process remains in place. But despite the relative calm, the country is going through an unprecedented level of transformation in almost all areas of national life.

Whatever their deficiencies, the peace process and the post-conflict constitutional arrangement remain remarkable achievements of the people of Nepal. However, the task is not yet over. The challenge for all the major political parties, including the Maoists, is to bring the peace process to its logical conclusion: a new democratic constitution based on genuine rule of law, stronger democracy, human rights and an independent judiciary. Only this can create the strong and sustainable democracy, and political stability for Nepal.

Timeline

1995 Maoists launch a 'people's war' against the government; over the next decade this armed conflict results in the death of more than 13,000 people, the disappearance of up to 5,000, and the displacement of about 100,000.

2002 Parliament dissolved; King Gyanendra postpones elections indefinitely.

2005 The King dismisses the government and takes direct control.

2006 In response to widespread strikes and protests, the King agrees to reinstate parliament. The new government and the Maoists sign the Comprehensive Peace Agreement, ending the armed conflict.

2007 An Interim Constitution is adopted. However, political instability persists: in the subsequent four years, the country has four different Prime Ministers.

2008 Nepal becomes a federal republic.

2011 The Constituent Assembly fails to meet the 28 May deadline for drawing up a new, permanent, Constitution.

Mother and baby at rural health camp

Focus on rights and participation brings improvements in health

An evaluation has shown the good long-term results of BNMT's rights-based approach to health in Eastern Nepal.

How do you gain an improvement in health in people who are poor, mostly illiterate and frequently the victims of discrimination?

BNMT has sought out and recorded the health disadvantage confronting such people. By gaining their trust, BNMT and local Nepalese non-governmental organisations (NGOs) have helped communities, through active participation, to understand their own state of health. After several years of patient collaboration, funded by grants from the Big Lottery Fund , the Inter-Church Cooperation for Organisational Development – Netherlands, and the Adventist Development and Relief Agency, the Trust can demonstrate that improvements in health have been achieved.

In 2003-04, BNMT undertook a survey of health status in 16 districts of Eastern Nepal. Poor and vulnerable communities were identified by district officials and Village Development Committees, and about 8,000 households were selected at random for detailed interviews and observations. The state of health of these people was generally poor.

As it is everyone's human right to be in a good state of health, BNMT decided to intervene in 107 disadvantaged villages in eight districts to promote health improvements. Separate groups of parents and women were empowered to reflect on their state of health and to plan for improvements. Children in schools learned from each other ways of promoting health. Villagers were entertained by street theatre productions focusing on how to prevent and cure common illnesses. Village youths learned how to stay healthy and shared the knowledge with their peers. Village health committees were revived with more balanced representation of women and disadvantaged groups. Health workers were instructed in non-discriminatory health care. Village groups were helped to advocate at district, regional and national levels for improvements in health services.

The organisation and delivery of this approach took five years, in what were troubled political times for Nepal.

BNMI staff at workshop

In 2009, to see whether these approaches would improve people's health, further interviews with 320 householders, again selected at random, took place in districts where BNMT had implemented its rights-based approach to health. (In the survey, these are known as the intervention districts.) To provide a basis for comparison, another 320 randomly selected householders were interviewed in districts where BNMT had not been working. (These are known as control districts. It should be noted that the work of government agencies and NGOs might have helped to improve health in these places.) Complete data sets were collected for a total of 628 households.

After some adjustments to ensure valid comparisons between the two sets of households, the overall results indicated that BNMT and its partner NGOs had achieved many health improvements. Village people in the intervention districts knew better how to protect themselves against infectious diseases. They had better understanding of the risks for tuberculosis and HIV infection, and they knew that common sexually transmitted diseases were linked to unsafe sex and that condoms could protect against this. They had learned that diarrhoea could be avoided through clean water supplies and oral rehydration fluids; and they had learned how to avoid dust, smoke and cold to protect from respiratory infections. Where malaria was endemic, protection with nets was common in both groups of districts.

There was greater awareness of reproductive health, in particular the course and complications of pregnancy, in the intervention districts. But this knowledge was not always put into practice. There was little use of ante-natal care, poor use of birth preparedness packages and under-use of skilled birth attendants (who were present at only 14 per cent of births). These deficiencies were common in both groups of households. Clean birth kits were used for deliveries in 55 per cent of households in both groups.

Excess bleeding in delivery was recognised as a danger in the intervention districts, as was delay in delivery of the placenta. Newborns generally received better attention in the intervention districts, where the inability to suck milk was three times more likely than in the control districts to be identified as a danger signal for mothers. In both sets of districts many householders reported that pregnant women experienced difficulties in accessing better maternity services.

By contrast, in the intervention districts family planning was better understood and practised but access to legal abortion was difficult. Toilet provision occurred in little more than half of households and waste management was limited.

Health workers responded satisfactorily to requests, but villagers' requests were based on low expectations of the services that health posts could deliver. Hence the villagers had a limited appreciation of the health rights that they could claim.

This evaluation has helped BNMT and other NGOs to learn which approaches have succeeded and which have not. It has given the opportunity for reconsideration and/or more time. It has helped BNMT and villagers in their use of advocacy. But overall, the evaluation has demonstrated that in districts where BNMT and local NGOs have intervened, village people have made gradual improvements in their health status and access to health services.

(A paper and full analysis of this survey has been submitted to the online journal *BioMedCentral, International Health & Human Rights* and awaits publication.)

Above: Children dance in a cultural programme at school.

Left: Women gather for a check-up at a local health post

The right to health

'Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.'

The International Covenant on Economic, Social and Cultural Rights

The right to health, which is enshrined in international human rights law, is not a right to be healthy, but a right to have one's health protected. It implies not only a right to timely and appropriate health care, but also healthy conditions of life: safe water, good sanitation, adequate food and shelter and a healthy environment.

A rights-based approach to health pays particular attention to disadvantaged groups of people. It encourages them to take responsibility for their health by demanding the services they need, participating in decisions that concern them and taking action to protect the health of their families and communities.

Above: Livelihood support – learning to make snacks for sale.

Promoting a rights-based approach to health

To follow its success with applying the rights-based approach (RBA) to health in Eastern Nepal, BNMT is introducing RBA in the Mid-western region of the country.

Over the past decade BNMT has helped to improve the health and well-being of many communities in Eastern Nepal by adopting a human rights-based approach to health in its activities (see page 4).

In response to the Nepalese government's requests to extend this approach to other parts of the country, the Trust has started to work with government officials and NGOs in the district of Surkhet, in the Mid-west, helping them to apply the human rights framework in their health programmes. Local government officials and NGOs in Surkhet had expressed immense interest in the RBA programme, and BNMT already had some projects in the district. The health of the urban population in the region is generally poor, with frequent outbreaks of preventable disease such as diarrhoea and cholera.

So far the programme in Surket has focused on giving a basic grounding in the approach to the district government and NGOs. This training focuses on tools and techniques for empowering local communities to take decisions and actions to improve their own health, and on the responsibility of service providers to deliver quality services.

At the same time, BNMT is working to consolidate the progress already made in eastern Nepal. In the past year the Trust has worked with a range of community groups, helping them to promote awareness of health rights and organise action to improve health and well-being in their communities.

Many of these groups need continued support to maintain their enthusiasm and activity from one year to the next. BNMT staff can give them the knowledge they need to improve their own health and the confidence to make demands of local political respresentatives if their local health services are inadequate. The Trust's support may take the form of explaining the causes of a particular health problem and suggesting ways to address it; encouraging villagers to use the local health post when necessary; or it may mean helping the community to obtain the resources to improve sanitation or construct smokeless stoves. Sometimes the Trust's support for communities includes direct practical help, for example helping to renovate facilities or bringing medical professionals to remote villages to provide treatment.

Below right: A moment's relaxation at a training session

The Trust also supported community groups by providing training in vegetable farming, both to increase people's income and to improve their diet. All the groups involved in this activity have started to earn extra income from the sale of vegetables and the money is paying for members' medical needs and their children's education. BNMT has helped them to link up with the district agriculture office, which can provide additional assistance and monitoring.

In the previous year, BNMT had set up community-based pressure groups to combat domestic violence and promote women's rights. This year, six of these groups were re-formed and strengthened.

In 2010/11 BNMT

- renovated and equipped two birthing centres in Khotang and Morang
- arranged treatment for 194 women suffering from prolapsed uterus.
- revived 27 village-level RBA networks, which have been able to draw on local government resources for support
- conducted sessions on health rights with more than 1,600 women in Eastern Nepal
- provided paralegal training to 90 people to enable them to support victims of domestic violence
- provided livelihood skills training (tailoring and cycle repairs) for 12 people from disadvantaged backgrounds, enabling them to start up small businesses.

Tackling tuberculosis

BNMT is supporting the efforts of Nepal's National Tuberculosis Programme (NTP) to prevent the spread of tuberculosis.

The aim of BNMT's TB programme is to support the NTP in achieving its goals: to reduce the incidence of TB; to reduce the number of deaths resulting from it; and to stop its transmission until it is no longer a public health problem. The Trust focuses its efforts on the poor and disadvantaged groups, including ethnic minorities, migrant workers, and people at particularly high risk of contracting the disease such as factory workers and prisoners.

Technical support

Microscopy is essential for diagnosing pulmonary TB. Over the years, BNMT has trained laboratory staff in Eastern Nepal and monitored the results of their work, thus helping the NTP to expand and improve its microscopy services. Between 1997 and 2010 the TB microscopy network in Eastern Nepal grew from 13 laboratories to 90, while the proportion of correct test results has increased from 90 per cent to 98 per cent.

The Trust also visits local treatment centres in Eastern Nepal to monitor and supervise their work. It provides training to health service staff and has developed a manual for treatment of TB/HIV.

Improving TB services

This year BNMT helped six treatment centres in Eastern Nepal to expand their operations, making treatment available to more people. As well as providing office furniture and training health workers, the Trust helped to form and train local DOTS committees – groups of volunteers who help run the centres and encourage people to go for diagnosis and treatment.

In addition, the Trust set up four HIV counselling and testing centres, and two centres to provide treatment for people with TB/HIV co-infection.

Outreach

To engage all health care providers in the effort to stop TB, BNMT is working with the private sector. In 2010-11 it organised two workshops for private practitioners, to ensure they understand the national TB policy and urge them to cooperate with the public sector in the effort to tackle TB. As a result of this work, coordination and referral systems have been established in Morang and Jhapa districts, so that private practitioners can refer TB patients to DOTS centres. Some private nursing homes and medical colleges have started to operate DOTS clinics on their premises, offering DOTS treatment free of charge.

A key part of BNMT's work on TB is a public awareness programme aimed at community leaders, opinion makers and people at high risk of contracting TB. The programme uses posters, pamphlets, radio messages and door to door visits to inform people about the symptoms of the disease, the importance of seeking a diagnosis, and the availability of treatment free of charge. Over the past year, TB information sessions have been held for teachers, local government officials and village leaders, female community health volunteers, community groups and non-governmental organisations.

TB in Nepal

In Nepal, TB kills between 5,000 and 7,000 people a year. Nearly 80,000 currently have the disease and more than 40,000 new cases arise each year. About half of the 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. The majority of TB sufferers are poor and the disease continues the cycle of poverty by keeping them poor.

In Nepal TB treatment (the Directly Observed Treatment Short Course, known as DOTS) is provided free of charge.

In 2010/11 BNMT:

- Checked the accuracy of test results in 88 microscopy centres in Eastern Nepal
- Conducted 96 supervision visits to TB treatment centres
- Provided TB training for 114 health service staff
- Helped six DOTS centres to expand their operations
- Set up 10 groups of TB peer educators in districts where relatively few people seek treatment for TB.

Young volunteers at an urban slum health camp

Above: Demanding health rights

Below right: Learning about mushroom production

Access to education

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

- 490 children re-enrolled in formal education after attending bridging classes
- 376 children received support to enable them to attend school
- 387 young people who had dropped out of school, but are now beyond school age, received informal education
- 69 children's clubs were established to promote peace education in schools
- 79 parent-teacher associations and 79 school management committees acquired skills that will help them to run their schools, monitor the quality of education and advocate for children's rights.

'The dropout children joined after completion of the three months bridge course and have scored good marks in comparison to other regular students.'

Bashasha Budha, teacher, Raku, Kalikot

'My son will be a role model in my society.'

Rabindu Sada, member of the Terai Dalit community in Lalpur-Amama, Siraha; his son is studying with support from the project

Securing the future for children and families

In communities affected by armed conflict, BNMT is running a three-year project to ensure the health and well-being of children and families.

The project for 'Rehabilitating Children and Supporting Families and Communities Affected by Armed Conflict in Nepal' aims to ensure that conflict-affected children and their families have access to the health, education and social services they need. The Trust is working with schools, health institutions and community organisations to ensure they are offering quality services to young people who missed out on education because of the conflict, or who were recruited by the warring parties to serve as porters, cooks, helpers and informants,

The Trust also seeks to boost the capacity of civil society organisations to advocate for children's rights. It focuses on children from the most vulnerable groups, including those who were recruited by the parties to the conflict, as well as Dalits and people from ethnic minorities.

In this project, BNMT is working with local partner organisations in seven project districts around the country: Siraha, Morang and Ilam (Eastern Nepal); Arghakhachi and Kapilvastu (Western Nepal); Kalikot (Mid-west); and Achham (Far-west).

The project is now in its second year, and is supporting more than 1,200 children and young people (52 per cent of them boys and 48 per cent girls) who had dropped out of school because of the armed conflict. Some have been able to go back to school, and the project is providing them with clothes and stationery to ensure that they can continue their education. Others are attending catch-up courses, while informal education is being provided for the remainder, who are now beyond school age.

School management committees and parent-teacher associations play a vital role in bringing conflict-affected children back into education, as do the children's clubs established with the project's help.

Another aspect of the project is to improve the quality of essential health services available to conflict-affected children, families and communities. This includes providing small items of medical equipment to local health facilities and training the committees of local people who run these facilities. BNMT provides mental health training for health workers, and training in counselling to female community health volunteers (FCHVs) and conflict-affected families, so that they know when children need to be referred to psychological support services.

The project arranges help for disabled children from specialist institutions such as the Hospital for Rehabilitation of Disabled Children and the Community Based Rehabilitation Centre in Biratnagar. BNMT organised health camps in four of the project districts to provide immediate treatment to children with disabilities.

To ensure that quality health services would be available to the children and their families in the longer term, the project trains health workers, health facility management committees and local community organisations in rights-based approaches to health (see pages 4-6). This has encouraged these groups to demand resources from local authorities to improve health services for communities. The results include construction of a sub health post building in Bayala and a birthing centre in Ghodasein, both in Achham district.

This year BNMT also initiated community-managed revolving funds to help families with their health needs and support their efforts to earn a living. Another new activity was to set up youth information centres, where young people can obtain information about health issues.

A key step towards improving the health and well-being of conflict-affected communities in Nepal is the reduction of poverty, so the project seeks to increase family incomes and expand the opportunities for young people to earn a living. It provides courses in basic computer skills and vocational training in a range of trades, including motorcycle repairs, furniture making, tailoring and driving. Many of them have used these skills to set up small businesses.

Rural families have received training to enable them to earn an income by growing vegetables, raising animals, establishing herbal nurseries, making handicrafts and recycling paper. This will be followed up by helping them to develop a market for their products.

To strengthen local civil society organisations, the project provides training in organisational development, good governance and financial management for the project partners, as well as training in advocacy, mediation skills and legal literacy to help protect children's rights.

As a result of this training, BNMT's local partner NGOs and community organisations are now making the effort to ensure that women and people from disadvantaged groups can participate in their decision-making structures.

The advocacy training gives people the confidence to make demands on their political representatives. For example, BNMT project partners in Achham, Kapilvastu, Arghakhachi and Morang districts arranged meetings where local people could express their views on issues affecting women, children and young people to members of the Constitutional Assembly. The assembly members promised the issues raised would be addressed in the new constitution.

Above and centre left: Health awareness event at a school.

Top left: Drafting a community action plan.

Bottom left: Computer training

Access to health services

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

- 36 health facilities received small items of medical equipment
- 1000 health workers and Health Facility Management Committee members learned about the rights-based approach to health and participatory learning and action (PLA) techniques
- 124 health workers received training in mental health and psychosocial counselling
- 862 residents of local communities received a basic introduction to the rights-based approach to health.

Earning a living

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

- 66 young people (11 women, 55 men) received vocational training
- 321 farmers (120 women, 201 men) received training in agriculture
- 51 people (47 women, 4 men) received training in handicrafts and recycling paper
- 151 people (62 women, 89 men received training in animal husbandry.

Orientation session for field researchers

Adolescent sexual and reproductive health

Adolescent sexual and reproductive health (ASRH) rights and services is one of the most neglected areas in Nepal's health sector, even though the youth population is growing. Part of the problem are the social and cultural taboos that make it difficult to discuss the issue in public. Service providers find it difficult to talk about and provide sexual and reproductive health services to adolescents, especially unmarried ones. And although reproductive health is part of the school curriculum, teachers feel uncomfortable discussing it with students.

The Human Resources for Health project began with participatory planning and learning sessions with adolescents, health service providers and other stakeholders, to identify local requirements for the service.

The next step will be to set up Youth Information Centres and service kiosks in schools and health facilities in the districts. Young people will be encouraged not only to use the services, but to play an active part in raising awareness in their communities and making demands for effective and adequately staffed health services. The results of this work will be documented to provide feedback for policy formulation on ASRH services in general, as well as on the need for health professionals in this field of work.

Human Resources for Health

In February 2011 BNMT embarked on a three-year project to improve the staffing of health services in Nepal.

To ensure that health services meet the needs of all Nepalese – and in particular the most disadvantaged and marginalised among them – the country requires skilled and qualified doctors, nurses, midwives and other health professionals. They have to be available in sufficient numbers, in rural as well as urban communities, and be able and willing to deliver the types of services that local people need.

In BNMT's experience of working with disadvantaged people and those in remote communities, health workers are sometimes lacking in the places where they are needed most. Health workers are too few, and they are unevenly distributed.

The vast majority of health professionals are concentrated in cities and towns, with far too few serving people in the rural areas. But the imbalance is not only geographical. There is an oversupply of health workers trained in certain fields of work, and a shortage in others. One sector lacking sufficient personnel is adolescent sexual and reproductive health (see left) and the project will address this specifically.

There is a disparity, too, between a growing private sector health workforce, operating almost without regulation, and the public sector whose limited capacity fails to respond to people's needs. Most private health facilities are located in urban areas, and appear to attract personnel because they can offer better pay and working conditions, and are better equipped.

Moreover, decision-makers in Nepal's public health sector have neglected to think seriously about such issues as recruitment, training, development, discipline, rewards and career structure. This is likely to result in demotivated, minimally productive staff who will take the first opportunity to leave – and ultimately in poor service delivery.

And yet the political will is lacking to develop a human resources policy and to implement it effectively at national and local levels.

Aims of the project

To address the shortage of health workers, BNMT is working in partnership with three other non-governmental organisations (NGOs) to increase the commitment of Nepal's policy makers and managers for effective provision of health workers – the human resources for health. The project builds on the rights-based approach to health developed by BNMT, to build the demand for effective and accessible services that can make real improvements to the health of all, and the most disadvantaged groups in particular.

The project's working districts are Bajura, Achham, Doti and Kailali in the Far West of Nepal; Kalikot and Dang in the Mid-west; Kapilvastu and Nawalparasi in Western Nepal; Sindhupalchowk in the centre of the country; and Panchthar in the East.

The Trust's partners in this project (see page 11) are the Family Planning Association of Nepal (FPAN), the BP Memorial Health Foundation (BHF) and Women for Human Rights (WHR). BNMT has overall responsibility for management and co-ordination of the project, and plays a leading role in advocacy, research and building the consortium. FPAN and BPHF lead the work on adolescent sexual and reproductive health, and WHR takes the lead in capacity building in the districts.

The project will seek to convince politicians, ministers, civil servants and the public at large that more effort and more funds must be allocated to recruiting, training

and retaining health workers. In particular, a sustainable strategy must be drawn up to keep health professionals working in remote districts.

Advocacy

The project uses advocacy to build pressure on policy makers to recognise the importance of human resources and integrate this recognition into health policies and programmes.

At national level, the project's advocacy aims to create awareness and seek commitment. At local level, the project seeks to build the capacity of local governments and civil society to advocate for better staffing of health facilities, including services for the disadvantaged population and especially adolescents.

To focus the attention of policy and decision makers on the health workforce will require a concerted effort from a wide range of interest groups. The project seeks to bring these stakeholders together into a consortium to advocate the adoption and implementation of an effective human resources policy. So far, meetings and discussions have been held with potential members of such a consortium, including parliamentarians, the Ministry of Health and Population, health professionals (including private practitioners), service providers and civil society organisations.

Because broader public awareness of the issue is important to build the demand for an effective health workforce, the project will build the capacity of community-based organisations to present the arguments, and will also build pressure through the mass media. The project works with local health facility management committees, private health service providers, women's groups, widows' groups, youth groups, traditional healers and health professionals.

Research

The project will conduct research into current policy and practice, and their impact on the health services available to the people of Nepal.

At national level, the project will review human resources policy in the private and public sectors and analyse government data on deployment of health workers. In the districts, surveys of private and public health facilities will look into the effects of staff shortages on delivery of services to people in need. The studies have been designed and the data collection was due to start in the second half of 2011.

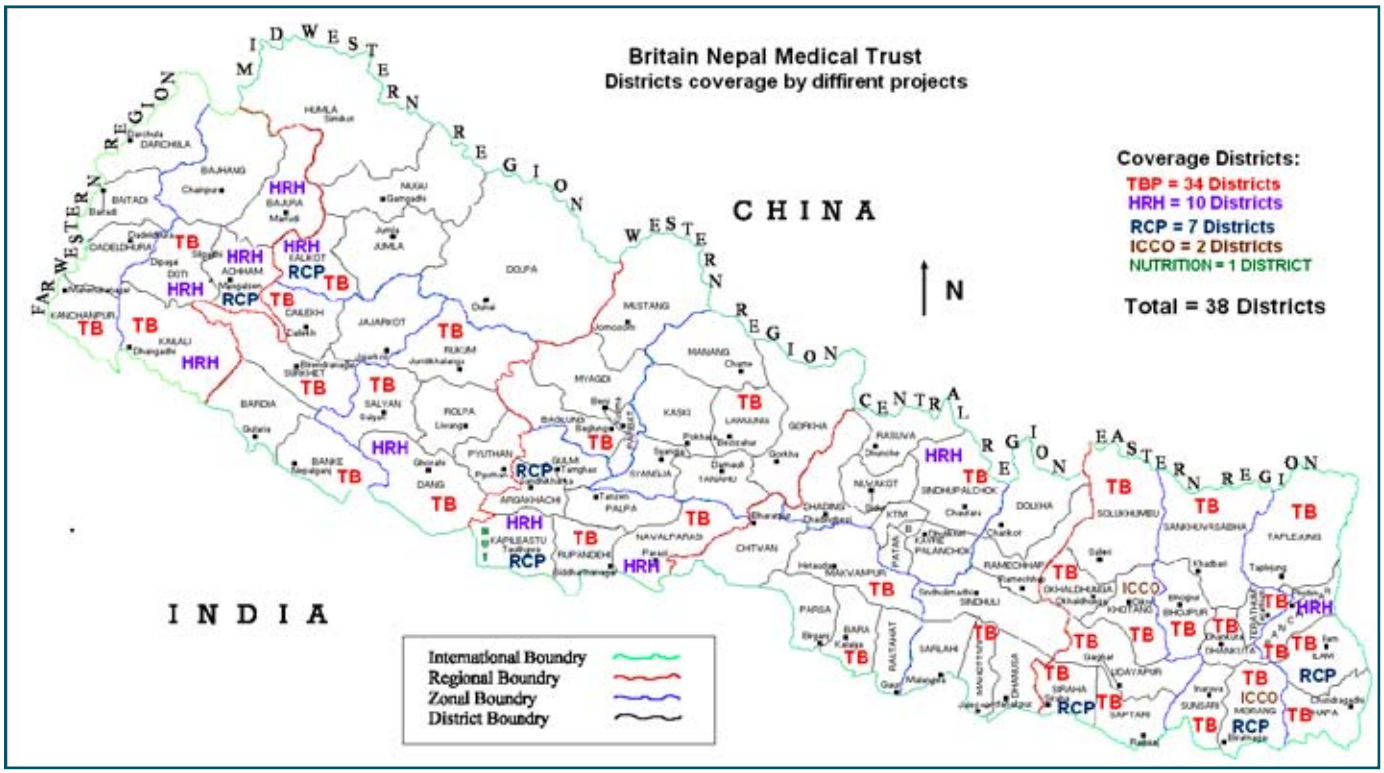
The research will identify gaps in staffing, and enable a comparison of policies and conditions in private and public health institutions. This will provide the evidence base for the consortium's recommendations for review and revision of health sector human resources policy, and for preparing advocacy materials.

BNMT's project partners

- **The Family Planning Association of Nepal** specialises in sexual and reproductive health information and services for poor, marginalised vulnerable people in underserved areas.
- **The BP Memorial Health Foundation** has pioneered work on adolescent sexual and reproductive health, sex education and HIV/AIDS prevention in Nepal.
- **Women for Human Rights** works for the economic, social, cultural and political rights of widows. It has 300 groups in 52 districts of Nepal, and more than 45,000 members.

Community members in discussion at a local health post

BNMT's working districts and funding partners



Nepal – an overview

Nepal has a population of 27.1 million, 4 per cent of whom live in rural areas.

Almost half of the population (49 per cent) live in the Terai (lowlands) bordering India that constitutes 23 per cent of the total land area of Nepal.

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

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

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

Religion plays a significant part in Nepalese life with 81 per cent of the population Hindu, 11 per cent Buddhist, 4 per cent 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.

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

Financial Report

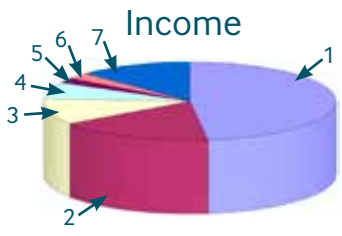
The Financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2010 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2010 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 2010

	2010		2009	
	£	£	£	£
Fixed assets				
Tangible assets		1,276		1,892
Current assets				
Debtors	113,798		92,793	
Investments	115,689		99,432	
Cash at bank	452,668		834,103	
	682,155		1,026,328	
Creditors:				
amounts falling due within one year	(118,971)		(140,521)	
Net current assets		563,184		885,807
Total assets less current liabilities		564,460		887,699
Charity funds				
Restricted funds		101,572		276,058
Unrestricted funds		462,888		611,641
		564,460		887,699

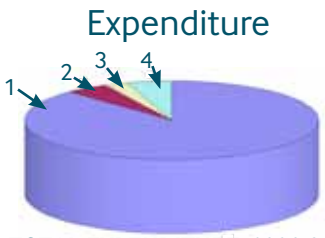
Dr. I.A. Baker
Trustee

J.M.V. Payne
Trustee



TOTAL INCOME: £558,553

Key
1. Global Fund/NTC R7 2. EU/RCP 3. ICCO
4. Global Fund/NTC R4 5. CADP-N
6. Everest Marathon & HB Allen Trust
7. Other donations/legacies/investment income



TOTAL EXPENDITURE: £898,048

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

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

Thank you

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

John Hayes at journey's end in Budapest

Trans-Europe trek

Congratulations to John Hayes on completing his six-month, 5,000-km fundraising walk from Tarifa in Spain, along the E4 long-distance footpath, to Budapest in Hungary. John has shown tremendous commitment to the Trust over the years and funds raised from his walk will be used to support work improving child nutrition in Kapilvastu. He has raised nearly £6,000 so far. You can add to the total at **http://uk.virginmoneygiving.com/e4longdistancewalk**

Major donors

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

Trusts, foundations and other organisations

Blunt Trust
Bryan Guinness Trust
Clay Charitable Trust
D & H.E.W. Gaunt Charitable Settlement
Inner Wheel Club of Llandaff
J.M. Selby Discretionary Trust
Kenwyn with St. Allen PCC
Liverpool Medical Student Society
Longview Trust
C.G. Murray Charitable Trust
Stonewall Park Charitable Trust
Wallace Curzon Charitable Trust

Bequest

The late Mrs M.E. Chate

Our thanks also to the many other organisations and 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).....

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

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 give with confidence

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