
Building A New Nepal



The Britain-Nepal Medical Trust
Annual Report 2008/9

Nepal - an overview



BNMT's Working Districts and Funding Partners

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

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

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

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

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

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

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

In 2006 Nepal emerged from a decade of armed conflict that led to more than 13,000 deaths and at its peak internally

displaced up to 200,000 people. In 2008 the Constitutional Assembly abolished the 240-year-old monarchy and declared Nepal a federal democratic republic.

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

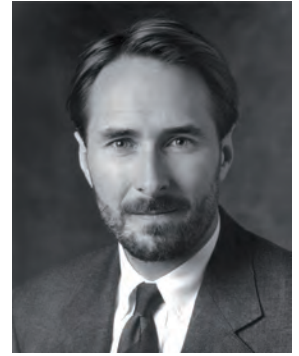
Poverty and health

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

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

Foreword

This past year saw much frustration and some progress as Nepal began its complicated road to recovery from a decade of armed conflict. Governance remains a work in progress, with a crop of largely inexperienced members of parliament learning to legislate for the country. Tension continues between the Maoists and other parties, with a particularly critical point being the formalisation of Nepal as a federal republic. And unrest has persisted in the lowland *tarai* with the emergence of 'identity politics' based on ethnic affiliation. Nevertheless, despite the inconvenience of strikes and *bhanda*s, demonstrations, and occasional extortion and violence, the fragile peace has largely held.



The Britain-Nepal Medical Trust's programme of work is adapting to meet the needs of a new Nepal. While our focus on health and health rights is constant, our emphasis embraces recovery and healing. As summarised in this report, generous support from the European Union and others has enabled BNMT to apply tools honed over 40 years' experience to attend to the rehabilitation of the physical and social infrastructure of rural Nepal.

Much of our recent work has fallen under the purview of the Ministry of Peace and Reconstruction, which has a cross-sectoral remit to co-ordinate the peace process and inclusive development that encompasses reconstruction, rehabilitation and reintegration. In this work BNMT is applying its tried and tested approaches to improving access to education, enhancing livelihood options and strengthening civil society organisations. Our strategy entails strengthening basic systems and services to make them more relevant and accessible to larger numbers of people, while putting a special emphasis on reintegrating the socially excluded.

At the same time, and partly as a result of BNMT's work, Nepal's national effort to control TB has taken great strides. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, BNMT has expanded its assistance to the National Tuberculosis Programme to include quality assurance and microscopy training in Central and Western Regions of Nepal as well as the our historic base in the Eastern Region. And, in a major new development the Global Fund invited Nepal and five other countries to take part in the first wave of learning from 'national strategy applications' (NSA). This could provide funding for the entire national tuberculosis control strategy for up to five years.

BNMT's programme has achieved much over the past year.

Major accomplishments include:

- **TB:** Established 65 TB treatment centres in existing health institutions; ran three training courses and six refresher training courses for health service staff and trained more than 4,000 female community health volunteers.
- **Health services:** Facilitated 18 health camps which provided medical treatment to 6,873 people living in remote areas.
- **Capacity building:** Conducted scores of training sessions reaching more than 5,000 people.
- **Livelihoods:** Provided vocational training and related support to more than 850 people.

If Nepal's fragile peace is to last, a new Nepal must be built. We extend our appreciation to those who have supported us in the past, and we encourage you to consider increasing your investment with BNMT to help us continue our work in building the basis for a just and lasting peace.

Gratefully yours,

A handwritten signature in black ink, appearing to read 'J. Mécaskey', with a long horizontal flourish extending to the right.

JEFFREY W MECASKEY, CHAIR, BOARD OF TRUSTEES

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New leadership

BNMT's Board of Trustees is delighted to announce the appointment of Sadhana Shrestha and Bhanu B Niraula as co-directors in late October 2009. The two co-directors have outstanding, complementary credentials that the Board expects will lead BNMT into its next phase of growth.

Sadhana Shrestha is a social entrepreneur who has applied skills honed in the private sector – directing major textile production facilities—to social responsibility with the Ashoka Foundation, renowned for bringing social enterprise into the public discourse. She served most recently as coordinator of the South Asian Network for Widows' Empowerment in Development (SANWED), a regional network focused on the realisation of widows' rights and wellbeing.

Bhanu Niraula, who has advanced training in demography culminating



in a post-doctoral fellowship at the University of Pennsylvania, has been actively involved in population and socio-economic research and development for more than 25 years. Over the past decade, he has worked with the UN Population Fund (UNFPA) in leadership positions in Nepal and abroad, and as programme director with the Centre for Environmental

and Agricultural Policy (CEAPRED), a non-governmental organisation working on community economic development.

The Board also extends its gratitude to Shanta Laxmi Shrestha, who has served as interim chief executive over the last few months: we wish her every success in her further studies.

In memoriam Sir John Crofton

BNMT extends its condolences to the family of Sir John Crofton, our patron and friend and a leader in the global battle against tuberculosis. Sir John passed away at the age of 97 on 3 November 2009.

Sir John's contribution to medicine and health in general and tuberculosis control in particular was enormous. He published the first controlled trial of streptomycin in 1950. Soon after, he established the validity of the first population-based approach to tuberculosis control – the Edinburgh Method – using triple-drug therapy to achieve unprecedented cure rates. Later he was an early proponent of Directly Observed Therapy, Short course (DOTS), which remains the centrepiece of the World Health Organisation strategy for tuberculosis control.

Sir John was Professor of Respiratory Diseases and Tuberculosis at the University of Edinburgh from 1952 to 1977, President of the Royal College of Physicians of Edinburgh from 1973 to 1976 and Chairman of the International Union against Tuberculosis and Lung Disease from 1984 to 1988. His ground-breaking textbook, Crofton and Douglas's *Respiratory Diseases*, was first published in 1969 and reached its fifth edition in 1990; his *Clinical Tuberculosis* reached its third edition in 2009. Sir John also campaigned for tobacco and alcohol control.

Sir John's connection with the Trust goes back 25 years to 1984, when he was invited to become a Patron. In subsequent years, he visited the Trust's programme in Nepal, and attended a number of Board and TB committee meetings.

We have valued Sir John's fellowship and advice, and his legacy lives on.



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The armed conflict

Nepal experienced a decade of armed conflict between Maoist insurgents and government forces between 1996 and 2006. The violence destroyed not only physical infrastructure but also many lives and the economy of the country as a whole.

More than 13,000 people were killed and about 1,000 disappeared. Nearly 200,000 people were internally displaced and up to two million are thought to have fled the violence and increased economic hardship by migrating to India and beyond.

Every Nepalese citizen was affected by the conflict directly or indirectly, but civilians living in the contested hill districts were hardest hit. The women and children among them were particularly vulnerable. The conflict created large numbers of female-headed households, as men left rural areas in search of work or to escape harassment, or were recruited, abducted, detained, disappeared or killed.

Armed conflict also affected many aspects of children's lives. Both warring parties committed grave human rights abuses against children. Today, children in female-headed households continue to face social discrimination and serious economic hardship; and the long-term psychological impact of this conflict on children, though anticipated, is not well understood. Today, these children desperately need adequate food, shelter, health, education, psycho-social support and access to justice.



Few support and rehabilitation services are available for the countless children and families whose lives have been shattered by the conflict. What services do exist are severely under-funded, while post-conflict rehabilitation programmes have largely ignored children's needs.

Since the 2006 Comprehensive Peace Agreement between the Maoists, the political parties and the government, the country has moved towards democratic political processes. But the peace remains fragile. Given the lack of economic opportunities, the deterioration of basic services, inadequate infrastructure and poor functioning of the state machinery, the danger remains that widespread discontent could give rise to renewed conflict.

The need to rebuild

A concerted effort is needed to rebuild Nepal's physical and social infrastructure.

The Britain-Nepal Medical Trust (BNMT) is playing a role in this by taking the lead in two major projects focusing on reconstruction in conflict-affected communities. One aims to foster the health and livelihoods of conflict-affected people in Nepal. The other focuses specifically on rehabilitating conflict-affected children and supporting their families.

In both projects, BNMT is working as part of a consortium of non-governmental organisations (NGOs) taking a holistic approach to improving the lives of people recovering from the devastation of armed conflict. This means addressing health needs by strengthening or rebuilding health services, where necessary. But it also means helping people to create or re-establish ways of making a living, and providing education and training for children and adults, thus enabling families and communities to rebuild their lives.

Looking to the future

During 2008 BNMT, in consultation with partner NGOs and government agencies, drew up plans for a project focusing on the rehabilitation of children affected by conflict. Starting in August 2009, this project seeks to increase access to education, improve health services and increase livelihood opportunities for the children and their families. It also aims to boost the capacity of civil society organisations for advocacy on children's rights.

The project will operate in seven districts: Siraha, Morang and Ilam in eastern Nepal; Arghakhanchi and Kapilvastu in western Nepal; Kalikot (in the mid-west) and Achham in the far west. It will be co-ordinated by BNMT, and implemented by local partner NGOs at district level. Strategic guidance will be provided by an advisory committee drawn from the implementing partners and representatives of the Ministry of Health and Population, the Ministry of Women and Children, and the Ministry of Peace and Reconstruction.

The project will carry out a wide range of activities, including:

- Renovation of schools, provision of tuition fees and books, and informal education for young people who have missed out on schooling.
- Renovation of health facilities, training health workers in mental health and psycho-social counselling, and health education in communities.
- Training for women and young people to help diversify their sources of income and help them to market their products.
- Training and other support for community organisations and NGOs, including Child Protection Committees and micro-finance schemes.
- Training for civil society organisations in advocacy on children's rights; and research into domestic violence.

Healing the effects of conflict for individuals and communities

BNMT is working in partnership with local organisations on a project to improve the health and livelihoods of conflict affected people in 11 districts.

The ultimate objective of this project is to reduce the potential for revival of conflict by improving the socio-economic condition of excluded and vulnerable people. In addition to increasing their access to essential health services and improving their chances of making a living, it aims to develop self-esteem and trust among communities and civil society organisations.

The project aims to benefit directly 20,000 families, drawn from the rural poor, victims of conflict, and marginalised groups such as women, children, young people, Dalits and Janajatis (indigenous peoples). It is run by a consortium composed of BNMT, two national NGOs and 11 NGOs working at district level. The national project partners are Forest Action Nepal and World Vision Advocacy Forum Nepal (WVAF). The 11 district partners are based in the project areas and have a good track record of work with local communities.

By working as part of a consortium, BNMT aims to replicate in other parts of



A blacksmith who received the training and equipment from the project in his workshop

the country the partnership approach it has applied successfully in its work to date in Eastern Nepal.

BNMT provides management support for the project, and contributes its wealth of experience to give technical support on health. Technical support on livelihood activities and institutional capacity building is provided by Forest

Action Nepal and WVAF respectively. The local partners based in the districts contribute their local knowledge and links with communities. They are responsible for helping to identify and prioritise local needs, and for planning and implementing activities at district level.

The National Project Management Steering Committee (NPMSC), which provides strategic and policy guidance, is chaired by BNMT's co-director, who is also the National Project Coordinator.

The project covers 11 districts spread throughout the country: Morang, Dhankuta, Panchthar and Khotang in eastern Nepal; Kavre and Chitwan in central Nepal; Nawalparasi, Arghakhanchi, and Kapilvastu in western Nepal; Kalikot in the mid-west; and Achham in the far west.

The project focuses particularly on socially excluded and marginalised groups: conflict affected people, Dalits and Janajatis, Madhesi people, women, youth, children, and people with disabilities. More than 20,000 people are expected to participate in the proposed project. The ultimate beneficiaries are the wider community in the 11 project districts – which have a total population of 720,000.



A former combatant looks at the piglets he received from the post-conflict rehabilitation project

Assessing need

The project started in March 2008 with a rapid needs assessment covering all 11 project districts, designed to provide a detailed local picture of the impact of conflict on the population, how they make a living, the availability of basic services and resources, and the state of health services. Some of the information gathered was used to identify individuals, families and groups who would benefit from livelihood support.

The assessment revealed that people in all 11 districts had been affected by armed conflict to varying degrees. In Arghakhanchi, for example, relatively few people were directly affected, although even here 20 were killed.

The effects of war were most widespread in Kalikot, where in addition to 23 deaths and 49 'disappearances', more than 1,000 people were seriously injured, 556 were forcibly displaced, 600 were arrested and 332 had property stolen.

The most common source of income in the project area is agriculture, but more than 60 per cent of families grow insufficient food to feed themselves for longer than six months of the year.

Almost four-fifths of health facilities in the project area were found to be in need of major repairs, and few health workers were equipped to help patients traumatised by conflict: less than 4 percent of health workers had training in mental health and psychosocial counselling. Only 19 out of 110 health institutions in the project area had a community drugs programme to provide essential drugs at affordable prices and of those, some were diverting the drugs fund to other purposes such as purchase of stationery and other supplies, or staff salaries.

The district project teams organised a formal programme in each district to share the findings of the assessment report with government agencies, local non-governmental organisations and the general public.

Key findings from the rapid needs assessment

Population of the project area

Total population	720,769
Janajatis (indigenous peoples)	43.4%
Dalits	13.1%
Other marginalised ethnic or caste groups	5.1%
Average annual family income	
Nepalese rupees	7,000-15,000
	(£57-£122)

Impact of war

Number of people directly affected	6,423
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of which

Displaced	910
Seriously injured	1,598
Killed	676
Disappeared	163



Men who received carpentry training and equipment from the project have begun to earn a living from their new trade



Hairdressing training for young women affected by the armed conflict

Achievements so far

The practical activities of the project fall under four main areas: improving the quality of essential health services; repairing rural infrastructure; helping people from disadvantaged groups to earn an income; and education and training to enable people in local communities to participate in managing local services and to have a say in the decisions that affect their lives.

Work on improving health services includes renovating hospitals and health posts damaged in combat operations and ensuring that health institutions are properly equipped. But the project is also providing additional knowledge and skills to local health staff, with a particular focus on training in mental health and in participatory health education.

The project's work on livelihood support consists of providing training, start-up equipment and in some cases small grants and loans, to enable people in the project districts to increase their earnings.

The project's community education work uses techniques developed in BNMT's long experience of working with communities in eastern Nepal.

These include participatory learning and action (PLA), which helps people to analyse the causes and effects of health problems in their community, and to devise solutions for them; and the child-to-child approach, which encourages children and young people to share newly-acquired knowledge with their peers and others in the community.

In Panchthar, Kapilvastu and Accham the project provided direct support to

families, in the form of medical expenses, livelihood support, sponsorship for children to attend school, and help with refurbishing homes damaged in the conflict. The families were selected on the recommendation of the local health committees.

To ensure that the improvements made are sustainable, the project includes building the capacity of the local partners to manage their organisations

Health

In the project's first year BNMT and its partners in the consortium:

- Produced a 30-page training manual for health workers on mental health and psychosocial counselling.
- Ran a six-day trainers' training course in mental health for 22 community health workers, who have since passed on their new knowledge to colleagues in the project districts.
- Ran training sessions in mental health and home-based counselling for Female Community Health Volunteers.
- Trained 242 health workers in Participatory Learning and Action techniques, to encourage user participation in management of health institutions.
- Revived local health management committees in all 11 project districts.
- Provided medical treatment for 708 people in Panchthar district, by bringing doctors and nurses from the district hospital to remote rural areas.
- Renovated three health institutions in Khotang and two in Kapilvastu.
- Supplied basic equipment (eg wash basins, noticeboards) to five health institutions in Kavre district.
- Supplied small items of medical equipment (eg forceps, dental kits, scalpels, otoscopes) to 56 health institutions.

effectively, and to understand the government policies that affect the lives of local people.

Although still in its initial year, the project has already made an impact. One result of the project's work is an increased demand among health workers for training in mental health and counselling, as they recognise its importance in communities that have been affected by armed conflict. Some of the beneficiaries have already been able to make use of the livelihood assistance to set up small businesses to earn a living for themselves and their families. For example, men who received blacksmith's training have begun to produce and sell iron tools, cutlery and souvenirs, while women who received machinery and training for mass production of plates and bowls made of leaves, and established a market connection. Families are also earning an income by selling piglets, kids, calves and chickens bred from livestock distributed by the project.

Livelihoods

In the project's first year, BNMT and its partners in the consortium:

- Provided training, seeds and toolkits to enable 216 people (98 men and 118 women) to grow off-season vegetables.
- Provided training in herb production for 29 people and helped local people explore potential markets for herbs.
- Provided training in collection and marketing of non-timber forest products to 37 people.
- Distributed livestock to 319 conflict-affected families, after consulting the Animal Health Development Office in each district as to the most appropriate animals for the local area.
- Provided small grants and loans to enable 21 people, selected after extensive consultations with the local community, to start grocery stores.
- Provided training and machinery for 30 women in production and marketing of plates and bowls made of leaves, and established a market connection.
- Trained 30 men in furniture making and provided them with basic toolkits.
- Trained 10 men in bicycle and motorcycle repair and provided them with basic toolkits.
- Trained 48 people in hairdressing.
- Provided blacksmith's training and tools to 40 men.
- Provided training in sewing machines and tailoring to 47 women and 13 men.



Three months after receiving training, this barber now makes 300-500 Nepali rupees a day.



A woman makes a leaf bowl using a machine provided by the project

Schoolchildren who attended the health education sessions organised by the project have formed health groups and clubs in their schools to help share key health messages, and some have organised extra-curricular activities to raise awareness of health issues in the wider community.

As a result of training provided by the project, traditional healers have started to refer people needing medical attention to health institutions, and there has been a marked increase in the number of people seeking help from these institutions.

Health and human rights education

In the project's first year, BNMT and its partners in the consortium:

- Conducted education sessions on health and human rights in four districts, for a total of 813 participants.
- Ran Participatory Learning and Action training for a total of 855 women in 11 districts.
- Organised 55 training events in schools, teaching 583 children about health rights and common health problems.
- Ran training sessions for a total of 144 traditional healers from 11 districts, encouraging them to refer cases to health institutions.

Translating health rights into realities in Eastern Nepal

The Trust's work in Eastern Nepal takes an integrated, rights-based approach to improving people's health, focusing on those who need help most.



School students learn about health

Women, children and other disadvantaged groups bear the brunt of health problems in Nepal, but are the least able to address such problems, particularly if they live in remote areas. Health institutions often lack resources and staff, and services are of variable quality.

BNMT's Rights-Based Approach to Health programme aims to improve the health of disadvantaged people by encouraging them to use and demand health services, and by working with health institutions to improve the quality of their services.

Ensuring quality services

To improve health services, the Trust works with District Health Offices, paramedics, community health workers, female community health volunteers and community leaders, using training and advocacy to ensure a better, more widely accessible health service.

This year's activities included:

- Participatory Learning and Action training for local health committees.
- Developing lists of essential drugs, based on local needs, specific to eight districts.
- Two training sessions on the rational use of drugs and drugs financing scheme management for local health committees and health workers.
- 18 health camps which provided medical treatment to 6,873 people living in remote areas.
- Support for malaria testing at microscopy centres.

Empowering communities

The Trust's work with communities focuses on disadvantaged groups, including women, children, Janajatis and Dalits.

The programme uses various types of educational techniques to equip people with the knowledge and skills to identify and address health problems in the community and to pass their knowledge on to others.

This year BNMT organised:

- 45 health improvement workshops for local communities, reaching 1,396 people.
- 62 Participatory Learning and Action sessions for women, with 858 participants.
- 43 health education sessions with disadvantaged youth, with 542 participants.
- 42 education sessions in schools, with 679 participants.

The Tuberculosis Programme

Since 1967, BNMT has been working with the Government of Nepal to combat tuberculosis (TB) in Eastern Nepal, within the framework of the National Tuberculosis Programme (NTP).



The goal of the NTP is to reduce morbidity, mortality and transmission of TB until it is no longer a health problem.

BNMT's contribution to the National Tuberculosis Programme consists of quality assurance of TB sputum microscopy, expansion of treatment services, monitoring and supervision of TB services, and training for basic health service staff. The Trust also provides health education with a focus on TB in schools, factories and communities, and provides hostel accommodation for TB patients attending treatment far from their homes.

In 2008 BNMT:

- Established 33 TB treatment centres and 32 sub-centres in existing health institutions.
- Carried out 4,711 monitoring visits to TB treatment centres.
- Ran three training courses and six refresher training courses for health service staff.
- Ran two TB education sessions for factory workers.
- Gave basic training to more than 4,000 female community health volunteers.
- Ran one training course and one refresher training course for microscopists.
- Supported TB education programmes in 10 schools.
- Provided food and accommodation for 25 TB patients in TB hostels.

Preventing the spread of HIV

In 2008 BNMT carried out a one-year project aimed at reducing the risk of HIV/AIDS among migrant workers and their families.

The HIV prevention project was implemented in 10 villages in the districts of Siraha and Morang in eastern Nepal. Data collected during the project showed that 1,898 people from the 10 villages were working abroad, of whom 894 had migrated to India.

Specifically, the project set out to increase migrant workers' knowledge about safe sexual behaviour, health rights and responsibilities, and to increase the knowledge of migrant workers' family members about HIV/AIDS prevention. It also aimed to reduce the stigma and discrimination directed at migrant workers and people

living with HIV or AIDS. In planning and implementing this project, BNMT worked with local non-governmental organisations and in co-ordination with local government health offices.

The project held a series of HIV/AIDS awareness sessions in 10 schools (one in each village), reaching 125 children of migrant workers. These young people were mobilised to raise awareness with others in their communities.

The project also contacted migrant workers directly, sending educational materials – pre-printed envelopes and calendars – with key messages about

HIV/AIDS prevention. These were sent by post through family members, or delivered directly to migrant workers home on leave. A second set of educational materials was sent later to the same recipients to reinforce the message.

An assessment at the end of the project showed that knowledge of HIV prevention among migrant workers' families had increased.

Workshops were held to share the lessons learnt with health and development agencies at local, regional and national level.

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, 2008 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2008 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.

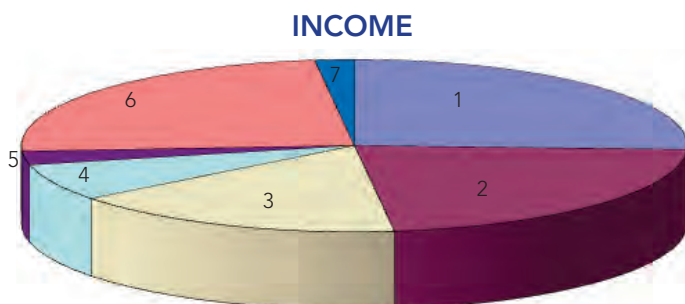
Balance Sheet as at 31 December 2008

	2008		2007 (restated)	
	£	£	£	£
Fixed assets				
Tangible assets		2,668		3,542
Current assets				
Debtors	96,715		24,237	
Investments	88,612		102,364	
Cash at bank	941,672		509,964	
	<u>1,126,999</u>		<u>636,565</u>	
Creditors:				
amounts falling due within one year		<u>(98,556)</u>		<u>(32,196)</u>
Net current assets		<u>1,028,443</u>		<u>604,369</u>
Total assets less current liabilities		<u><u>1,031,111</u></u>		<u><u>607,911</u></u>
Charity funds				
Restricted funds		349,462		87,390
Unrestricted funds		<u>681,649</u>		<u>520,521</u>
		<u><u>1,031,111</u></u>		<u><u>607,911</u></u>

These Financial Statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 applicable 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 19th September, 2009 and signed on its behalf, by:.

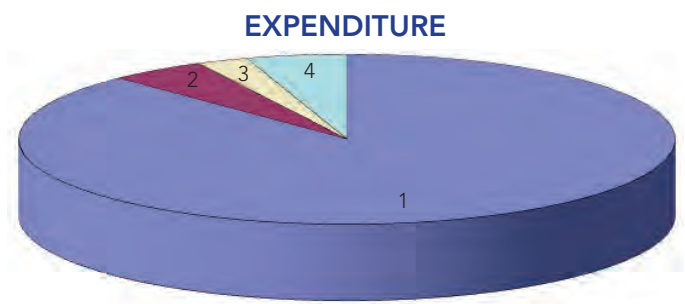
Dr. I.A. Baker
Trustee

J.M.V. Payne
Trustee



1. EU/VCP;
2. Big Lottery Fund;
3. ICCO;
4. Global Fund/NTC;
5. Everest Marathon/ADRA/H B Allen/Beatrice Laign/HerWAI/ Stonewall Trust/Need in Nepal;
6. Other Donations/legacies;
7. Investments/other resources

TOTAL INCOME £1,061,247



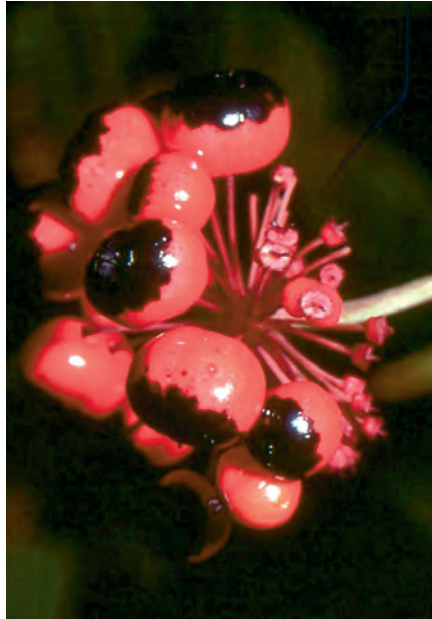
1. Direct Charitable Expenditure;
2. Costs of Generating Voluntary Income;
3. Support Costs;
4. Governance Costs

TOTAL EXPENDITURE £620,298

Fundraising



Roots of aconite



Himalayan ginseng



Lousewort

Chris Chadwell

A modern day plant hunter specialising in the Himalaya, Chris Chadwell has raised considerable sums for the Trust in recent years through his talks and slide presentations to numerous clubs and societies. During this past year he has again been entertaining and informing audiences with his experiences of exploring for plants – including those used in traditional medicine – in Nepal. A selection of these plants is pictured here. His presentations and fund-raising have been enhanced by a splendid banner explaining the work of the BNMT, kindly prepared by Dr Don Patterson.



Aconite



High-altitude gentian

Thank You

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

Major donors

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

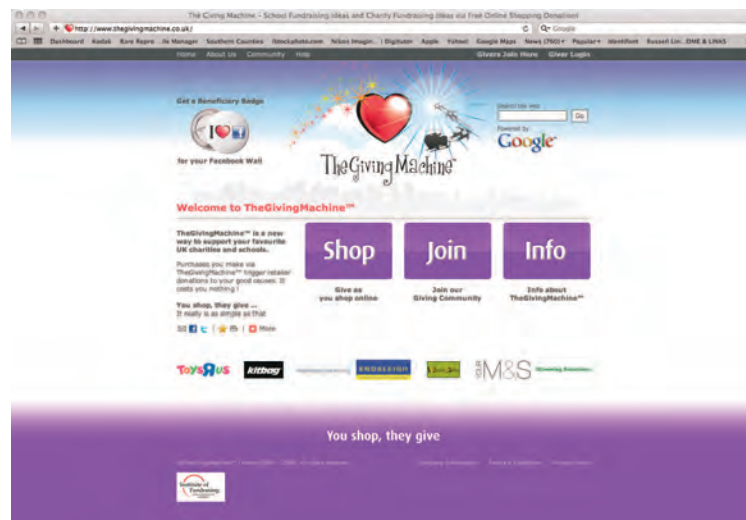
Trusts, foundations and other organisations

H B Allen Charitable Trust
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Rotary Club of Reigate
Stonewall Park Charitable Trust

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.

A new way to help Britain Nepal Medical Trust

Help us generate free cash donations every time you buy online at



www.TheGivingMachine.co.uk

It will not cost you anything extra – the online shop pays the donation to us, in your name, on your behalf.

Buy from over 180 participating shops and take advantage of exclusive special offers and discounts. Simply choose us as one of your beneficiaries from

TheGivingMachine is a not for profit organisation that raises cash donations for over 1,000 charities and schools throughout the UK.

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.
- **£30** saves the lives of 100 children under five with acute respiratory infection: a major killer in Nepal.
- **£45** cures a patient of TB.
- **£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.
- **£150** can cure 100 cases of sexually transmitted disease.
- **£150** will cover the cost of an operation to permanently repair uterine prolapse.
- **£400** pays for a year's supply of life-saving drugs at a rural health centre.
- **£2,880** can, for one year, 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 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.givnow.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 UAK&BHG 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 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

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
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Web: www.britainnepalmedicaltrust.org.uk