Fighting tuberculosis in Nepal

The Britain-Nepal Medical Trust

Annual Report 2011/12

Gillian Holdsworth

Prof. S. Subedi

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Cover photo: A senior citizen uses the health service at Raajghat, Morang district
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Chair's foreword

This year's annual report focuses on the control of tuberculosis (TB). BNMT has played a major role in TB control in Nepal. Soon after its inception, the Trust introduced a BCG vaccination programme in the country's Eastern Development Region. It went on to establish a network of TB clinics implementing one of the most effective TB control programmes in the World. Later, it introduced Directly Observed Therapy (DOTS) and integrated its services with those of the government health service, as well as piloting models for bringing together programmes addressing TB and HIV.

Tackling tuberculosis remains a priority for Nepal and although the national programme has had some notable successes over the years, significant challenges remain, particularly with drug resistance and the impact of HIV/AIDS.

Nepal now has a population of over 28 million, with an estimated 173 TB cases per 100,000 people for all forms of tuberculosis (compared with 14 per 100,000 in England) and 77 new cases of infectious (smear-positive) TB per 100,000. Since the introduction of DOTS in 1996 the number of cases diagnosed has grown and there has been a significant decrease in deaths from the disease.

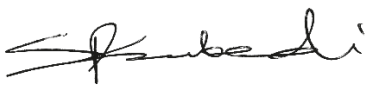
Nepal's successful National Strategic Application to the Global Fund in 2010 provided a platform for a collaborative approach to TB control in Nepal, the development of a five-year plan and a TB control network in which BNMT plays a leading role.

Our successful partnership with the World Health Organisation (WHO) in TB Reach – a programme to detect TB cases – has benefited from BNMT's many years of experience in community participation. We hope this will ensure further collaboration in the future.

BNMT's other major development over the last year has been the establishment of a Nepal-based organisation called 'BNMT Health' which is being registered in Nepal as we go to press. This exciting development will provide the Trust with a local partner for joint ventures and collaboration, diversify opportunities for fundraising, and ensure the long-term vision and values held by the founders of BNMT, 45 years ago, are embedded in the future development of Nepal.

We should like to thank again all of you who have supported us in the past. The world of fundraising is highly 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

Shobhana Gurung Pradhan

In Memoriam
Dr. Knut Øvreberg

We report, with great sadness the loss of Dr. Knut Øvreberg, who died in August 2012 aged 84. A leading figure in the campaign against TB, he served as a Trustee of BNMT from 1984 until his retirement in 2008, when he became a patron of the Trust.

He was recognised in Norway as a leading authority on TB. He served on the Norwegian National Health Association, which supported TB control in countries such as Nepal, Nicaragua, Malawi and the Baltics, and the Norwegian Association of Lung Health Patients, which supported programmes in Nepal, Senegal, Namibia, Zambia, Sudan, Tanzania and the Russian Federation.

In recognition of his great contribution to respiratory medicine, both nationally and internationally, he was presented with gold medals by the King of Norway and by the International Union Against Tuberculosis and Lung Diseases.

All at BNMT will remember him for his kindness and good humour, as well as his enormous contribution to the fight against TB.

A message from the Director

The year 2011-2012 has been an important and busy one for the Britain Nepal Medical Trust. We have expanded our programmes to 42 out of Nepal's 75 districts, and we now work across all development regions of the country. This year alone, BNMT's projects have benefited a total of 4,431 households, or 26,587 individuals.

The focus of this year's Annual Report is BNMT's programme to tackle tuberculosis. TB is a disease of poverty that affects the most vulnerable, especially women and children. An estimated 45 per cent of people are infected with this disease in Nepal. Therefore we believe this is the right time for BNMT as an organisation to go back to its roots, share past experiences and test innovative approaches, as we look forward to a future TB-free Nepal.

BNMT was one of the first organisations to start TB care and service in Eastern Nepal in the 1970s. We have maintained our contribution towards TB prevention and care ever since. This year we continued our support to the National Strategic Plan of Nepal's National Tuberculosis Programme (NTP) in a number of service delivery areas.

Our TB Reach project, supported by the Stop TB Partnership of the WHO, puts BNMT at the forefront of the effort to improve case detection through innovative approaches. This one-year project aims to increase case detection rates in nine Terai districts where case-finding is suspiciously low, by tracing the contacts of people identified as suffering from the disease. Halfway through the project's implementation, we are quite excited with the results, which demonstrate the importance of contact-tracing for detecting new TB cases.

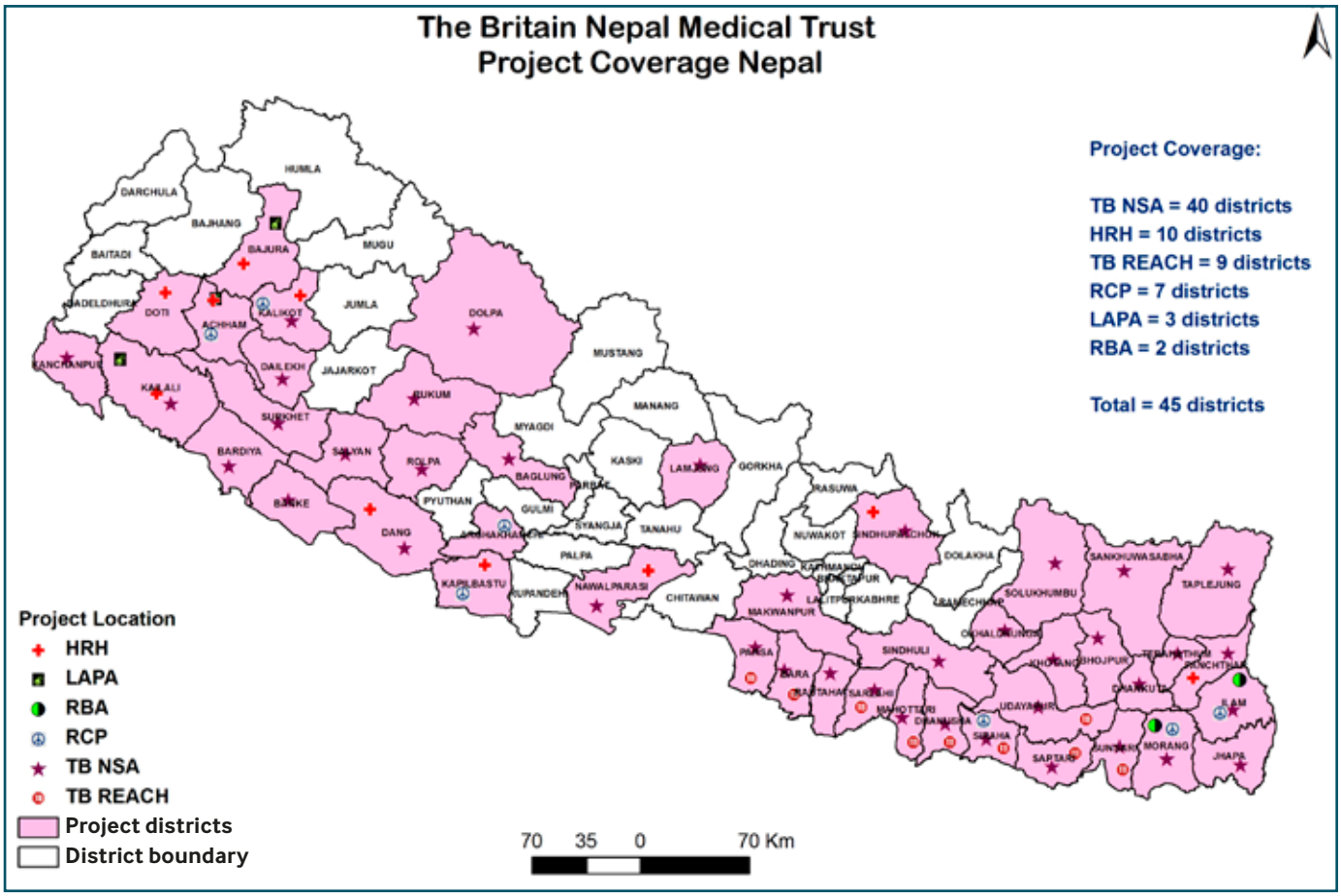
In addition to our work on TB, BNMT has continued to advocate for the right to health for all, and especially for the most vulnerable communities in Nepal. Our Human Resources for Health project has analysed the underlying challenges of ensuring that the country has an adequate workforce of skilled and qualified doctors, nurses and other health workers. Our work with communities affected by armed conflict has continued. The Trust has also contributed to the development of Local Adaptation Plans of Action to mitigate the effects of climate change in selected areas of the country. (For more on these projects, see pages 10-11).

While our achievements give us much to be optimistic about, on the political front the scenario remains bleak. With the dissolution of the Constituent Assembly and announcement of new elections, Nepal's much anticipated constitutional and political process is on an uncertain course. Prolonged political instability is likely to reduce development activities across all sectors and hamper the implementation of projects and programmes. (For more on the political context to our work, see page 12).

I should like to thank our generous donors and supporters, the Government of Nepal, especially the Ministry of Health and Population and the National Tuberculosis Centre, and our partners for working with us this year. As always, BNMT remains committed to providing quality services and making the right to health a reality for all Nepalese.

Shobhana Gurung Pradhan
Country Director

Nepal – an overview



Nepal has a population of 26.6 million, growing at an annual average of 1.4 per cent.

Half of the population (50.15 per cent) lives in the Terai (lowlands, below 600 metres) bordering India that constitutes 23 per cent of the total land area of Nepal; 43.1 per cent of the population lives in the middle hills; while only 6.75 per cent lives in the high mountains (above 4,500 metres).

The country is both ethnically and linguistically diverse with 102 ethnic groups. Major ethnic groups include Brahmins, Chhetris, Newars, Gurungs, Limbus, Madhesis, Magars, Rais, Sherpas, Tamangs and Tharus. Nepali is the official language, with 70 dialects and 11 major languages spoken by the 102 ethnic groups.

Religion plays a significant part in Nepalese life. Just over 80 per cent of the population is Hindu, 10.7 per cent Buddhist, 4.2 per cent Muslim and the remainder have other religions. Patriarchal social structures and a caste system disadvantage several groups, including the so-called lower castes, certain ethnic groups, women and children.

Nepal has seen modest development progress over the past 15 years. However, it ranks 157th out of 187 countries on the UNDP's 2011 Human Development Index, and just over half the population lives on less than US$1.25 a day. Although migrant remittances and a real estate boom have spurred economic growth in the cities, economic conditions in rural areas have not improved significantly in recent years.

Health in Nepal

Mothers receiving antenatal care from skilled provider* (%)	58.3
Births attended by skilled provider* (%)	36
Children fully immunised with all basic vaccinations* (%)	86.6
Infant mortality rate (per 1,000 live births)**	41
Under-five mortality rate (per 1,000 live births)**	50
Maternal mortality rate (per 100,000 live births)**	229
HIV prevalence among population aged 15-49 years*	0.49
Clinical malaria incidence (per 1,000 population)**	5.7
TB prevalence rate (per 100,000 population)**	244
TB mortality rate (per 100,000 population)**	22

**Nepal Demographic and Health Survey 2011, Population Division, MoHP*

***Adapted from Nepal MDGs Progress Report 2010, NPC/UNCT*

Tuberculosis: The global challenge

Tuberculosis is a global health concern. It kills more young people and adults than any other infectious disease and is the third greatest cause of death among women aged 15-44. It is a particular problem for developing countries such as Nepal.

The WHO reports that globally 9 million people had TB in 2010, with over 1 million deaths among HIV negative TB patients and just under half a million among those infected with both HIV and TB. In that year about 10 million children were orphaned as a result of both parents dying from TB.

Diagnosis and treatment of multi-drug resistant TB (MDR-TB) are major challenges: less than 20 per cent of the 300,000 patients estimated to have MDR-TB in 2010 were receiving treatment. Another major challenge is the HIV epidemic, as HIV increases vulnerability to TB: only one-third of TB patients worldwide were tested for HIV in 2010. The Global Plan to Stop Tuberculosis calls for all TB patients to be tested for HIV and all TB patients with co-existing HIV to be provided with co-trimoxazole preventative therapy or anti-retroviral therapy.

The picture is not one of total gloom: even with the rise in HIV-associated TB, the incidence of TB – the rate at which new cases occur – has been falling since 2002 and prevalence – the total number of people with the disease – has been falling since 2006, with China in particular reporting steady reductions. TB mortality rates have fallen by over one-third since 1990.

Efforts to develop easy-to-use and cheap tests, continued research into new vaccines and drugs, and shorter treatment regimens offer hope that the burden of TB on individuals, families, communities and nations can be reduced.

To achieve this, the commitment of individual governments to provide an efficient and widely effective national TB programme remains of paramount importance. Such a programme requires human and material resources adequate to identify and treat patients with TB. Sufficient funding must be provided for education of communities and health professionals; for training,

Women in Sapata, Bajura
© Ghanashyam Kandel

good record keeping, monitoring and supervision; for diagnostic facilities and adequate, regular supplies of the drugs. Private practitioners should comply with or refer patients to the national TB programme. Donors, academic institutions, pharmaceutical companies, international and national non-governmental organisations (NGOs) need to continue their efforts to help governments across the world to reduce TB.

TB programmes in poorer countries require considerable support from donor countries, agencies and charities. Yet despite the scale of the problem, total international and domestic funding for TB programmes in the poorest among the 22 most severely affected countries remains low. In 2010 less than half of these 22 countries met the benchmark of one TB microscopy centre per 100,000 people and just over half had one laboratory capable of performing culture and drug sensitivity testing per five million people. Strengthening of diagnostic and laboratory capacity remains a priority.

TB in Nepal

About 45 per cent of Nepal's population is infected with TB, and up to 90,000 people have the active, infectious, form of the disease. Every year, about 44,000 new cases emerge and between 5,000 and 7,000 people die from TB.

Stopping TB has been a top priority for the Government of Nepal for many years. Nepal is on track to achieving the Millennium Development Goal (MDG) targets for tuberculosis prevention and care. Two of the three MDG targets for TB have already been met: prevalence rates and mortality rates have been halved from their 1990 levels. The remaining target, to halve the incidence rate, is close to being achieved. This shows that the NTP is effective.

Nevertheless, TB remains a major public health problem in Nepal. Access to TB treatment remains limited for those most vulnerable to the disease: the poor, the socially disadvantaged and the marginalised. Poverty and discrimination restrict access to education, and hence to information about the disease and the availability of treatment. Migration for work complicates the process of identifying sufferers and ensuring that they complete a full course of treatment. Also Nepal's health service still lacks the financial and human resources to reach all those affected.

A strong TB control strategy with bold but realistic targets, and backed by adequate resources, is essential for maintaining the progress made so far.

BNMT and TB control in Nepal

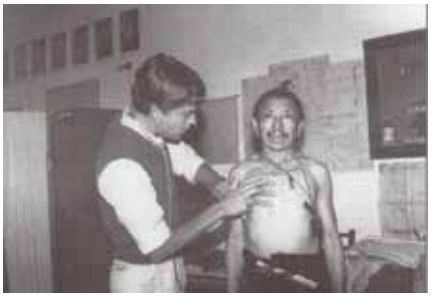
BNMT has served the people and government of Nepal in their struggle against TB for the last 45 years.

The Trust's work started in eight hill districts of Eastern Nepal, with direct provision of immunisation and treatment services by expatriate doctors and nurses. From the 1990s onwards, responsibility for these services was handed over to the government health service and they are now run by local staff. BNMT's role became one of supporting the NTP, which it helped to establish.

The Trust provided training in TB prevention, diagnosis and treatment for health workers, laboratory staff and health volunteers. It also piloted new approaches to TB treatment such as DOTS, the internationally recognised approach to treating TB, and treatment and support for people with TB-HIV co-infection.

Over time, too, BNMT's work expanded from its base in Eastern Nepal. It now covers more than 40 districts spread across the country. Today, the Trust supports the NTP in training, monitoring, supervision, quality control of microscopy services, expansion of DOTS, development of improved case-finding methods and operational research.

A TB patient is brought to a BNMT TB clinic by human ambulance



Dr. Elout Vos, BNMT doctor from 1987-1989 and Trustee from 1990-1995. One of the doctors of many nationalities who have contributed to the Trust's work over the years

TB patient in Khandbari Hostel

Practical training in lung health © DN Sharma

Preventing and treating tuberculosis

This year BNMT took the lead in testing a new approach to detecting infectious TB cases. The Trust also continued its support for the National Tuberculosis Programme by conducting research, monitoring the quality of TB microscopy and ensuring coordination between public and private health providers.

Detecting TB cases: TB Reach

This one-year project, supported by the WHO started in November 2011. It aims to detect active TB earlier and to increase the number of cases detected among the population groups most vulnerable to the disease. It also aims to track down patients who have dropped out of treatment, and persuade them to complete the treatment before their disease becomes resistant to antibiotics.

Identifying individuals who have the infectious form of TB so that they can receive treatment is crucial, not only to cure the individuals concerned, but also to prevent the disease from spreading. The patient's immediate family – those living in the same house – are the ones most likely to be infected.

BNMT mobilised Female Community Health Volunteers (FCHVs) to visit existing patients' contacts – their families and neighbours – and encourage them to go for testing. In districts where TB prevalence is known to be high, the Trust also organised mass testing in 'chest camps'.

The effort to trace patients' contacts has yielded excellent results in nine districts of Eastern and Central Nepal.

These districts are relatively densely populated and have suspiciously low numbers of identified TB cases. The number of TB cases in a year, given the nine districts' total population of six million, is estimated at 13,592, and of these an estimated 6,322 cases would be infectious, but the number of infectious cases actually registered with the health services in 2011 was 2,793; so there are thought to be 3,529 undiagnosed cases of infectious TB in the project area.

Information session on TB in Bhojpur prison

Results of TB Reach project by end July 2012

- 18,361 people screened for infectious TB
- 941 new cases of infectious TB identified
- 14 TB patients located who had previously dropped out of treatment

Research

Operational research in project districts is essential for BNMT to plan, implement and evaluate its anti-TB work effectively. Data on TB and HIV prevalence and local services provides an overview of local needs and a baseline for monitoring success.

For example, the Trust's research in Dhanusha, Siraha and Bardia districts showed that health institutions lacked the medical instruments and health workers lacked the training required for the Practical Approach to Lung Health (PAL). Research on TB and HIV in Dhanusha, Ilam and Kailali revealed that TB service providers were trained to address HIV, but HIV centres had received no training in TB.

As a result, BNMT provided training in TB and HIV for health service providers in Dhanusha, while the National Tuberculosis Centre (NTC) supplied equipment and logistical support to implement PAL in Siraha.

In 2011 BNMT started a two-year research study into smoking and TB. Recent studies provide evidence that active and passive smoking can affect TB infection, development of the disease, treatment outcomes, relapse and mortality. The International Union Against Tuberculosis and Lung Diseases has called for advice on cessation of smoking to be part of standard TB case management. BNMT's research, based in four health institutions in two districts of Eastern Nepal, aims to test whether systematic advice leads TB patients to stop smoking.

Quality assurance

BNMT provides staff and technical support to the Eastern Regional TB Quality Control Laboratory, which monitors the work of TB microscopy performed by 98 laboratories in Eastern Nepal. After many years of BNMT support for training and monitoring, the accuracy rate of TB microscopy labs in Eastern Nepal reached 99 per cent in 2011/2012.

Making TB everybody's business

Addressing TB requires the systematic involvement of all relevant health care providers, in both private and public sectors, to ensure that people who may be infected are referred to their nearest DOTS centre for diagnosis and treatment.

The NTP needs to work with other public sector health providers, including prisons and military health services, as well as general hospitals. NGOs need to work with private hospitals and private practitioners at neighbourhood level; and private practitioners need to co-operate with public service providers to ensure good standards of care and increase the rate of TB case detection.

BNMT's work is pivotal to the success of the NTP. The Trust brings many organisations together for advocacy and co-ordinates between public and private health providers for TB case detection and TB case management. It builds public knowledge, ensuring that people know that TB services are free and how to access them. It also mobilises communities and FCHVs to facilitate case identification. These activities have contributed to the increased case detection rate and treatment success rate.

Monitoring TB microscopy

In 2011/2012 BNMT

- cross-checked 6,099 sputum smear slides
- conducted 51 supervision visits to microscopy centres
- trained 395 laboratory staff in sputum microscopy
- trained 194 laboratory staff in management of TB microscopy

TB training for Basic Health Service staff in Morang

Siloram Chaudhary

Saving lives, restoring hope

A bright future for a family

Siloram Chaudhary (32) from Duhabi, Sundari, is a drug retailer. He had suffered from tuberculosis for a long time, and was worried about his family's future. He said: "I took the medicine regularly but my health condition was worsening despite the treatment. I became hopeless and thought that I will not survive now."

He attended a workshop for pharmacists organised by BNMT, where he learned about TB and the TB treatment process. BNMT referred him to the National Tuberculosis Centre for diagnosis and he started a course of DOTS. Health workers helped him further investigate his illness. As a result, he was diagnosed with Multi-Drug Resistant TB and started a new course of treatment. After 24 months of regular treatment, his TB was cured.

Siloram said: "I should like to thank BNMT for helping me cure my disease. Now I can think about the bright future of my family...

"I should like to share my experience that early diagnosis and proper treatment cures TB. So, do not hesitate and hide the disease. I hope my message will help the people suffering from TB to get proper treatment."

A new start in life

Hark Tiruwa (36, not his real name) from Kanchanpur went to Mumbai to earn money to support his family. In Mumbai, he resorted to unsafe sexual practices. When he fell ill, a doctor advised him to have tests for HIV and TB and both tests proved positive.

After six months of TB treatment in Mumbai, Hark returned to Nepal frustrated and depressed. He kept himself to himself, not talking to neighbours and friends,

Female community health volunteers at a training session in Sindhupalchowk
© Poonam Rishal

because he did not want them to find out about his illness. The family grew poorer, and they found it increasingly difficult to make ends meet.

BNMT referred him to the Nepal National Society Welfare Association (NNSWA) to confirm the diagnoses he had received in Mumbai. The Trust also helped him to obtain home-based care and provided information about HIV prevention and control.

With support from BNMT, he enrolled in a training course in motorbike repair and maintenance. This enabled him to set up a repair garage with an investment of 200,000 rupees and he now makes a good living.

He says: "I am able to earn for my family's basic needs including the education of my kids. My wife is still HIV negative because I always use a condom for safe intercourse. I thank the BNMT and NNSWA that played the crucial role in my livelihood and new turn of my life."

Early diagnosis saves a family

Inarman Sahani, 32, of Hariharpur village in Bara district, is one of an extended family of 52, all living in one small house. Inarman went to Punjab to work in a rice mill where about 500 employees lived and worked together. On his return, he developed a cough, fever and night sweats, and lost his appetite.

He explained: "The diagnostic facility for TB is available at the microscopic centre at Kalaiya Hospital. It is 27 km from here. I have to walk for half an hour to catch a bus and travel for an hour to reach the centre. So, I didn't go to the hospital." Instead, he went to the village sub health post.

However, in May 2012 Inarman came to the chest camp organised by BNMT in Chiutaha. The doctor referred him for a sputum test and Inarman was found to have infectious TB. BNMT told him that free medication was available, so he enrolled at a DOTS centre and now takes medication regularly.

He says: "When I came to know that I have TB, my eyes were filled with tears. I cannot afford the treatment cost. But now my life is easy, I am getting the free treatment. Thank you BNMT for helping me to fight my illness. The early diagnosis of TB has also helped to prevent my large family from succumbing to this infection."

Inarman Sahani

From depression to relief

Dil Bahadur Rai, 50, from Itahari, lives with his wife in a house of mud and bamboo. He makes a living collecting firewood from a nearby forest and selling it at market. Sometimes he and his wife also crush stone at the riverside to earn money.

In early 2012 a Female Community Health Volunteer (FCHV), mobilised by BNMT's TB Reach Project to trace the contacts of a TB positive patient in the neighbourhood, came to his home. Dil Bahadur told her about his prolonged cough, chest pain and fever, which he said made it difficult for him to work.

The FCHV urged him to provide sputum samples, which were taken to the nearest microscopy centre for testing. He was diagnosed with positive TB. Dil Bahadur was shocked: "I was depressed. How did I get this disease? The BNMT project staff and volunteer provided me detailed information that TB is curable if the treatment is done on a regular basis in the DOTS centre and it is free of cost. Then I got some relief."

Dil Bahadur started his DOTS treatment on 6 February 2012, and promised to encourage people in his community to seek TB testing and treatment. He said: "I will be fine and can start my work again after the treatment. I should like to thank BNMT and FCHV for this support."

Dil Bahadur Rai

Girls at a children's club making a community map © Bhupendra Shahi

Children affected by armed conflict

As a result of BNMT's project, in 2011/2012

- 109 children who had dropped out of school resumed formal education
- 24 school management committees were assisted to advocate for child rights, run their school and monitor the quality of education
- 32 children's clubs were established in schools
- 8 schools were renovated
- 43 HFMCs held regular meetings and learned about rights-based approaches to health, and participatory learning and action
- 10 revolving funds were established and used to meet children's education and health needs, and to help their families earn a living
- 13 health facilities were renovated
- 16 youth information centres were established
- 33 children and disabled adults received assistance with treatment and equipment

BNMT projects

In addition to its work on tuberculosis, BNMT addresses a range of health rights issues in Nepal through specific projects.

Children affected by armed conflict

Since 2009 BNMT has been supporting conflict-affected children, their families and communities through a socio-economic rehabilitation project. The project aims to ensure access to health, education and social services for conflict-affected children, women and young people, and members of disadvantaged groups. It also works to boost the capacity of civil society organisations for advocacy and networking on children's rights.

To implement this four-year project, the Trust works in partnership with seven NGOs in the districts of Ilam, Morang, Siraha, Kapilvastu, Arghakhanchi, Kalikot and Achham.

This year the project directly benefited 4,932 people, 42 per cent of them women and girls. Of the total number of beneficiaries, 15 per cent were Dalits, 27 per cent Janajatis, 12 per cent Madhesis and 46 per cent Brahmins and Chhetris.

Over the past three years, the project has helped 745 children who had dropped out of school to return to formal or non-formal education. It has also helped young people and their families to earn a living by providing vocational training and resources to start up small businesses.

By supporting School Management Committees (SMCs), Parent Teacher Associations and Child Clubs, the project helped to improve the quality of education in schools. Through providing basic education and skills for SMCs and Health Facility Management Committees (HFMCs), it has made these groups more inclusive and encouraged them to demand resources and better services from local government and other relevant authorities. It has also discussed gender and social exclusion with local NGOs, community organisations and self-help groups, with the result that these now recognise the importance of women and disadvantaged groups having a voice in local affairs.

Vocational training arranged by BNMT helps women to earn an income

Human resources for health

BNMT's three-year Human Resources for Health project aims to increase commitment in Nepal, at policy and programme level, to the provision of skilled and motivated nurses, doctors and other health personnel. This means prioritisation of human resources in all aspects of health service operation: planning, programming, implementation, monitoring and delivery. To ensure sustained pressure on the authorities, the project encourages civil society organisations to advocate for the prioritisation of human resources for health.

Rights-based approach to health

BNMT has been promoting a rights-based approach to health since the mid-1990s, aiming to ensure equitable access to quality health services and better livelihood options for disadvantaged people. The Trust's current project focuses on HIV and AIDS, and aims to improve the health of women, young people and disadvantaged groups in 14 villages in Ilam and Morang districts in Eastern Nepal.

In 2011/12 the project provided training for government officials and NGOs in rights-based approaches to tackling HIV and AIDS. It also worked with local Health Facility Management Committees (HFMCs) and Village AIDS Coordination Committees to enable them to carry out their responsibilities.

Community-based child nutrition

BNMT is working with a local partner, Aasman Nepal, on a project to improve the nutritional status of under-fives in Rautahat District. This year, the Trust carried out a baseline study which identified 75 undernourished children, and they are now receiving help in the form of food, medicine and nutritional education for their families. The project also provides nutritional education to mothers' groups. This project was funded through the kind donations raised by John Hayes from his epic trek from Tarifa, Spain along the E4 to Budapest last year.

Adapting to climate change

BNMT is helping 15 Village Development Committees in Bajura, Achham and Kailali, in Far-West Nepal, to prepare action plans to enable the poorest and most vulnerable communities to adapt to the effects of climate change. The project has conducted climate change awareness building programmes for community members and local authorities, and assessed the vulnerabilities and needs of the communities.

Women in Bajura district use a traditional dance to raise awareness about sanitation © Bhupendra Shahi

Human resources for health

In 2011/12, under this project:

- a national consortium civil society organisations, academic institutions and policy makers, was established to advocate human resources for health
- the consortium drafted an advocacy strategy
- BNMT published three research studies on human resources in the private and public health sectors, and in district health institutions
- health workers, government officials, political parties, journalists and civil society organisations were made aware of the need for well-trained and motivated health personnel.

Rights-based approach to health

In 2012, as a result of this project:

- 192 members of HFMCs received basic education on the rights-based approach to health, which led them to initiate action plans to raise awareness on HIV and AIDS
- 7 children's clubs and 7 youth groups were reactivated and educated about prevention and control of HIV and AIDS
- 2,027 local people received health education on HIV and AIDS and rights-based approaches, and took action to prevent the disease
- 6 HFMCs and VACCs and 3 women's groups received education on HIV and AIDS
- 94 villagers started to grow fresh vegetables and are earning an additional 3,000-5,000 rupees a month from selling their produce
- 121 people received advice or treatment at health camps organised by BNMT to treat skin diseases and sexually transmitted infections.

Political developments in Nepal 2011/2012

What has occurred in the political landscape of Nepal over the past year has turned out to be a mixed bag of accomplishments and disappointments. The country has come a long way from the days of Maoist insurgency and the royal takeover of power.

On the positive side, the peace process was more or less concluded: the Maoist combatants handed over the keys to their weapon containers and were brought under the control of the Nepalese army. While some former Maoist combatants are awaiting integration into the army, those who chose not to join up were provided with a financial package to lead a civilian life.

On the negative side, the political transition has dragged on for longer than necessary or expected. In mid-2012 the country is in a legal and political vacuum. The Constituent Assembly was elected four years ago initially for a term of two years. Although its mandate was extended several times, it was unable to complete the new constitution by the deadline of 27 May 2012. It was therefore dissolved by the Prime Minister, who announced that fresh elections would be held in November-December this year to elect a new assembly. However, the interim constitution would have to be amended to hold these elections and the interim constitution can only be amended by the parliament. At the moment, however, there is no parliament.

One of the main reasons why the constitution could not be finalised in time was the controversy over the federal structure of the country. Until now Nepal has been a unitary state divided into five development regions. However, a decision was made in the aftermath of the people's movement to make Nepal a federal state without spelling out the federal structure. When the time came to decide the details, the Maoists and a number of ethnic and indigenous groups argued for a federal structure along ethnic lines. However, other political parties, including the Nepali Congress and the Unified Marxist Leninists (UML), wanted to have a federal structure not along ethnic lines, but on the basis of several factors including geography, culture, history, convenience for the people and multicultural identity. Some smaller political parties opposed the idea of federalism itself, arguing that it would not serve Nepal well.

Another area of disagreement was the form of governance. The Maoists favoured a presidential system of government with the president elected directly by the people and holding executive power. However, many other political parties including the Nepali Congress and UML, preferred either a parliamentary system with a figurehead president or a mixed system such as the one practised in France.

There were no other areas of major disagreement between the main political parties. Some smaller parties opposed secularism, arguing for a Hindu state and revival of the monarchy, or calling for a referendum to give the people an opportunity to vote on monarchy, federalism and secularism.

Since the dissolution of the Constituent Assembly the main political parties have been attempting to develop a consensus on these outstanding issues. If they succeed, they are likely to find a political solution to facilitate the holding of fresh elections by December 2012.

Financial Report

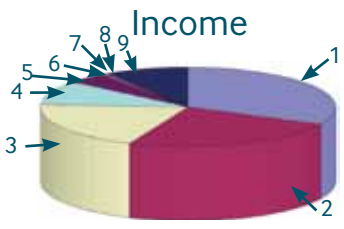
The Financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full audited accounts for the year ended 31st December, 2011 have been submitted to the Registrar of Companies and the Charity Commissioners. The Auditors' Report on the Trust's accounts to 31st December 2011 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 2011

	2011		2010	
	£	£	£	£
Fixed assets				
Tangible assets		2,846		1,276
Current assets				
Debtors	129,550		113,798	
Investments	115,733		115,689	
Cash at bank	632,109		452,668	
	877,392		682,155	
Creditors:				
amounts falling due within one year	(144,228)		(118,973)	
Net current assets		733,164		563,182
Total assets less current liabilities		736,010		564,458
Charity funds				
Restricted funds		348,107		101,574
Unrestricted funds		387,903		462,884
		736,010		564,458

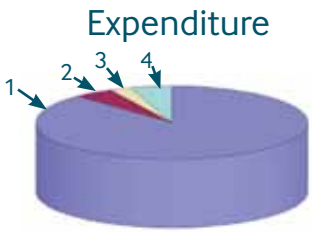
Dr. G.M.C. Holdsworth
Co-Chair

J.M.V. Payne
Trustee



TOTAL INCOME: £1,161,184

Key
1. Global Fund/NTC R7 2. EU/RCP 3. WHO/TB Reach
4. EU/RCP 5. ICCO 6. Nutrition Fund
7. CADP-N 8. Global Fund/NTC R4
9. Other donations/legacies/interest



TOTAL EXPENDITURE: £989,676

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

Ann Walters with beautiful flowers from her garden

Participants in the Everest Marathon

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)**.

Fundraising

Four decades of support

Ann and Chris Walters have been active supporters of BNMT for the past 40 years, raising several hundreds of pounds a year for the Trust.

It all began in 1972/3, when the couple were living in Nepal. Chris was conducting a country-wide study of Nepal's water and sanitation sector, funded by the World Health Organisation. The work included a three-week trek across Eastern Nepal, through areas rarely visited by outsiders, to meet village chiefs.

On several occasions they were asked to help to cure obviously sick people but, not being medics, were carrying only basic trekking medicines and could do little to assist. Eventually, late one evening, they arrived in Biratnagar, the regional centre, where they happened to meet BNMT staff, who provided welcome accommodation and the chance for a proper clean-up after three weeks' of living in tents and huts. So Ann and Chris learned about the work which BNMT had then only recently started in Eastern Nepal.

Ann and Chris have supported BNMT's work ever since, raising funds through private concerts given by Ann (a mezzo soprano) in Singapore and England, and more recently through the sale of garden flowers and fruit at their Cotswold home.

The Everest Marathon

Since 1987 the Everest Marathon, the world's highest marathon, has been run every two years. One aim of the event is to raise money for charities working in the poorer parts of Nepal and over the years it has raised considerable sums of money from event sponsors and from runners. From the beginning BNMT has been the grateful recipient of a portion of the funds raised.

The latest marathon, run in 2011, raised £9,000 for the Trust. These funds are now being used to upgrade the TB laboratory in Biratnagar.

Thank you

We should like to thank everyone who has made a donation to BNMT. Without your generous support our work would not be possible.

Major donors

CADP; Everest Marathon Trust; Global Fund/NTC; H B Allen Charitable Trust; Inter-church Organisation for Development Cooperation (ICCO), Netherlands; The Big Lottery Fund; The European Union; WHO/TB Reach

Trusts, foundations and other organisations

Blunt Trust; Classic Nepal Ltd; Clay Charitable Trust; Curzon Charitable Trust; D & H E W Guant Charitable Settlement; C G Murray Charitable Trust; Stonewall Park Charitable Trust

In memory of Mr A P Fraser
Bequest: Mrs F M Aitken

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

How Your Donation/s Can Help Us

reduce the gaps in health service provision, especially for poor and disadvantaged people

- **£7** will buy a ring pessary to ease the suffering of a woman with uterine prolapse.
- **£12** buys packets of oral re-hydration solution to treat 100 children with acute diarrhoea.
- **£115** buys 40 packets of clean home delivery kits that protect 100 babies and mothers from infection.
- **£115** can buy a set of life-saving basic equipment for a health post in a remote village.
- **£450** pays for a year's supply of life-saving drugs at a rural health centre.
- **£500** contributes significantly to our organisational running costs.
- **£3,000** 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 £10 or £15 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 by donating via the Charities Aid Foundation's 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.
- Please treat all my gifts made to the Britain Nepal Medical Trust from 6 April 2011 as Gift Aid donations, until further notice.
- I confirm that I am a UK taxpayer and that I have paid an amount of income tax for each tax year at least equal to the amount that the charity will reclaim on my gifts. I understand that other taxes such as VAT & Council tax do not qualify. I understand that the charity will reclaim 25p of tax for each £1 that I give.

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).....

(All individual personal information will not be sold, routed or otherwise transferred to a third party without your explicit consent)

FRSB give with confidence

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

FRSB give with confidence

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
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Web: www.britainnepalmedicaltrust.org.uk

Registered Charity No 255249