

Annual Report

2014/15



Photo GALLERY



Nepal's Earthquake



Relief Materials Distribution in Phutung, Kathmandu



Free Health Camp in Baramchi, Sindhupalchowk



Free Medical Aid in Tallo Okharpauwa, Nuwakot

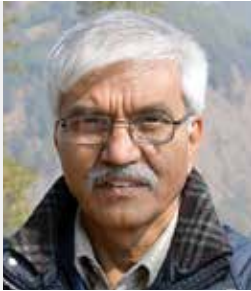


Psychosocial Counselling in Bhaktapur



Newly Constructed Four Compartment Community Toilet in Bhaktapur

Chairperson's FOREWORD



Mr Mahesh Sharma
Chairperson
Birat Nepal Medical Trust
(BNMT Nepal)

The year 2070 B.S (2014/15) has been full of actions and achievements; challenges and opportunities; and test of perseverance and empathy. Building on the legacy, commitment, expertise and networking with national and international stakeholders of the Britain Nepal Medical Trust (BNMT UK), BNMT Nepal has continued the work to improve the health and well-being of the people of Nepal.

Following the devastating earthquake of 25th April, 2015, the ability and promptness of the Government of Nepal to jump into action was commendable. Despite the political bickering and instability of decades, lack of locally elected representatives at the district level, economic stagnation compounded by the lack of a concrete disaster mitigation plan, the role played by the Government in facilitating the relief and rescue operation and the cooperation of individuals and organisations within the country and outside was much appreciated. Within a few hours, a central command unit was set up in the Ministry of Health as a Health Emergency Operating Center (HEOC) to coordinate relief, rescue and other health operations in the disaster hit areas.

BNMT Nepal actively participated in the Ministry of Health's coordinated effort and jumped into action to distribute relief materials, organise health camps and provide psychosocial counselling in the affected areas. Assisted the Ministry of Health in gathering information, donated drugs and medical supplies received from BNMT UK and other donors, and participated in MoHP organised Post Disaster Needs Assessment process.

On the overall health and development situation in the country, challenges remain particularly the disparities between different social and ethnic groups and between different regions of the country despite the remarkable achievements in many health related MDG indicators. Such disparities are likely to become worse due to disaster which left many without a secure livelihood opportunity.

For BNMT Nepal, now we see the real challenge is to address these inequalities through better targeting, and to sustain and scale up the successes, while at the same time intensifying the effort in disaster hit areas towards Building Back A Better Nepal.

We are committed towards this goals of building back Nepal

We will continue our efforts of improving health through various initiatives in different regions with more focus of our work in disaster affected areas. We look forward at expanding partnership and collaboration with government bodies, national and international agencies and individuals towards achieving the Building back better Nepal goal.

We would like to thank all of you who have supported us in the past and who continue to support us.

BOARD MEMBERS

Mr Mahesh Sharma

Dr Tirtha Rana

Mr Surya Kiran Gurung

Dr Vijaya Laxmi Shrestha

Mr Santosh Gyawali

Ms Shobhana Gurung Pradhan

Dr Aruna Uprety

Dr Kulesh Bahadur Thapa

Message from

PROGRAMME DIRECTOR



It gives me immense pleasure to bring out the annual report of the Birat Nepal Medical Trust for the fiscal year 2014/2015. BNMT Nepal is built on the foundation of Britain Nepal Medical Trust UK with a commendable history for serving the people of Nepal since 1967. Since its inception BNMT Nepal continues to support the Government's interventions on child health, maternal health and to combat HIV/AIDS, malaria and other diseases towards achieving Millennium Development Goals (MDG) 4, 5 and 6 respectively. The Government of Nepal has achieved significant progress on health sector despite the long conflicts and instability.

Some significant achievements made during the fiscal year by BNMT Nepal:

- BNMT Nepal is managing the Eastern Regional TB Quality Control Centre (ERQCC) directly benefiting 16 districts of the region.
- BNMT Nepal conducted 'Pre-intervention study on Effectiveness of Integration of Family Planning into Agriculture and Economic Empowerment Program for Access and Coverage: ADRA/Technical Integration Coverage and Access' project in Palpa, Rupandehi and Kapilvastu district.
- Right Based Approach to respond to HIV/AIDS in Surkhet and Banke districts and Local Adaptation Plans for Action (LAPA) project addressing climate change which covered Kailali, Achham and Bajura districts were successfully implemented by BNMT Nepal.
- Menstrual Hygiene Management (MHM) project conducted in government public schools of Morang District. The project was successful in raising awareness and knowledge on MHM and its practices and likewise developing skills on preparing affordable, re-useable, environmental friendly and hygienic sanitary napkins.
- Post Disaster Management Initiatives: Since the massive earthquake on April 25th and its aftershocks, BNMT Nepal has been upfront in addressing community focused response and relief initiatives in coordination with the Government of Nepal. The areas of our intervention includes: Distribution of relief materials, conduction of free health camps, essential medicines support to government and other related agencies, Mental Health and Psychosocial Support Program, Community Water, Sanitation and Hygiene and Post Disaster Need Assessment of TB of Nuwakot and Dhading districts to implement TB control activities in these earthquake affected districts.

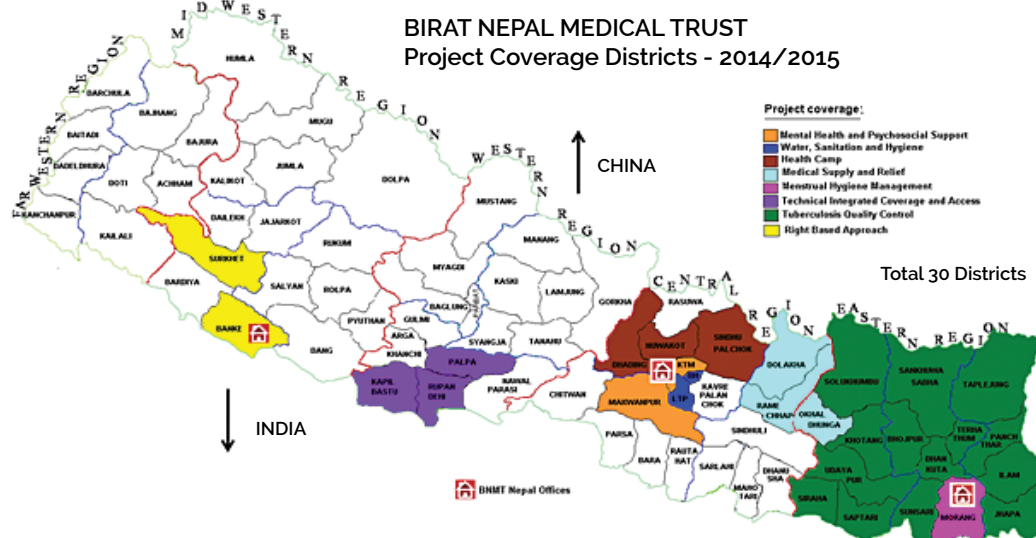
Despite the recent destruction and suffering, Nepal has a real opportunity to manage the post disaster situation by beginning the process of creating more inclusive and accountable society. The recent events have generated an unprecedented sense of collective responsibilities for the future. The future area of BNMT Nepal cannot go alone without aligning with the post disaster management needs of the country but at the same time we cannot compromise our core work. I foresee much work in the prevention and protection of communicable, infectious diseases, epidemic (outbreak) management, treatment, psychosocial counselling, water, sanitation & hygiene, TB case management, reconstruction of health institutions infrastructure, however our work will not be limited to the above mentioned interventions only.

I would like to thank to all donors, partners, BNMT Nepal colleagues and especially to Government of Nepal and BNMT UK for their continued support in our efforts to improve the health of the people of Nepal. I am also grateful to all the national and international helping hands that have helped and contributed in any way possible to aid Nepal in its efforts to recover and improve after the recent natural disaster.

Suman Chandra Gurung
Programme Director

Nepal

A N O V E R V I E W



With an area of 147,181 sq. km, Nepal is home to a population of 27.7 million. The country has a distinctive cultural diversity with its ancient heritage and landscape varying from lowland to the high Himalayas at the backdrop. It is divided into three distinct ecological zones: **Mountain** with 7 percent of the population, **Hill** with 43 percent of the population, and **Terai**, or lowland, where 50 percent of the population lives.

Nepal currently stands at 145th in the Human Development Index rank with a score of 0.540. While it is rich in cultural and scenic splendour, Nepal remains one of the world's poorest countries. Even today, one-quarter of the Nepalese population lives below the national poverty line. Nevertheless, Nepal has made remarkable progress in the general health of the population. Its achievements in health related MDGs are the result of the combined efforts of the Ministry of Health and Population and external development partners: multilateral and bilateral agencies and international and national nongovernmental organisation.

INDICATORS	2015 Target (NHSP-2)	2014 Progress (NMICS 2014)
Mortality		
Neonatal mortality rate (per 1,000 live births)	16	23
Infant mortality rate (per 1,000 live births)	32	33
Post-neonatal mortality rate (per 1,000 live births)	-	11
Child mortality rate (per 1,000 live births)	-	5
Under-five mortality rate (per 1,000 live births)	38	38
Maternal mortality ratio (per 100,000 live births)	134	190 [#]
Nutritional status		
Percentage of children under five years who are underweight	29	30.1
Percentage of children under five years who are stunted	28	37.4
Percentage of children under five years who are wasted	5	11.3

Breastfeeding and infant feeding		
Infants breastfed within one hour of birth (%)	60	48.7
Exclusive breastfeeding under 6 months (%)	60	56.9
Children ever breastfed (%)	100	97.3
Low-birth weight		
Low-birth weight infants (weighing below 2,500 grams at birth)	12	24.2
Vaccinations		
Tuberculosis immunisation coverage (%)	90 ^{##}	95.7
Polio immunisation coverage (%)	90 ^{##}	91.8
Diphtheria, pertussis and tetanus (DPT) immunisation coverage (%)	90 ^{##}	88.3
Measles immunisation coverage (%)	90 ^{##}	92.6
Full immunisation coverage (%)	90 ^{##}	84.5
Reproductive health		
Total fertility rate (women aged 15-49 years)	2.5	2.3
Adolescent fertility rate (women aged 15-19 years, per 1000 women in that age group)	70	71
Early childbearing (% of women age 20-24 years who had at least one live birth before age 18)	-	16
Contraceptive prevalence rate (modern methods)	67	47.1
Unmet need for birth spacing	18	25.2
Maternal and newborn health		
Antenatal care coverage (at least four times by any provider) (%)	80	59.5
Skilled attendant at delivery (%)	60	55.6
Institutional deliveries (%)	40	55.2
Water and sanitation		
Proportion of population using an improved drinking-water source (%)	73 [@]	93.3
Proportion of population using an improved sanitation facility (%)	80 [@]	60.1
Households with hand washing facilities with water and soap nearby the latrine (%)	85	72.5
HIV/AIDS, Tuberculosis and other infectious diseases		
Percentage of population aged 15-24 years with knowledge of HIV/AIDS	40	36.4
Tuberculosis case detection rate (per 100,000 population)	85	83 [*]
Tuberculosis treatment success rate among diagnosed	90	90 [*]
Malaria annual parasite incidence rate (per 1,000 population at risk)	0.16	0.12 [*]
Prevalence rate of leprosy per 10,000 population	0.77	0.83 [*]
Literacy and education		
Net enrolment rate in primary education	100 [@]	95.3 [@]
Proportion of pupils enrolled in grade one that reach grade five	100 [@]	98.3
Literacy rate (aged 15-24 years)	100 [@]	88.6 [@]

Sources:

Nepal Multiple Indicators Cluster Survey (NMICS) 2014, Central Bureau of Statistics, Nepal

^{*} HMIS 2013/14, Department of Health Services, Nepal

[@] MDG Progress Report 2013, Nepal

[#] WHO Estimate 2014

^{##} Target for 2016, Comprehensive Multi Years Plan of Action (2011- 2016)

Management of the Eastern Region TB Quality Control Centre

BNMT Nepal manages the Eastern Region Quality Control Centre (ERQCC). The ERQCC is located within the Nepal Anti-Tuberculosis Association (NATA) Morang premises in Biratnagar. The Government of Nepal is responsible for overall guidance, monitoring and supply of logistics although the premises are provided by NATA. BNMT Nepal is responsible for providing the human resources as well as being responsible for the Quality Assurance of TB Microscopy for the Eastern Region. The ERQCC helps to improve the cost-effective manner in which services are utilised as well as reducing errors by promoting uniformity in the process used and maintaining these standards. It helps to reduce and minimise the waste that occurs in the process of TB microscopy. In the long run it helps TB Control for Quality and Sustainability of services.

Functions of Eastern Region Quality Control Centre

- 1. Blind Re-checking:** Blind re-checking is a method of checking randomly selected sputum smear slides from the routine workload at a peripheral laboratory (the "test" laboratory) which is re-examined at an intermediate or reference laboratory (the "control" laboratory) showing details of incorrect scorings and offering corrective actions to ensure the standard of quality of sputum microscopy for TB diagnosis.
- 2. Supply of laboratory re-agents:** In order to maintain the standard of the quality for TB microscopy along with the other logistics all the basic crude reagents such as sulphuric acid, carboluchsin and methylene blue are supplied by the National Tuberculosis Center (NTC) to the ERQCC.
- 3. Capacity Building ;** For capacity building of the laboratory staff practical based competency trainings are being provided to the laboratory staff for the whole process of sputum microscopy for TB diagnosis and their follow up for monitoring the effectiveness of treatment..
- 4. Supervision and Monitoring;** Supervision and monitoring of the microscopy centres by the ERQCC staff with regular feedback and on the spot training for the laboratory personnel in the centres.



Eastern regional TB quality control centres achievements of 2014 (2070/2071 BS)

SN	Description	Unit	Achievement
1	Total number of laboratories in the EDR	Laboratory	135
2	Functioning laboratories as TB Microscopy centres	Laboratory	121
3	Laboratories participated in quality assurance programme	Laboratory	109
4	Excellent laboratory	Laboratory	72
5	Satisfactory Laboratory	Laboratory	13
6	Didn't achieve the NTP Target laboratory	Laboratory	24

7	Total examined slides	Slide	7,061
8	Total negative slides	Slide	6,446
9	Total positive slides	Slide	593
10	False negative	Slides	34 (0.5%)
11	False positive	Slides	25 (4.2%)
12	Rate of agreement	Slides	96%
13	TB Laboratory logistics/reagent supply (sulphuric acid, carbolfuschin and methylene blue)	Litre	1878
14	Capacity building of laboratory staffs	Person	11

During the fiscal year 2070/71 (2014), a total of 109 laboratories participated in the quality assurance programme. Among them 72 laboratories didn't have any false results and hence categorised as the excellent performers according to the National Tuberculosis Programme (NTP). Thirteen laboratories achieved the target of the NTP which was <5% of false result and >90% rate of agreement. But 24 laboratories couldn't achieve the target set out by the NTP because they had either >5% of false result or <90% rate of agreement. Among the total of 7,061 examined slides, 6,446 slides were negative and 593 slides were positive. Thirty four slides (0.5%) were false negative and 25 slides (4.2%) were false positive.

Study on Effectiveness of Integration of Family Planning into Agriculture and Economic Empowerment Program for Access and Coverage

The Government of Nepal's (GoN) Nepal Health Sector Programme II (NHSP II) 2010-2015 indicates that Family Planning (FP) is a high priority and has set the objective to gradually reduce the population growth rate; satisfy demand for high quality services; and reduce unmet need. Though significant progress has been made in reproductive health and family planning in recent years the use of modern contraceptive methods still remains stagnant. There is still a long way to reach MDG Goal of increasing contraceptive prevalence rate (CPR) of 67% by 2015 (43%, NDHS 2011).



Integration of Family Planning into Agriculture and Economic Empowerment Program for Access and Coverage project (in short Technical Integration Coverage and Access (TICA) is an intervention being piloted by ADRA Nepal in three districts of western Nepal (Palpa, Kapilvastu and Rupandehi). This intervention seeks to assess the effectiveness of FP interventions when paired with agriculture and economic empowerment interventions and to assess the impact of economic empowerment programmes when paired with family planning.

BNMT Nepal has conducted the pre-intervention study of the TICA project. The study was conducted at five Village Development Committees (VDCs) in each of the three districts where ADRA Nepal's other project Develop Local Economy to Eradicate Poverty (DEEP) was implemented in 2014. The post-intervention study is scheduled to be carried out in between October-December 2015.

Key Findings of Pre-Intervention Study

1. Knowledge on Family Planning (FP)

- Respondents who had heard about FP: 99.8%.

- Women with correct understanding about FP: 61.4%
- Identified source of obtaining first-hand information on FP: Friends/neighbours (21.3%), School/Teacher (19.9%), Female Community Health Volunteer (FCHV) (18.6%), Women's literacy group (18.0%) and Health Institution/health workers (12.5%).
- Source for additional information on FP: Health Institution/health workers (42.2%) and FCHV (36.1%).
- Heard about methods of contraception: Pills/oral tablets (80.9%), Condom (85.7%), Depo/Sangini (91.4%), Implant (49.6%) and Intra Uterine Device (47.7%).
- Source of obtaining contraceptive devices by women: Health institutions (68.2%) and FCHVs (15.8%).



2. Practice of Family Planning

- Respondents ever used FP methods: 72.8 %
- Respondents (couples) currently using FP methods: 52.2%
- Currently used FP methods: Sangini (25.6%), Pills/Oral Tablets (18.1%) and Condom (10.1%).
- Female sterilisation/Minilap done by 23.1 % of the woman male sterilisation/Vasectomy done by 8.0% of males.
- Source for current users to get FP devices: Government health institution (85.9%).
- Women who made self-decision to use the current FP device: 72.2%
- Expressed median optimal gap between two births (child spacing): 60 months.
- Women who had a discussion with their husband about birth spacing: 72%
- Women who opined FP methods help in increasing quality of life: 99%

Right Based Approach to HIV/AIDS

BNMT Nepal's Rights-Based Approach (RBA) to health is opening up access to social and health services for the disadvantaged communities. The RBA project in Surkhet and Banke districts focuses on strengthening health service governance and increasing access to essential HIV/AIDS related services for the impoverished and marginalised Dalit community and was completed successfully in 2014. The project helped people from disadvantaged communities to make use of social services, and ensured that they had access to services for prevention and control of HIV/AIDS. Besides educating communities about HIV/AIDS and other sexually transmitted diseases, the project provided sterilisation equipment to health institutions and helped them to deliver quality health services through staff training and provision of equipment. It also provided training and support to people infected or affected by HIV/AIDS to enable them to earn an income.

Project Achievements

- 44 men and 64 women were enabled to earn a living from vegetable farming, with the support of the District Agriculture Development Office of Surkhet
- 60 men and 112 women received training and support to increase their income by growing vegetables, raising livestock or engaging in off-farm activities
- 176 women from disadvantaged communities received treatment at health camps, and seven women were referred for further treatment for uterine prolapse
- 12 child-to-child clubs were reactivated and their members raised awareness of health issues in their communities through street theatre, quizzes, meetings, postal communication and door-to-door health education



Menstrual Hygiene Management

Menstruation is one of the very important physiological processes of females that start at the time of puberty. It is a significant transition from childhood to womanhood for adolescent girls. It poses many problems for those within Nepal such as restricted mobility, unhealthy isolation, rigid cultural practices and unhealthy management of menstruation. Public school in Nepal, where most of the girls spend one fourth of their day is not gender friendly, doesn't provide privacy and supplementary facilities such as water supply, space for washing, cleaning and changing.



PROJECT ACHIEVEMENTS

- 242 adolescent school-going girls from low-income families trained on preparation and use of home-made "Sajilo" Sanitary Napkin.
- 87% of adolescent girls understood menstruation as a natural process.
- After the intervention the girls attendance increased to 91 % from just 24% during menstruation.
- After the implementation of the project 25% of adolescent girls used Sajilo napkin.
- The financial problem for buying sanitary napkin also decreased from 40% to 28% as most of the girls started using cost effective and affordable Sajilo napkins.

BNMT Nepal launched a pilot project on Menstrual Hygiene Management (MHM) in three public schools namely Shree Durga Higher Secondary School, Majhare; Shree Prajatantra Secondary School, Bhaudaha and Shree Arniko Higher Secondary School, Rajghat VDCs of Morang district from January to March 2015. The main objective of the project was to promote adolescent girls' rights to reproductive health through Menstrual Hygiene Management.

Initially a baseline survey to assess knowledge on adolescent health and menstrual hygiene management among girls and boys of class 7-10 of the project school was conducted. The baseline survey revealed that menstrual hygiene management was poor amongst a large proportion of the adolescents, and unsafe practices regarding menstruation continue to exist.

One of the aims of the project was to raise awareness and knowledge on menstrual hygiene management. Students, both girls and boys and teachers from all the project school were oriented on the very issue. A pre-test and post-test of the orientation session was done which showed the increment on level of understanding on adolescent, menstruation and its management. The project also focused on developing skills on preparing affordable, re-useable, environmental friendly, hygienic, sanitary napkins to enable girls from the poorer communities to have sustainable access to Menstrual Hygiene Management. Thus training was conducted for female students, FCHVs, and mothers groups on how to make Sajilo napkins on their own and use it properly. A ready-made set of Sajilo Napkin were also distributed to each participant in the programme. All activities were closely coordinated with the District Public Health Offices, District Education Office community based groups, Female Community Health Volunteers (FCHVs) and the school management committees.

The endline survey suggests the project was successful in increasing the level of understanding among students of their physiology and has changed their perceptions on menstruation. It has enabled the young girls to properly manage menstrual hygiene and have created a preference and need for home made sajilo napkins. One of the most striking issues that came up was the lack of toilet facilities for girls in the school, which is essential for good MHM. BNMT Nepal plans to scale up the project to reach wider most at need communities to address one of the key elements **"sexual and reproductive health rights of young girls"** through menstrual hygiene management.

Nepal's Earthquake Situation Overview

On the 25th of April 2015, a massive earthquake of 7.9, on the Richter scale, hit Nepal with the epicenter only 45 miles NW of Kathmandu which has been followed by many aftershocks. Soon a major tremor of 7.3 Richter was felt on 12th May with the epicenter 47 miles East of Kathmandu. The earthquake has majorly affected 31 districts with 14 priority districts including the capital Kathmandu. So far the devastating earthquake has claimed the lives of 8,898¹ people, leaving more than 22,000¹ injured. The gender disaggregated data shows that out of all people who lost their lives, 56 percent were female with majority being children of 0-10 years of age. Apart from the lives lost, physical destruction and economic downfall many individuals are also facing post-traumatic stress disorder which commonly affects the survivors of natural disasters like this one.

More than 602,257 private houses and 2,673¹ government houses have been completely destroyed. Along with this, a number of historical monuments and cultural heritage sites have suffered irreparable damage. Around 446¹ Public Health facilities have been completely destroyed which includes 5 Hospitals, 12 Primary Health Care Centers, 417 Health Posts, 16 Private Hospitals and 12 others while 765¹ are partially destroyed. Thus 5.6 million² people are in need of medical care and access to health services. 1.4 million² of the affected people are in dire need of food assistance. Likewise in the WASH sector 1.1 million² are in need of water services, 1 million² require sanitation services followed by 3 million² in dire need of hygiene services.

With about 8,308¹ schools affected and 19,7081 classrooms very damaged, 1.5 million² children will be unable to return to school. In the aftermath of a disaster the risk of sexual violence, exploitation and abuse, trafficking, forced prostitution and marriage may be heightened. It is estimated that 2.8 million² children and 525,000² pregnant women are in need of special protection.

The earthquake has deeply affected different facets of life all over the affected areas and nation as a whole. Nutrition is one of the biggest issues in the immediate aftermaths 250,000 children between 6-59 months and 135,000 Pregnant and Lactating women were affected³. The earthquake will end up pushing an additional 2.5 to 3.5% of Nepal into poverty in 2015-2016 which translates into at least 700,000 additional poor.³

Since the earthquake, BNMT Nepal has been working in earthquake affected regions of the country and is one of the first agencies to be involved in community focused response and relief activities in coordination with the Government of Nepal.

Sources:

1-Nepal Disaster Risk Reduction Portal, Government of Nepal

2-Revised Flash Appeal Nepal Earthquake (April–September 2015) www.unocha.org/nepal

3-Post Disaster Need Assessment Report

14 MOST AFFECTED DISTRICTS

- Dolakha
- Sindhupalchowk
- Gorkha
- Nuwakot
- Rasuwa
- Dhading
- Kavrepalanchowk
- Ramechhap
- Bhaktapur
- Okhaldhunga
- Sindhuli
- Lalitpur
- Kathmandu
- Makawanpur



Post Disaster Management Initiative

BNMT Nepal's main plan in the post-earthquake situation was to do what we "do best" - working with local communities and supporting them with shelter, food, water and medical aid as well as enabling the communities to rebuild themselves. As one of the critical areas of response in post disaster settings, BNMT Nepal carried out various relief and response initiatives in earthquake affected districts in Nepal. Its major areas of intervention have been:

- Distribution of Relief Materials
- Conducting Free Health Camp
- Essential Medicine Support to Government of Nepal
- Community Water, Sanitation and Hygiene (WASH) Programme
- Mental Health and Psychosocial Support Programme
- Tuberculosis Control Programme

Distribution of Relief Materials

To address the immediate need of shelter, food and other necessary materials soon after the earthquake, BNMT prepared a relief bucket to be distributed to affected families and households. The relief bucket included:

Bucket	Salt
Rice	Biscuits
Beaten rice	Instant noodles
Lentils	Oral Rehydration Solution (ORS)
Soyabean	Glucose
Cooking oil	Sanitary pad
Drinking water	

The relief bucket included staple food and cooking oil to last a minimum of one week for an average household. With poor access to clean drinking water there is a risk of diarrhoeal diseases. Therefore Oral Rehydration Salts (ORS) had also been included in the relief bucket. Furthermore to address the issues around menstrual hygiene management, an important element of reproductive health of women and girls in this post-earthquake situation we have also included sanitary pads in our relief bucket. Along with the relief bucket, tarpaulins, blankets, mattresses, clothes had been distributed to the affected households.

BNMT Nepal has distributed relief materials in Nuwakot, Dhading, Kathmandu, Bhaktapur and Lalitpur districts. Altogether more than 1,000 affected families and households have received our relief materials.



RELIEF DISTRIBUTION AND FREE HEALTH CAMP

- Kot Danda, Lalitpur
- Chimal Pokhari Phutung, Kathmandu
- Suryamati, Nuwakot
- Budhanilkantha Municipality, Kathmandu
- Marpak, Dhading
- Dubachaur, Sindhupalchowk
- Tallo Okharpauwa, Nuwakot
- Baramchi, Sindhupalchowk
- Himalaya Old Age Home Gongabu, Kathmandu
- Bhaktapur Municipality
- Dharmasthali-3, Kathmandu



Free Health Camps and Medical Aid



In order to provide medical aid to victims and survivors in earthquake affected regions BNMT Nepal conducted free health camps. The medicines were donated by organisations like International Health Partners (IHP) and AmeriCares and some essential drugs were provided by BNMT UK. Partners from IHP and AmeriCares also took part in some of our health camps. As the victims or survivors of the earthquake are diverse in nature and character, the services were also provided accordingly. Fractures, sprains, cuts, wounds, water borne diseases, skin diseases, respiratory problems and aggravation of chronic diseases were very common in post disaster situation and BNMT Nepal delivered a range of medical services to the affected population. The Health camps consisted of the services such as:

- General OPD
- Pediatrics Consultation
- Orthopedic Consultation
- Obstetrics and Gynecology Consultation
- Geriatric Consultation

Around 1,500 individuals from different affected districts: Kathmandu, Lalitpur, Nuwakot, Dhading, Sindhupalchowk, Makawanpur have benefitted from free health service in the health camps.



The surrounding wards and villages of the above mentioned areas were also included in our relief initiatives to reach out to more individuals, families and households affected by the earthquake. In order to avoid duplication and to reach the neediest families, each relief distribution and health camp was set up based on BNMT Nepal's need assessment and in close coordination with local health institutions, concerned local authority and community people with mobilisation of the local medical and non-medical volunteers.

Essential Medicine Support

BNMT Nepal has been directly supporting the Government of Nepal by providing essential medicine support to Logistic Management Division, MoHP as per their request to Dolakha, Ramechhap and Okhaldhunga, the highly affected districts, and other earthquake affected regions in the country. BNMT Nepal also provided essential drug support to Sisdole Health Post, Nuwakot, and Baramchi Health Post in Sindhupalchowk. Oncology ward of Kanti Children Hospital has also been one of our beneficiaries. Likewise, BNMT Nepal also supported National Institute of Neurological & Allied Sciences (Neuro Hospital) Bansbari and Tamakoshi Cooperative Hospital in Ramechhap to conduct health camps in the earthquake affected areas in Gorkha, Sindhupalchowk and Ramechhap districts respectively.



Mental Health and Psychosocial Support Programme



Background

Immediately after the earthquake on 25th April 2015, BNMT Nepal assessed the Psychosocial condition in one of the hardest hit districts of Nepal, Bhaktapur. The team witnessed different levels of anxiety, feeling of powerlessness and display of physical symptoms of stress amongst earthquake survivors. In the aftermath of this devastating earthquake; individuals and families from these earthquake affected areas suffered both physical as well as mental anguish. With lots of lives, dreams and comfort buried in the rubble of the buildings, survivors of the earthquake were in dire need of counselling and mental and emotional support.

Taking mental health and psychosocial well-being as a serious issue and addressing even Post Traumatic Stress Disorder, BNMT Nepal has started the psychosocial counselling and support program as one of the important elements in its **earthquake response and relief initiatives since May 2015**. The program is being conducted in close coordination with Nepalese government, District Health authorities, line agencies and similar organisations; BNMT Nepal is providing Psychosocial Support (PSS) services to the communities across three districts of Nepal - **Kathmandu, Bhaktapur and Makawanpur**.

Achievements

More than 945 individuals have been counselled through group and individual counselling sessions in Bhaktapur, Kathmandu and Makawanpur districts with follow-ups every 4-6 weeks and referrals as and when necessary to hospitals for clinical support. The counselling sessions enable them to share their experiences, feelings, fears and to identify probable solutions/way out of the problem. BNMT Nepal PSS team has been providing PSS services to not only the most vulnerable population i.e. women, children and the elderly but also integrated a wider range of community members such as men, Female Community Health Volunteers (FCHV), teachers and health personnel to deal with fears and concerns and help them to start on the road back to a regular life.

BNMT Nepal PSS team provides a safe place for earthquake affected individuals, families and the community to empower themselves by increasing their awareness of their own emotional and physical resilience and thereby supporting them in their own journey towards a normal life. We respect individual and community values and culture, their privacy and confidentiality with the motto "Do no harm".

Activities

- Individual and group counselling integrated with play and act counselling, different relaxation techniques and games
- Psychosocial support, trauma management and suicide prevention
- Psychosocial education and awareness
- Conduction of PSS related training
- Financial and Technical support to District Public Health Office (DPHO) Kathmandu for the Psychosocial Support Programme

Outcome

People are now showing a positive inclination towards the program. The program helped individuals to reduce their Post-Traumatic Stress Disorder (PTSD) symptoms, anxiety, depression, thereby allowing them to return to their productive life. The people who were affected by the earthquake and attended our programmes are now more open and relaxed, resilient and constructive to lead their life to the "new normal".

Future Plan

BNMT Nepal continues PSS support to address Post Traumatic Stress Disorder in the community affected by earthquake. Different Mental Health and Psychosocial support long term programme is also planned for more specific groups such as school going children and women, especially pregnant and lactating women. Training and orientation to the key stakeholders is one of the priority areas of BNMT Nepal and will undertake the capacity building of concerned individuals and forming psychosocial support groups to reach wider affected communities as one of the long term relief initiatives.

Case Study

It wasn't until our third follow up counseling session with Bini Nagarkoti, a 15 years old girl from class 8 who attended Bal Bikash Secondary School, Allapot, Kathmandu, opened up with us. She used to be very quiet and sad during our previous sessions. Assessing the counselling needs of this individual, we talked with her and listened to her feelings and problems and validated them.

She was from a poor family. As her father has two wives she has to share a small room with her mother and five sisters, while her father, step mother and their children occupy the rest of the house. During the earthquake she lost one of her friends and since then she has been unable to sleep properly and has felt lonely. But she had not shared any of these feelings and problems with anyone. She couldn't even tell her mother as she thought sharing her feelings and thoughts might hurt her mother and make her cry.

On our follow up session, we performed breathing exercise and progressive muscle relaxation technique with her. We performed a positive affirmation session to overcome her negative thoughts and also did some mindfulness exercises with her.

After her counselling she looks much happier and brighter. When we asked how she was feeling, she thanked the BNMT Nepal team and said "the programme has really helped me. I can sleep now. I enjoyed drawing and express my feelings through it. I will try to use the lessons I have learnt from you", and she smiled.



Community Water, Sanitation and Hygiene (WASH) Programme



In the aftermath of the earthquake, thousands of people have been forced to sleep in clusters of temporary shelters where proper sanitation facilities are not available. Most areas are crowded and the living situation for many families is awful. Having lost their houses, people are sleeping in makeshift shelters and are using the backyard and open spaces for defecation. Lack of toilets, water and disinfectants has made the situation even more difficult for those that have lost their family members, homes and belongings in the earthquake.

The lack of proper sanitation facilities means that there is a big threat of the spread of diarrhoeal and other infectious diseases. A rapid assessment conducted by BNMT Nepal following the earthquake shows massive practice of open defecation in the most affected areas. In addition to the issues of sanitation and hygiene, we know from earlier projects we have undertaken that there is a real need to address gender issues in toilet/sanitary provision. The security, privacy and dignity of women, girls and children are a big challenge, particularly in the stressed environments that many are currently living in.

Some relief agencies have set up temporary toilets in the earthquake affected clusters. However, they are insufficient or not sustainable for long term use since these will only be in operation for a short term (one to two months) while reconstruction of houses are expected to take a year or more. There is an urgent need for the construction of adequate, gender friendly, community toilets in densely populated areas that have been hit hard by the earthquake to ensure proper sanitation. Hence, BNMT Nepal proposes to build Gender Friendly Community Toilets (*Separate compartments for male and female, female compartments provided with sanitary napkin disposal bin*) in the temporary cluster settlements within the core areas of the Kathmandu valley so as to prevent water and sanitation related disease outbreaks.

In the first phase, BNMT Nepal selected two sites in Bhaktapur district namely Maheshwari Khelmaidan-6 and Yosinkhel-11 in Bhaktapur Municipality. A total of 245 families are taking shelter in Yosinkhel cluster whereas 182 families are residing in Maheshwari.

BNMT Nepal coordinated with Bhaktapur Municipality for site selection, engineering design and cost estimation of the four-compartment community toilet. A Users' Committee was formed at the cluster settlement in both sites and all the responsibilities of the construction work was handed over to the Committee. Before commencing any construction work, a tri-party agreement was



signed among BNMT Nepal, Bhaktapur Municipality and the respective Users' Committees. Roles and responsibilities of each party was clearly stated in the agreement. On the 9th of August, 2015 the two newly constructed community toilets, each with four compartments, have been handed over to Bhaktapur Municipality and respective Users' Committee during handing over ceremony.



Tuberculosis Control Programme

National Tuberculosis Programme Post Disaster Needs Assessment (NTP-PDNA)

Tuberculosis (TB) is a major challenge in terms of public health, especially for developing countries like Nepal. There are 75 districts in Nepal where the case detection rate is 83% and the treatment success rate is around 90%. 45% of total populations are infected with TB 40,000 people get TB every year 20,000 new sputum positive cases every year 5000-7000 people die each year from TB (Annual Report 2013/2014, DoHS).

Responding to the devastating 7.9M earthquake that hit the country on the 25th April, BNMT Nepal participated in several meetings organised by the National Tuberculosis Centre (NTC) to prepare and finalise National Tuberculosis Programme Post Disaster Need Assessment (NTP-PDNA) guidelines for TB control in the 14 worse affected districts. As per the request by the NTC, BNMT Nepal conducted NTP-PDNA in Nuwakot and Dhading districts. After the NTP-PDNA report analysis, BNMT Nepal plans to implement TB control activities (Microscopic camp in specific IDP population and trace defaulters) in those districts in close coordination with NTC, DHO and other line agencies.



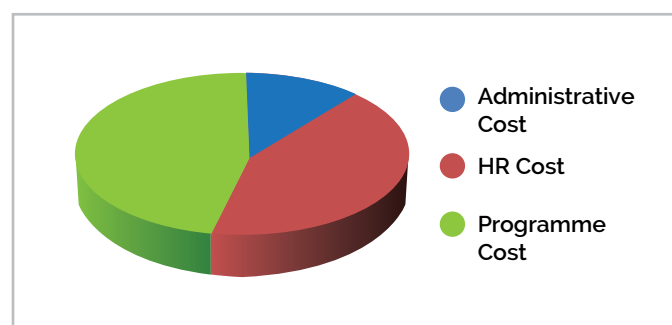
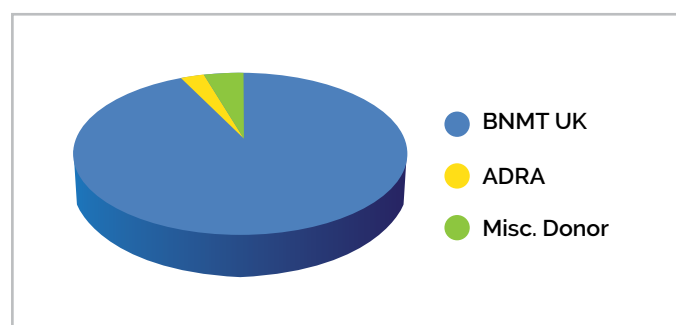
Finance

Balance Sheet as at 3/31/2072

Details	2071/72		2070/71	
	Amount (NRS)	Amount (NRS)	Amount (NRS)	Amount (NRS)
Fixed Assets				
Tangible Assets		226,556		302,074
CURRENT ASSETS				
Debtors	763,124		-	
Investments	3,600,000		-	
Cash and Bank	6,007,217		1,753,311	
	10,370,342		1,753,311	
LIABILITIES AND PAYABLES	(224,165)		(253,347)	
NET CURRENT ASSETS		10,146,177		1,499,964
TOTAL ASSETS LESS CURRENT LIABILITIES		10,372,732		1,802,038
CHARITY FUNDS				
Restricted funds		2,928,597		1,277
Unrestricted funds		7,444,135		1,800,761
		10,372,732		1,802,038

*Unaudited Balance Sheet (2071/72)

Income (NRS. 1,67,08,690) Expenditure (NRS. 80,06,533)



Donors AND PARTNERS

We are grateful to all our donors and partners for their continuous support in our endeavours. We are further obliged to all the donors who have supported in our relief and response efforts in this post disaster scenario. Without their generous support we could not have accomplished so much.

Major Donors

Project

1. Everest Marathon: MHM project
2. ADRA Nepal: Pre/Post intervention study of TICA project
3. ICCO & Kerk in Actie: RBA Project

Post Disaster Management Initiatives

1. The Britain Nepal Medical Trust UK
2. International Health Partners UK: Medicine Support
3. International Health Partners Malaysia: Medicine Support
4. Handle with Care International Australia: Toilet Construction Support
5. AmeriCares USA: Training on MHPSS, Medicines and others

Partners

1. Ministry of Health and Population
2. Department of Health Services
3. National Tuberculosis Centre
4. District Health Offices
5. District Public Health Offices
6. Municipalities
7. Society for Emergency Care and Support Nepal
8. Tamakoshi Cooperative Hospital, Manthali,
9. German Rotary Volunteer Doctors
10. Nepalese Nursing Association UK



Special thanks to the Co-Chair of Britain Nepal Medical Trust UK, Dr Gillian Holdsworth for her tireless efforts to raise funds for Birat Nepal Medical Trust (BNMT Nepal)

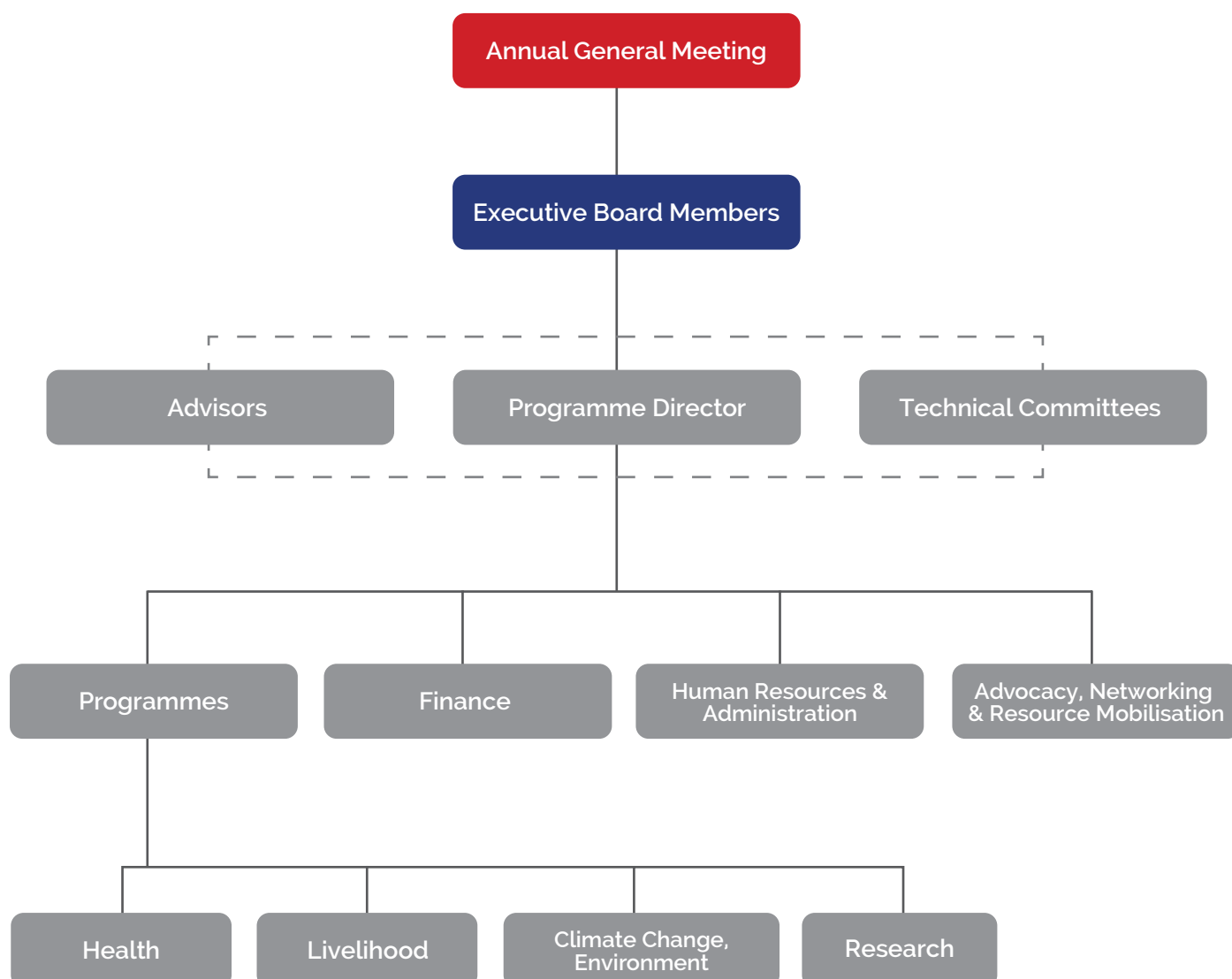
BNMT Nepal

A T A G L A N C E

Birat Nepal Medical Trust (BNMT Nepal) is a Nepalese non-governmental organisation established in September 12, 2012. Since its inception, BNMT Nepal has been dedicated towards improving the health and well-being of Nepalese people. BNMT Nepal envisions a new Nepal where all Nepalese are aware of their basic rights and are able to live healthy and productive lives in a safe environment i.e. without having to worry about food, income or security regardless of their gender, ethnicity, disability or HIV status.

BNMT Nepal is built on commitment, expertise and experience of the Britain Nepal Medical Trust (BNMT UK), which has been working in Nepal since 1967 and been highly commended for its work in the health sector of Nepal, especially in Tuberculosis programmes within the country. BNMT UK now continues to offer its oversight, mentoring and support to BNMT Nepal.

BNMT NEPAL'S ORGANISATIONAL STRUCTURE



मिति: २०७२ श्रावण २४ गते


श्री बिराट नेपाल मेडिकल ट्रस्ट (बिएनएमटी नेपाल)
लाजिम्पाट, काठमाण्डौ
नेपाल ।

विषय: धन्यवाद ज्ञापन सम्बन्धमा

महोदय,

प्रस्तुत विषयमा मिति २०७२ बैशाख १२ गते गएको विनाशकारी भूकम्प र तत्पश्चात् गएका शक्तिशाली पराकम्पहरूबाट क्षतिग्रस्त यस भक्तपुर जिल्ला, भक्तपुर नगरपालिका वडा नं ६ का पीडित स्थानीय वासिन्दाहरूको अस्थायी बसोबास शिविर महेश्वरी खेलमैदान परिसरमा मानव मलमूत्रको उचित विसर्जन गर्न हालसम्म कुनैपनि संघसंस्थाबाट दीर्घकालीन योजनाका साथ पक्की शौचालय निर्माण कार्यमा सहयोग नभएको अवस्थामा त्यस संस्थाको पहल र सहयोगमा पहिलो पटक यस अस्थायी शिविरमा चारकोठे पक्की लैंगिक मैत्री सामुदायिक शौचालय निर्माण गरी वातावरणीय सरसर्पाइमा पर्न सक्ने प्रभाव र दिसापिसाबजन्य जनस्वास्थ्य समस्या तथा असरहरूको रोकथामका लागि चालेको कदम प्रति महेश्वरी अस्थायी शिविरमा बसोबास गर्ने सम्पूर्ण समुदाय तथा सामुदायिक शौचालय उपभोक्ता समितिको तर्फबाट बिएनएमटी नेपाललाई हार्दिक धन्यवाद ज्ञापन गर्दछौं ।

आगामी दिनमा पनि यस्तै सहयोग र साथको अपेक्षा गर्दछौं ।


कृष्ण प्रसाद गौसाईं

अध्यक्ष

अस्थायी शिविर व्यवस्थापन समिति

तथा

सामुदायिक शौचालय उपभोक्ता समिति

महेश्वरी खेलमैदान

भक्तपुर नगरपालिका-६

भक्तपुर



स्वयं नगरपालिका
भक्तपुर नगरपालिका कार्यालय
दरबार स्क्वायर, भक्तपुर
BHAKTAPUR MUNICIPALITY OFFICE
(DURBAR SQUARE, BHAKTAPUR)

पत्र संख्या:

चलानी नं. ७९

मिति:- ०७२११९५

विषय: जानकारी सम्बन्धमा ।

श्री बिराट नेपाल मेडिकल ट्रस्ट,
लान्जिपाट, काठमाण्डौ

उपरोक्त सम्बन्धमा त्यस ट्रस्टबाट मिति २०७२।१।६ गतेका दिन यस कार्यालयको रोहबरमा भ.न.पा. वडा नं.६ को महेश्वरी भुकम्प पिडित शिवीरमा कृष्ण प्रसाद गोसाईको अध्यक्षता बनेको उपभोक्ता समिति र भ.न.पा. वडा नं.११ लेसिख्यो भुकम्प पिडित शिवीरमा बलराम न्हिसुतुको अध्यक्षता बनेको उपभोक्ता समिति बाट भुकम्प पिडित शिवीरका लागि लक्षित गरी र सर्वसाधारणका लागि समेत प्रयोजन गर्न मिल्ने गरी सामुदायिक शौचालय पुरुष/महिलाका लागि २/२ कोठाको सामुदायिक शौचालय २ वटा निर्माण सम्पन्न गरी सकेको ब्यहोरा जानकारीका साथ अनुरोध गरिन्छ ।

उद्धव प्रसाद रिजाल
कार्यकारी अधिकृत

Photo GALLERY



Loading the Relief Materials for Nuwakot



Providing Psychosocial Support in Yellow Gumba, Balaju



Providing Psychosocial Counselling in Daman, Makwanpur



Patient Counselling on Uterine Prolapse



Mr Anthony from IHP, UK Distributing Tarpaulin to Earthquake Victim



Distribution of Relief Materials in Bhaktapur

VISION

Improved health and well-being of the Nepalese people.

MISSION

To ensure equitable access to quality health care and an enabling environment for socially and economically disadvantaged people.

PROGRAMME FOCUS

Health, climate change and environment – contributing to improved health, livelihood and social harmony.

WORKING PRINCIPLES

Adhere to and appreciate partnership at all levels

Ensure sustainable development

Respect for equity and diversity

Inclusion

Promote transparency and accountability

WORKING APPROACHES

Human rights based

Partnerships and alliances

Participatory, gender and social inclusion

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