

ANNUAL REPORT

2016/2017

BNMT NEPAL

Serving the People of Nepal



REACH THE UNREACHED

PHOTO GALLERY



Demonstration on making Sanitary Napkins, Kunchowk



Donor Representatives from AmeriCare HQ interacting with the Phakhel Health Post staffs



MHPSS Help Desk, Badegaon



Community appreciation to BLF Donor during monitoring visit



Gender Friendly Community Toilet Handover Program, Gundu



Celebrating world Menstrual Hygiene Day 2017

CHAIRPERSON'S FORWORD

MR MAHESH SHARMA
Chairperson

**Birat Nepal Medical Trust
(BNMT Nepal)**



This year has been a year of gratification for BNMT Nepal. Reflecting on the post 2015 earthquake scenario, while the overall progress on reconstruction in the country was sub optimal, the reconstruction of health facilities was particularly fast and in a short span of time remote health facilities were able to resume its normal health care services through newly built health facilities. We felt proud to be associated with Ministry of Health particularly in being active in health post reconstruction in Makwanpur district. Besides, we were also happy to help reinstate WASH and hygiene activities along with supporting construction of community toilets, psychosocial social counseling and other support to community.

BNMT was one of the pioneering organizations in Tuberculosis control in the country. We are pleased to see the revival of past legacy and expertise in TB again in 2017. Now BNMT Nepal is one of the leading NGOs in TB control programme in collaboration with National Tuberculosis Centre, EU, Stop TB partnership and Global Fund/Save the Children.

Besides, it was also satisfying to take active role in managing transitioning of the Britain Nepal Medical Trust to the Birat Nepal Medical Trust. In this process, Birat Nepal Medical Trust (BNMT Nepal) was registered in 2012 as a NGO in Nepal, premising especially on the legacy, commitment, expertise and networking of the Britain Nepal Medical Trust (BNMT UK). We would like to express our sincere appreciation particularly to the Board of Trustees in UK for their continued support and encouragements.

Now the country has been gaining momentum towards restructuring the state into federal system of governance. Recently local level election has been completed and there are enthusiastic team elected for almost 753 villages and municipal councils. This opens up wide range of opportunities for NGOs particularly in getting oversight support from local elected leaders, in designing focused and area specific activities engaging local government bodies and the people. However, this poses number challenges as well, especially in maintaining communication and harmony among central authorities, provincial authorities, local government bodies and funding partners and other stakeholders. BNMT anticipate actively participating along with other organizations in national and local dialogues in shaping the communication, legal and the administrative arrangement for NGOs in new governance structure.

We would like to thank you all for being an enduring partner and well-wishers that helped us to help in improving the health of the people in Nepal. We look forward at continuing our relationship, expanding partnership and collaborating with government bodies, national and international agencies and individuals towards achieving the health for all goal.

MESSAGE FROM THE EXECUTIVE DIRECTOR



**MR SUMAN CHANDRA
GURUNG**
Executive Director

**Birat Nepal Medical Trust
(BNMT Nepal)**

This has been a very successful year for Birat Nepal Medical Trust (BNMT Nepal). Our organization has expanded notably over the last twelve months with five projects running simultaneously. We have also made significant achievements which helped to add value achieving the sustainable development goals (SDGs) especially goal 3,5,6,9 and 10.

BNMT Nepal is built on the foundation of Britain Nepal Medical Trust UK with a commendable history of serving the people of Nepal since 1967. BNMT Nepal supports the government of Nepal interventions on Maternal Health, Adolescent and Child Health, Tuberculosis, HIV/AIDS, MHPSS, WASH, DRR, Health Facilities Reconstruction. The projects are recently embarked and progressing very satisfactorily.

Major achievements so far this year are as follows:

- » Constructed seven prefabricated Type-1 health facilities building and handed over with necessary medical equipments to government of Nepal. All the 12 room health post has resumed their delivery of health services.
- » Constructed 17 gender friendly toilets in schools and community and handed over to the local governance. It has been operationalized by the WASH management committee.
- » Supported community people of five districts affected by earthquake

and other calamities through Mental and Psychosocial Support (MHPSS) program. The program has initiated to strengthen the referral mechanism from periphery to government health facilities.

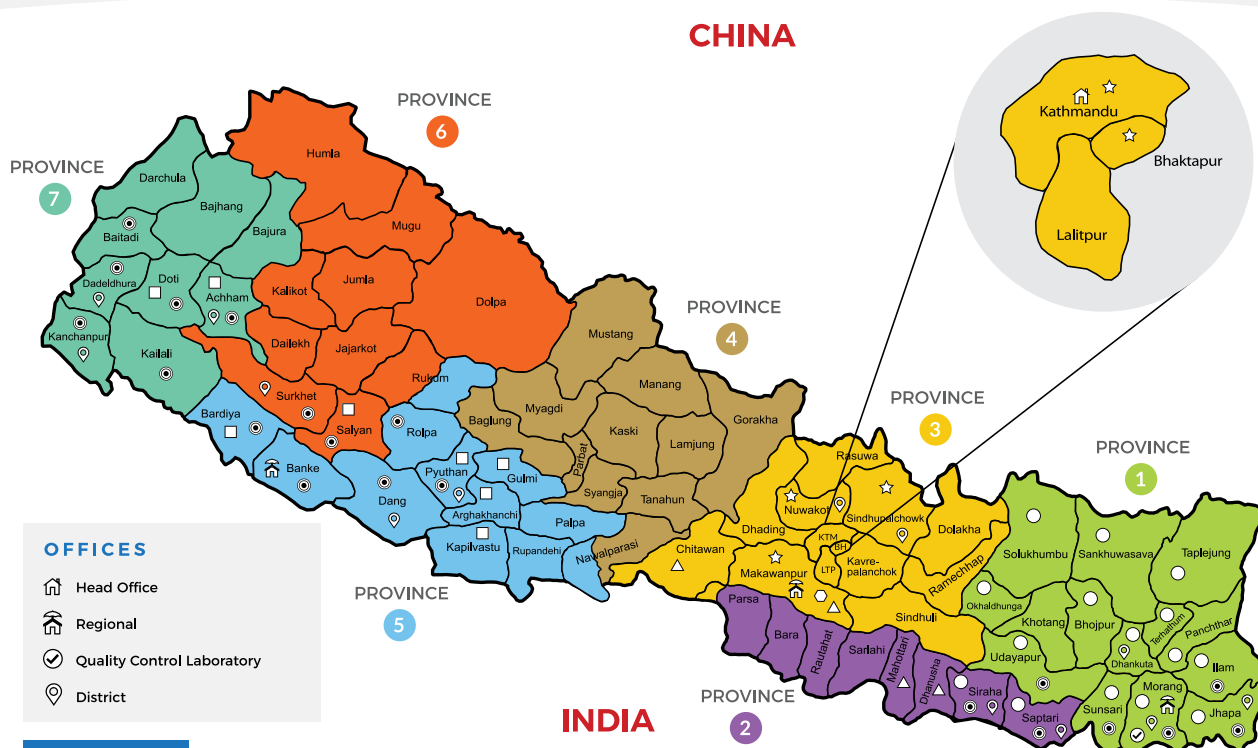
- » Improved hygiene and sanitation of community people through WASH program. The diarrheal and other water borne diseases has a decreasing trend in the intervention areas.
- » Supported hard to reach population with free health camps where distance and costs were the major problems for them. 840 people were benefited from the health camps.
- » Linked 1,341 DOTS/Microscopic centers with courier system, screened 14,569 presumptive TB cases and diagnosed 174 with TB.

My sincere thanks to all the donors particularly Americares, Big Lottery Fund (BLF), Global Fund/Save the Children International, EU IMPACT TB and TB REACH for trusting BNMT Nepal and encouraging us to continue our good work in the community. Nevertheless, I want to appreciate the government of Nepal, BNMT UK and community people for their continuous support. I also want to thank my staffs for their tireless efforts, without them the significant positive changes could not happen for poor and marginalized people.

In summary, it has been a great year working with all of you. I am looking forward enthusiastically to the year ahead.



BNMT NEPAL PROJECT COVERAGE DISTRICTS



DONORS

Districts ★
05

BIG LOTTERY FUND

Districts ●
16

BNMT UK

Districts ■
08

TB REACH

District ●
01

AMERICARES

Districts ▲
04

IMPACT TB

Districts ◎
20

GF/SCI/NTC



PROGRAMMES

RECONSTRUCTION



Khairang Health Post Handover Program

This year has been the year of reconstruction for BNMT Nepal. Under the reconstruction project, BNMT successfully constructed seven Health Posts damaged by the earthquake in Tistung, Nibuwatar, Makwanpurgadhi, Phakhel, Basamadi, Khairang and Dhiyal VDCs of Makwanpur district. The health post buildings are prefabricated Type I, constructed as per the standard guideline of Ministry of Health. They have been handed over to the Government of Nepal Ministry of Health (MoH) in coordination with the Regional Health Directorate, District Public Health Office and the local HFOMC. The new buildings have twelve rooms that include services for OPD, Basic emergencies and obstetric service (BEoC), family planning and counseling, dressing and minor operation, stores as well as waiting room, staff quarters and toilets, BNMT also supported all the Health Posts with essential medical equipment and necessary furniture according to the guideline of MoH. They have resumed the delivery of health care services and will benefit 2,94,667 populations in these VDCs.

"This health facility is a good example of the effort and the unity shown by the community people in close coordination with MoH, Donor and DPHO which will be a lesson learned for similar future projects."

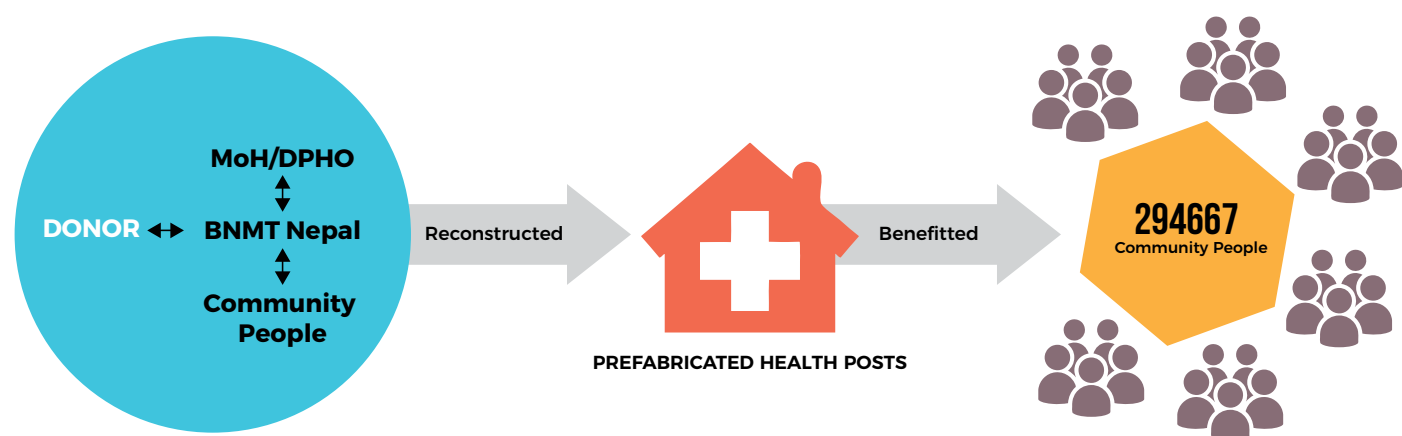
Dr. Senendra Raj Upreti, Health Secretary, Ministry of Health



Health Secretary, Dr. Senendra Raj Upreti and BNMT Nepal Chair, Mr. Mahesh Sharma jointly inaugurating Makwanpurgadhi Health Post

Community Involvement and Support

BNMT Nepal involved the government (Ministry of Health, Central Regional Health Directorate, National Reconstruction Authority, District Public Health Office, Makwanpur, Health Facilities Operation and Management Committee) and community people in every stage of this project to ensure their ownership of the Health Facilities after the reconstruction. Thus, local communities including ethnic, marginalized populations of these VDCs actively participated in the reconstruction process making it a grand success. The energetic initiation and involvement of these communities in the reconstruction is a crucial lesson learnt for the organization to acknowledge and endorse.



Tistung Health Post – A model Health Post, a ray of happiness

Tistung, one of the hardest hit VDCs from the 2015 earthquake was having difficulty in getting the basic health services as many of the local health facilities were destroyed. The old Health Post building functioned in a school premise with a small space and inadequate medical equipment. OPD, Family Planning and ANC/PNC services operated from a single room. The delivery room lacked hand washing basins or IV stand. Due to lack of privacy, many clients returned without getting any services.

Aware about this, BNMT Nepal initiated the reconstruction of the Health Post building after a series of positive consultation with Makwanpur DPHO, the donor and the community people.

The newly constructed Health Post building has well-equipped 12 rooms with an OPD, Delivery room, ANC/PNC, Counseling



room, Waiting room, and Store.

Sujana Bal, a resident of Tistung-1, went to the new Health Post to deliver her baby in December. She recalls, “The new Health Post is better in every way. It is spacious and well-equipped. I had no fear that the building might collapse anytime. I could walk around easily in the hospital premise before my delivery. Also, there were sufficient lights, warmth and cleanliness inside the room unlike in the previous Health Post. It helped me for the easy delivery. The toilet is also inside the building, comfortable to use even at night.”



OPD Service Room



Delivery Room



Examination Room



Makwanpurgadhi Health Post handed over to Ministry of Health



Placenta Pit



Dhiyal Health Post Handover Program



WHO estimates that 44,000 Nepalese people develop active TB every year and out of them 20,500 have infectious Tuberculosis disease and can spread the disease to others. Nepal has signed and adopted the Global commitment to End TB from Nepal by 2035. The strategy has been implemented from 2016.

Global commitment to End TB

Moving from halting TB to ending TB by 2030



SDG TARGET 3.3 – BY 2030
END THE TB EPIDEMIC

BNMT, since its inception has been supporting the National Tuberculosis Program of Nepal through various activities such as strategy and policy development, training, facilitation, staff capacity development, implementation of activities, monitoring and supervision.

National Tuberculosis Program – Global Fund / SCI

Currently, BNMT has been implementing the National Strategy of TB Program as a sub-recipient in funding support of Save the Children US / Global Fund. BNMT has been delivering the TB activities through partnership with the Government health institutions of the Eastern Region, Mid-Western Region and Far-Western Region of Nepal. The project covers 20 districts of these regions. The key activities are concentrated towards active case detection in hard to reach population through sputum courier system, screening and testing of family members of index cases including Drug resistant TB, strengthening TB-HIV cross referral system, engaging TB care providers from the private sector to increase the case notification and providing TB awareness among school children and the teachers.

School Health Intervention : A method to identify missing TB cases in the community

Gautam Sunar (70, Banke) had history of persistent cough, fever, night sweats and weight loss since ages. Due to poverty, he was unable to afford the healthcare services. But, his health condition was worsening day by day because of continuous cough and gradual anorexia. He felt helpless and awaited death.

One day, a student named Sriti Chand-Thakuri visited his house and advised him to check his sputum sample in Khajura PHC. She provided him a pamphlet and referral slip with sign and symptom of tuberculosis. He was surprised by this, as nobody from his family had ever advised him to seek health care advice in that PHC. This is because they lacked knowledge about the availability of TB diagnostic and treatment center at Khajura PHC, a Government health institution, situated a bit far from his residence.

Sriti had learnt about Tuberculosis from the Tuberculosis orientation program conducted by BNMT Nepal (in coordination with DHO Banke) for students of grade 8, 9 and 10 of Gyanodaya Madhyamik Vidhyalaya, Khajura.

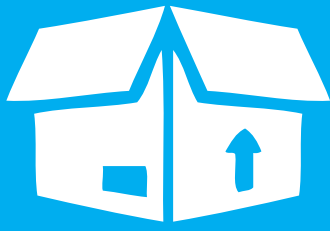
Mr Sunar, one of the presumptive cases, was diagnosed with tuberculosis through microscopic examination of the sputum sample at Khajura PHC-DOTS center. In the counseling session after the microscopic examination, it was gathered that he had already treated TB ten years back. Seeing this, he was immediately enrolled for the treatment. Also, based on the history, he was advised to test his sputum sample for MTB/RR by Gene X-pert machine at Nepalgunj Medical College.

Enabling access: TB diagnosis facility enhance the active TB cases notification in Pato VDC, Saptari

Pato is a remote VDC situated in Saptari district, 22 km south-west from Rajbiraj, the district headquarter. This area has been reported as high TB burden areas of the district. However, Pato lacked Microscopic center (MC) for sputum smear examination among the presumptive TB cases. During joint monitoring visit in Pato DOTS center, the BNMT regional team felt the need of Microscopic center in this area. After the discussion with stakeholders (DPHO, DTLO, Statistic Officer, Nutrition Focal person, ERHD, RTLO) a Microscopic Center was successfully established in Pato HP. Immediately after the establishment of Microscopic Center, 5 TB cases were detected.

Continuous support for Quality Control in Eastern Development Region

- » Total slides examined 6150
- » False result : less than 5%
- » Rate of agreement 99%
- » Reagents supply 1670 liters
- » Districts laboratory supervisors workshop for 25 participants
- » Laboratory management workshop for 105 participants in EDR
- » LQAS Training for 40 participants.
- » Supervision/monitoring visit of microscopy centres 10 - Rajbiraj DPHO, Kanchanpur PHC, Kadarbona PHC, Gaighat Hospital, Beltar PHC, Inaruwa Hospital, Itahari PHC, Chatra PHC, Rangeli Hospital, Jhurkiya PHC and
- » Laboratory strengthening program are going to be achieved.



1,341

DOTS/Microscopic centres
linked in courier system



14,569

Presumptive TB cases
screened



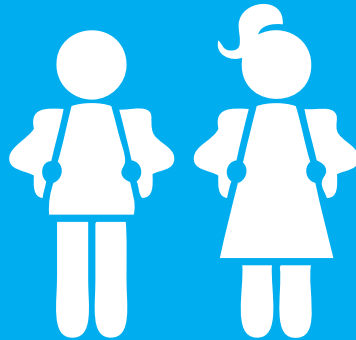
174

Diagnosed with TB



180

Doctor oriented



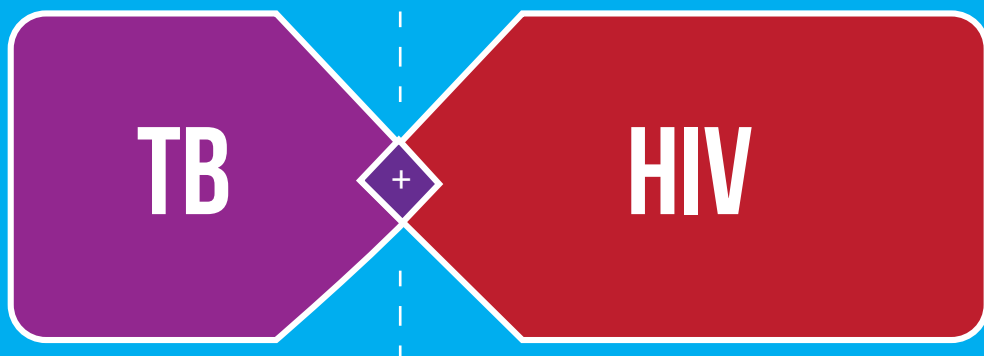
11,929

School children oriented



176

School health teachers
oriented



722

Health Workers oriented on TB HIV cross referral system

IMPACT TB

IMPACT TB commenced from January 2017 that aims to find and treat cases of TB in communities in Nepal and Vietnam. This project is funded by the European Union Horizon 2020 and led by the Liverpool School of Tropical Medicine (LSTM) UK in partnership with BNMT Nepal, The Karolinska Institute (KI), Sweden, Friends for International Tuberculosis Relief (FIT), Germany and KNCV Tuberculosis Foundation, the Netherlands.

Districts: Chitwan, Makwanpur, Dhanusha, Mahottari

Population Coverage: 25, 26, 955

TB REACH – WAVE 5

TB REACH commenced from April 2017. In this project BNMT Nepal will apply the successful active case finding model of BNMT UK to 8 new districts of Nepal in partnership with the National TB Program and the Nick Simons Institute. The model comprises comprehensive TB detection and treatment support engaging Female Community Health Volunteers to reach underserved populations in Nepal.

Districts: Gulmi, Kapilvastu, Argakhachi, Pyuthan, Salyan, Bardiya, Acchham, Doti

Population Coverage: 24, 16, 073

In both the projects, the staffs have been deployed in their respective districts and the planning and coordination meetings with the donors and country stakeholders and Standard Operating Procedures (SOP) Workshops have been completed.

Diagnosis through GeneXpert machines

Case detections in remote areas of the country are constrained by lack of accessibility and prolonged diagnosis procedures that intensify the out of pocket expenditure of the already poor population. BNMT Nepal is using the GeneXpert machines in these projects to support early detection of TB in hard to reach areas, reduce the diagnostic delay and enhance the diagnostic capacity through advanced technology.

The GeneXpert machines have been successfully installed in the NSI supported district government hospitals of TB REACH implemented project districts, Pyuthan, Kapilvastu, Bardiya and Gulmi, following the positive consultations and coordination with the respective District Public Health Offices.



Orientation on National Tuberculosis Program



TB orientation to school children at Siraha



IMPACT TB Kick off Meeting, Liverpool, UK



TB REACH Grantee Meeting, Bangkok



IMPACT TB Standard Operating Procedure (SOP) Workshop in Hetauda



Dr. Kedar Narasing KC, NTC Director speaking in TB REACH Standard Operating Procedure (SOP) Workshop, Nepalgunj

Sputum Sample Transporting System: A way of early diagnosis of TB in hard to reach population



42-year-old Kumari Khadka had persistent cough, chest pain and loss of appetite for a month while she was working in Oman. She is a resident of Paruhangtole, Ward no 2, community Belka VDC, Udayapur District. Being a poor single mother for 11 years she decided to go to another country to earn for her children. She was working there as a Maid for 6 years.

After a failed attempt to recover in Oman with some cough syrup, she suspected that she might have Tuberculosis and returned back to Nepal for the treatment. She went to the private hospital at Biratnagar for the checkup where she got her X-ray done and found the dotted spot. The doctor diagnosed her TB and advised her to get the sputum checked for the confirmation and referred her to the nearest HP. She went to the Tapeshwori Health post (HP) where sputum courier system has been established. She got checked in OPD and was counseled about the disease, mode of transmission, the number of sputum to be checked and quality of sputum to be given for the diagnosis. As per instruction she had given two sputum samples that were transported to Beltar PHC (Microscopic center) for the testing. The sputum samples were examined and both samples were found positive (2+ and 2+) with TB. The result was immediately communicated to the HP and from HP to the patient. Her treatment regimen started the following day where she got counseled for DOTS methods and drug adherence.

A month later, an interview with her during her house-visit showed that she was experiencing relief from chest pain and persistent cough; her appetite was increased and she had put on some weight too. The early diagnosis and treatment made her life easy.

CELEBRATION OF WORLD TB DAY 2017

World TB Day 2017 was celebrated with the slogan, "Unite to End TB: Leave No One Behind". BNMT Nepal celebrated World TB Day in National Tuberculosis Centre (NTC) Thimi, Bhaktapur. The event was organized by NTC with the support of Ministry of Health with participation of various divisions and departments of the ministry and civil society organizations actively working in the sector of TB control.

BNMT district office at Samundrar, Nuwakot supported the World TB Day 2017 program organized by the Samundrar Health Post.



BNMT Team with Mr. Anil Thapa NTC PM&E Chief and Dr. Bhawana Shrestha, Director, GENETUP

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES



Mental Health and Psychosocial Support Services (MHPSS) Programme, an initiative started in BNMT Nepal after 2015 earthquake has grown to reach 22 VDCs of five districts. The programme was designed to provide psychosocial support to the earthquake survivors to revive them from trauma, fear and emotional distress in order to help build resilient communities. Since then, BNMT Nepal is working with the continuous effort for the promotion of mental wellbeing of the affected communities.

MHPSS Help Desks

BNMT promoted MHPSS programme through establishment of MHPSS help desks in 15 hard to reach VDCs of five earthquake affected districts. To support the foundation, the organization provided MHPSS orientations to the health workers of the respective VDCs. The trained health workers, assigned as the focal persons of the help desks, have been successful in providing basic information on mental and psychosocial problems. They identify the hidden mental and psychosocial cases from the communities, provide counseling services, have them referred to advanced treatment centers and support in recording and reporting of the cases in the health posts. The local staffs are consistently in touch with the communities. They refer mental or psychosocial cases to the respective health posts for further treatment procedures.

Trainings/Orientations

BNMT is providing capacity enhancement trainings to health workers and non-health workers such as Female

Community Health Volunteers (FCHVs), HFOMCs, local teachers and social leaders. As a result, they are helping in early identification and referral of the cases in their localities. They act as change agents for providing social support and raise awareness for mental and psychosocial health to reduce stigma and discrimination.

Psychosocial Support Services

The Psychosocial Support Services (PSS) targeted for earthquake affected in hard to reach areas focus on stress management and psychosocial education. The identification of communities in need of PSS is done with the assistance of local health facilities, FCHVs, social and community leaders. Several sessions on mental and psychosocial health has helped broaden the community and school understanding on mental and psychosocial wellbeing and mental illness. They have become aware that mental illness is not a shame, it can be treated. Moreover, PSS has helped the earthquake affected women, children, elderly, marginalized and school students in expressing their emotions, relieving and coping stress, and boost their self-esteem so that they become mentally strong to embrace the future challenges.

“The students were stubborn, quite difficult to manage. Some of them showed minimal respect to others. However, after the PSS, they have become manageable. Now they submit their assignments on time and show respect for others.”

Ambika Nyaichyai, Principal, Basu Higher Secondary School, Bhaktapur Municipality

New beginning

Shrijana Tamang (14, name changed) often fainted at school. They took her to the doctor. But her medical reports were normal. So, her parents took her to the traditional healers. Still, her problem remained unsolved. She missed lots of her classes in school. One day her teacher asked her to meet a psychologist she knew from a project of BNMT Nepal.

Shrijana being shy by nature, it took fourteen sessions for her to open up with our counselor. “I still remember; it was night and I was attending a death ritual of my relative. It was my first time. There were sounds of musical instruments. My relative was being cremated. I felt very uncomfortable.” With an eye full of tears she continued, “I wanted to control my emotions and seek a way out but fell unconscious. It was a dreadful scene on the spot.”

“I want to get myself cured. Please help me out.” She expressed her desire to get rid of the problem she was facing.

Shrijana eased up in Client-Centered Therapy. Complementing this, the Progressive Muscles Relaxation Technique (PMRT) and deep breathing exercises helped her to relax. Different self-care methods gave her positive directions to solve her problem.

Today she is happy, as her thoughts are positive towards life. Her self-confidence has improved. She is more open now and shares feeling with her friends and family.

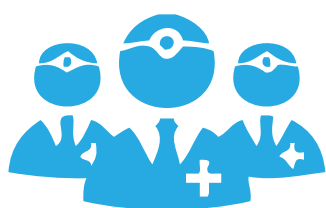
“No matter what problems occur, I will face it, not fear it.” Shrijana smiles.



MHPSS Orientation in Badegaon



MHPSS orientation in Balkumari



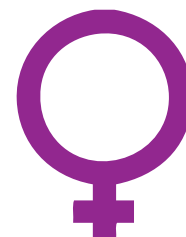
200

Health Workers provided capacity enhancement trainings



608

Non-Health Workers oriented on MHPSS



1,598

Women reached through PSS services



76

Cases Individually Counseled



4,549

Direct beneficiaries



26

Cases referred to Health Facilities



1,281

Community people provided PSS



24

Schools reached



1,354

Students Oriented

Back to Normal Life

Shankar Thapa was living a normal life with his family in Samundratar Nuwakot until the earthquake hit his place. His house collapsed in front of his eyes. With no shelter to live and no food to eat, he felt very helpless. As days passed by, he could not carry out his daily chores, take care of his family and slowly distanced from the family. Many months passed by, but his condition worsened each day.

BNMT Nepal had given an orientation on psychosocial support services in the community for identification of mental and psychosocial cases. A teacher who participated in the orientation realized that he knew someone with similar mental condition. It was Shankar Thapa. He immediately asked Shankar Thapa to visit health post for consultation. Seeing his condition health post referred Shankar Thapa to Tribhuvan university teaching hospital, Kathmandu. But his family couldn't afford it. BNMT Nepal came forward to support him financially, bearing all the necessary cost incurred for the treatment including transportation and accommodation. Shankar Thapa was diagnosed with severe depression. He is currently taking medication and recovering back to normal life. After 2 years of earthquake devastation, Shankar Thapa now works in school. He is living happily with his family.



WASH Program in Tistung Health Post with the presence of DPHO, Makwanpur

Safe water, sanitation and hygiene are the crucial for living healthy lives as they are necessary for prevention of illness and death. Educating communities on importance of WASH and enabling them to practice healthy hygiene behavior has been one of the priorities of BNMT Nepal on the prevention of non-communicable illness and raising awareness.

Community Toilets

This year BNMT Nepal constructed 18 gender-friendly toilets in 15 VDCs of five earthquake affected districts with the consultation of local authorities such as Health Facility Operation and Management Committee (HFOMC), Municipality and VDC secretaries, community leaders and school teachers. WASH management committees took active involvement in overseeing the construction process and are responsible for maintenance of the toilets for ensuring sustainability. As of July, 4 gender-friendly toilets have been handed to the respective WASH committees and the remaining gender friendly toilets are ready for handover.



Gender Friendly Community Toilets handover program, Balkumari, Nuwakot



Gender Friendly Community Toilet Sundaradevi, Nuwakot



Gender friendly community toilet in Shahid Smriti Khel Maidan, Bhaktapur Municipality

Community and School Awareness Programme

For raising awareness on WASH, BNMT Nepal provided orientations to health workers of the newly constructed health posts and non-health workers such as local HFOMCs, Female Community Health Volunteers (FCHVs), community leaders and mothers groups. With their involvement and support, community people were sensitized on importance of proper hand washing through hand washing awareness programs including hand washing demonstrations in local fetes, hygiene kits distributions and filter distributions. They are supporting in sensitizing the locals for use of toilets instead of open defecation.

Students are the entry point to homes of the communities and catalysts of change. So, school awareness activities such as school orientations, elocution programs, drawing competitions, rallies were conducted in the VDCs. These programs have helped to sensitize the students and communities on the importance of toilets, hygiene and sanitation, environment conservation and protection.

Before the construction of the gender friendly community toilet, the students were forced to open defecation in the school surroundings. The old toilet was very dirty due to poor water supply. Now, they use the new toilets which have proper water supply system.

Also, after learning about personal hygiene and sanitation, the students have started to be neat and tidy while coming to the school. They have understood the importance of toilet. They now clean their own houses and toilets as far as possible. This has contributed to influence the attitude and behavior of their families. Moreover, as boys and girls now equally involve in the activities at school, they learn more about gender equality."

Mr. Ramesh Thapa

Principal, Mahadev Secondary School, Balkumari, Nuwakot



18

Gender Friendly community toilets constructed in 5 districts



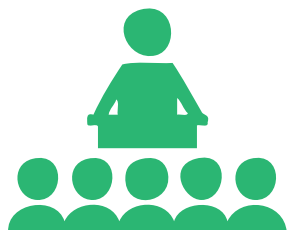
882

FCHVs, teachers, community leaders oriented on WASH



22

WASH Committees formed and functionalized



1,135

Students oriented on menstrual hygiene management



1,200

Community people aware on hand-washing



378

Health Workers and HFOMC oriented on WASH



Elocution Competition organized in Phakhel VDC on World Environment Day



Hand-washing Campaign at Manahari Fete



World Environment Day celebration in Makwanpurgadhi Health Post

Menstrual Hygiene Management

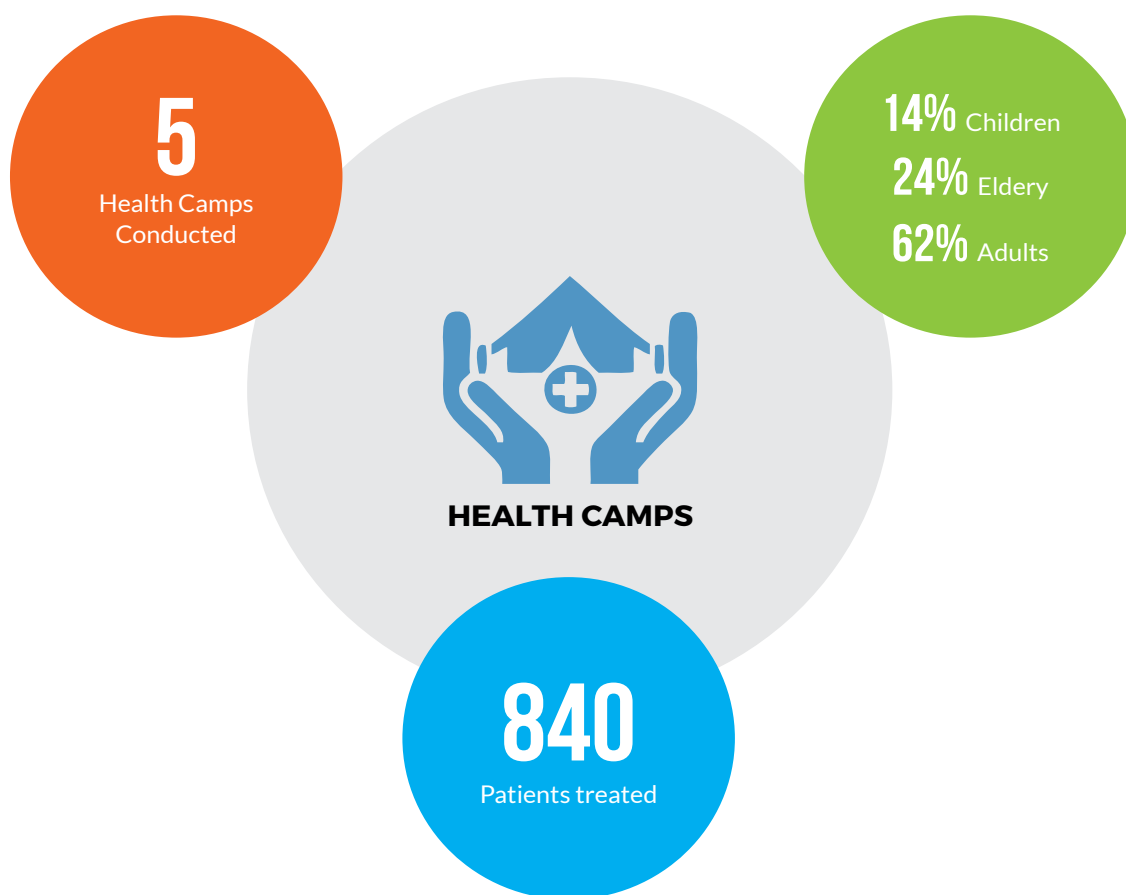
Improper hygiene and lack of easy sanitary napkins during menstruation encourage school absenteeism of female students that adversely affects their health and education. To minimize this, BNMT Nepal provided orientations on menstrual hygiene in government schools students of class 7, 8, 9 and 10 in Kathmandu, Bhaktapur, Nuwakot and Sindhupalchowk districts. In the orientation, BNMT mobilized local staffs to help prepare eco-friendly, cost-effective, safe and easy handmade sanitary napkins in schools in order to sensitize them for hygienic practices as well as encourage them to go to school regularly.



Students preparing the handmade Sanitary Napkins in Balkumari, Nuwakot

HEALTH CAMPS ●

BNMT Nepal has been organizing several health camps after the earthquake with the objective of delivering free health care services to the hard to reach population at their doorstep. The health camps (17 till date) mainly targeted vulnerable population such as earthquake victims, pregnant women, lactating mothers, children and elderly. This year we organized health camps in Bhaktapur, Sindhupalchowk and Nuwakot districts with a team of specialist doctors (General Medicine, Pediatrics, Gynecology, Orthopedics) in full coordination and support from the local authorities. In the camps, appropriate referral services were also provided to those who needed long-term attention.



Balkumari happily witnessed the general health camp conducted for the first time ever in its history. It was reflected by the mass gathering around Mahadev Secondary School premises and the enthusiasm of the local people eagerly awaiting the check-up over the sloppy land.

The poorest of the poor were delighted to be checked by the doctors and get free medicines. The old health post had been damaged from the earthquake and the new one being built was not completed yet. 241 community people of all ages were directly benefitted from the camp and the happy faces were marked by the organization. This was also reflected in their feedback recorded by the organization in evaluation slips.

Some remarks of the locals:

"Effective mobilization of FCHVs and medical counseling is appreciated."

"Thank you for coming. Please arrange blood test, urine test and ENT in the next one."

"This kind of health camp is largely needed to treat the deprived population. Therefore, we request you to conduct more health camps here in Balkumari in future as well."



Villagers of Balkumari VDC,
Nuwakot



50TH ANNIVERSARY CELEBRATION – A GLIMPSE OF BNMT SINCE INCEPTION

The Britain Nepal Medical Trust – the birth

1967 - Registered as a British charity

1968 - Dr. John Cunningham and his team began their noble work in Biratnagar in the eastern region of Nepal.

A modest beginning

- » 1969 – BCG work started in Sunsari. TB and BCG health education materials produced
 - » Dhankuta TB/leprosy clinic and pathology laboratory opened
 - » A model programme, 'Hill Drugs Scheme' started with four shops
- » 1976 – Millionth child receives BCG

Expansion of TB control and Health programme

- » 1980 - Community Health Leader training started
- » 1984 – Cost sharing Drug Scheme started at Bhojpur district in government Health Post
- » 1985 – HRH The Prince of Wales becomes Royal Patron
- » 1986 – 8 TB clinic in operation in 8 hill districts in association with government district hospital

Hand in hand with Government

- » 1989 – Start of integration of BNMT TB/leprosy work into the Government's health service
- » 1993 – TB training plan for lowland districts finalised with government officials.
- » New TB regimen introduced

Excelling in performance

- » 1994 – 88% cure rate achieved in TB.
 - » Steps towards 'Nepalisation' of the organisation
- » 1996 – DOTS piloted for national scheme,
 - » Quality Assurance Centre established,

Serving during difficult times

- » 2000 – Integration of TB/leprosy services completed in eight hill districts
- » 2002 – 2008
 - » Rights based approaches to improving health
 - » Direct service vs empowerment
 - » Drug programme handed over to local community
 - » Safer motherhood, Health and livelihood in conflict affected areas
 - » TB programme focused in Quality Control activities

National leadership

2010 – 2015

- » Children affected by armed conflict
- » Human resources for health
- » Rights based approach to health
- » Community based child nutrition
- » Adapting to climate change
- » Detecting TB cases – TB REACH
- » Research on smoking and tuberculosis

2012

- » **BNMT Registered as Nepali NGO as (Birat Nepal Medical Trust)**

Post-Earthquake Initiative

2015 – present

- » Reconstruction of prefabricated health facilities
- » Health system Strengthening: Establishment of MHPSS help desks, Capacity enhancement to health and non-health workers on MHPSS, WASH, Disaster Risk Reduction (DRR)
- » Community PSS, counselling, Water Sanitation and hygiene
- » Detecting more TB cases – TB REACH, National Tuberculosis Program, IMPACT TB

1. Subsistence allowances (on the basis of an increase in the team to 15)	£7,800 per annum
2. Vehicle repairs, maintenance and petrol	£ 750 per annum
3. Drugs and equipment	£1,500 per annum
4. Employment of local staff and training	£ 500 per annum
5. Replacement of staff from U.K.	£1,200 per annum
6. Rent of accommodation in Biratnagar for the team, repairs and decoration, electricity, etc.	£1,500 per annum
Additional unforeseen expenses, say	£2,000
Recurring annual expenses approximately	<u>£15,250</u>
Known annual income	£8,500

Annual Report 1968



Essential drugs are portered up to the hill clinics

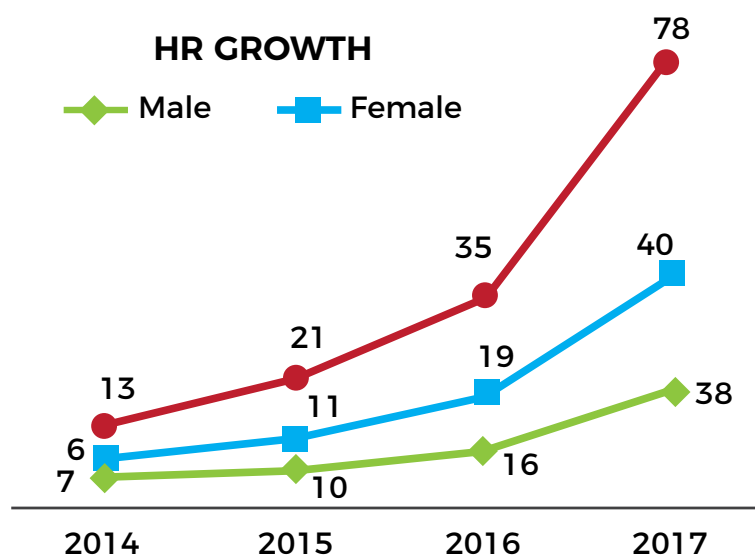
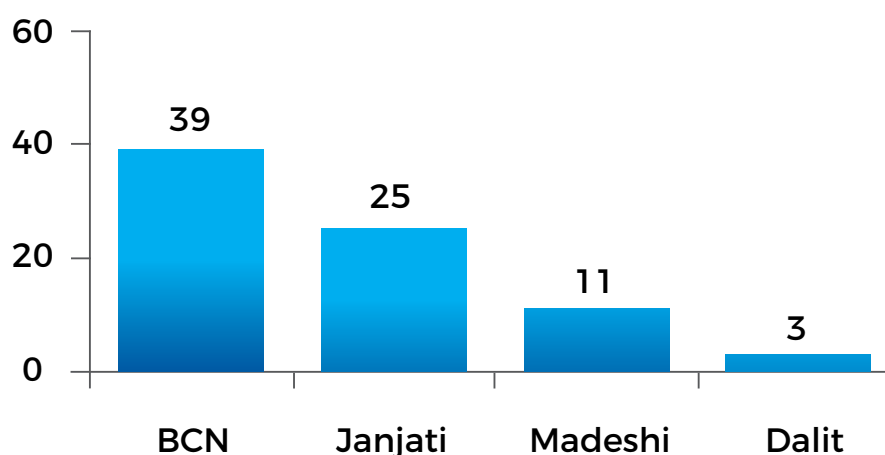
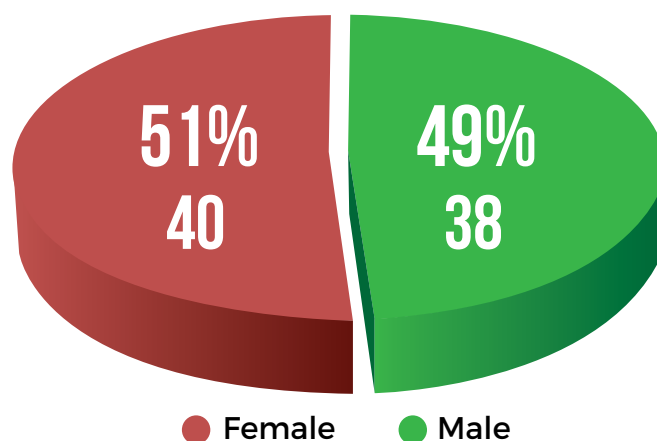
1980-1986



1984

BNMT TEAM IS GROWING

BNMT Nepal has bloomed in its human resource with a spectacular growth in the last four years. The entire family feels happy and fortunate to have presence of ethnic diversity in the workforce. We hope for more in the future.



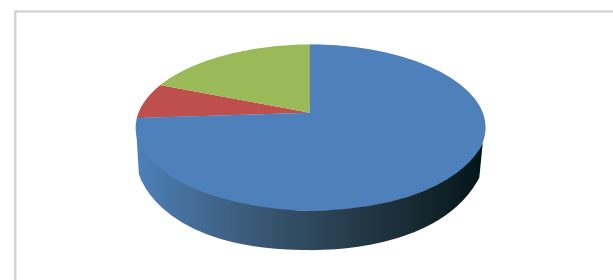
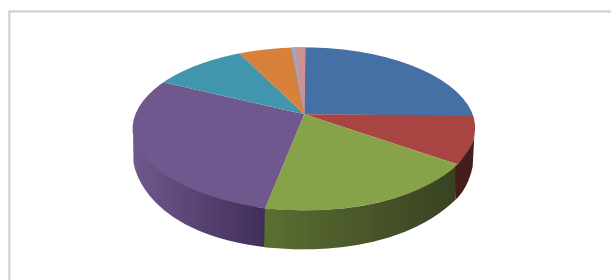
FINANCIAL OVERVIEW

BIRAT NEPAL MEDICAL TRUST BALANCE SHEET AS AT 3/31/2074 (JULY 15,2017)

Details	2073/74		2072/73	
	Amount (NRS)	Amount (NRS)	Amount (NRS)	Amount (NRS)
Fixed Assets:				
Tangible Assets		1,599,095		1,137,027
Current Assets:				
Debtors	6,662,223		3,610,151	
Investments	-		-	
Cash in Hand	40,000		31,687	
Cash at Bank	70,828,503		17,415,726	
	77,530,726		21,057,564	
Liabilities and Payables:	(7,965,394)		(379,520)	
Net Current Assets		69,565,332		20,678,044
Total Assets less Liabilities		71,164,427		21,815,071
Charity Funds				
Restricted Fund		63,921,698		18,167,631
Unrestricted Fund		7,242,728		3,647,440
		71,164,427		21,815,071

Total Income: NRs 161,860,899

Expenditure: NRs 113,657,063



- AmeriCares
- BLF
- GF/SCI
- EU-IMPACT TB
- Stop TB/UNOPS
- BNMT UK
- ADRA Nepal
- Other Income

- Programme Cost
- Administrative Cost
- HR Cost

DONORS AND PARTNERS



We are grateful and humbled by the continuous support of all our donors and partners across the planet. Our incredible donors and partners have helped us build the resilient communities and strengthen the health system through their consistent support and guidance. They have provided us the opportunity to reach the underserved population and provide the best of our services to their doorsteps. We are truly obliged by their love and support.

ORGANIZATIONAL DONORS

1. AmeriCares
2. Big Lottery Fund (BLF)
3. Global Fund/SCI
4. European Union
5. Stop TB Partnership Canada
6. The Britain Nepal Medical Trust, UK

INTERNATIONAL PARTNERS

1. Liverpool School of Tropical Medicine, UK
2. Karolinska Institute (KI), Sweden
3. KNCV Tuberculosis Foundation, The Netherlands
4. Friends for International Tuberculosis Relief (FIT), Vietnam
5. Nick Simons Institute (NSI)

MAJOR PARTNERS

1. Ministry of Health
2. Department of Health Services
3. National Tuberculosis Centre (NTC)
4. National Health Training Center (NHTC)
5. Regional Health Directorate (RHD)
6. District Health Offices
7. District Public Health Offices
8. Municipalities / Rural Municipalities
9. Health Facilities Operation and Management Committees (HFOMC)
10. Local NGOs/Civil Society
11. National Health Research Council (NHRC)



Board of Trustee Meeting in London, UK

The Britain Nepal Medical Trust (BNMT) UK this year celebrates 50 years of serving the people of Nepal. BNMT UK was established in 1967 by a small group of British doctors and nurses who travelled overland to Nepal and started work in Koshi Anchal supporting hospital services. Soon, they extended their work in the eastern region into the hills, establishing a BCG immunization programme and a network of TB clinics across the districts. It was followed by essential drug supply through community drug schemes and community health and development programs. In 2003 BNMT UK transferred responsibility for delivering TB services in Eastern Nepal to the Ministry of Health and focused their energy helping to develop an effective national TB control programme. In

2012 BNMT established and registered Birat Nepal Medical Trust to work with BNMT UK as a local partner and it is with great pride that the Trustees of BNMT UK see the achievements of Birat Nepal Medical Trust over the last few years and a fitting legacy of that small team who travelled to Nepal 50 years ago. As we celebrate the 50th anniversary of the BNMT UK, we remain committed to rendering our assistance, both personal and institutional to BNMT Nepal in its endeavors to serve the people of Nepal and wish it every success in the years to come.

Dr Gillian Holdsworth
Professor Surya P. Subedi, OBE, QC
 Joint Co-Chairs of the BNMT UK



ABOUT BNMT NEPAL

BNMT Nepal is a Nepalese non-governmental organization 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 without having to worry about food, income or security regardless of their gender, ethnicity, disability or HIV status.

BNMT Nepal is built on the foundation of Britain Nepal Medical Trust UK with commendable history of serving the people of Nepal since 1967. Since its inception, BNMT Nepal continues to support the Government's interventions on Tuberculosis, Mental Health, Water Sanitation and Hygiene, DRR, Reconstruction of Health Facilities, Child health, Maternal health and to combat HIV/AIDS and other diseases. BNMT Nepal has worked tirelessly in strengthening the capacity of local institutions in responding to community health needs, empowering communities, especially disadvantaged groups, in accessing and advocating for increased, improved, and equitable access to essential health services and developing innovative models and approaches that provide affordable and accessible quality health care services.

BNMT NEPAL ORGANIZATIONAL STRUCTURE

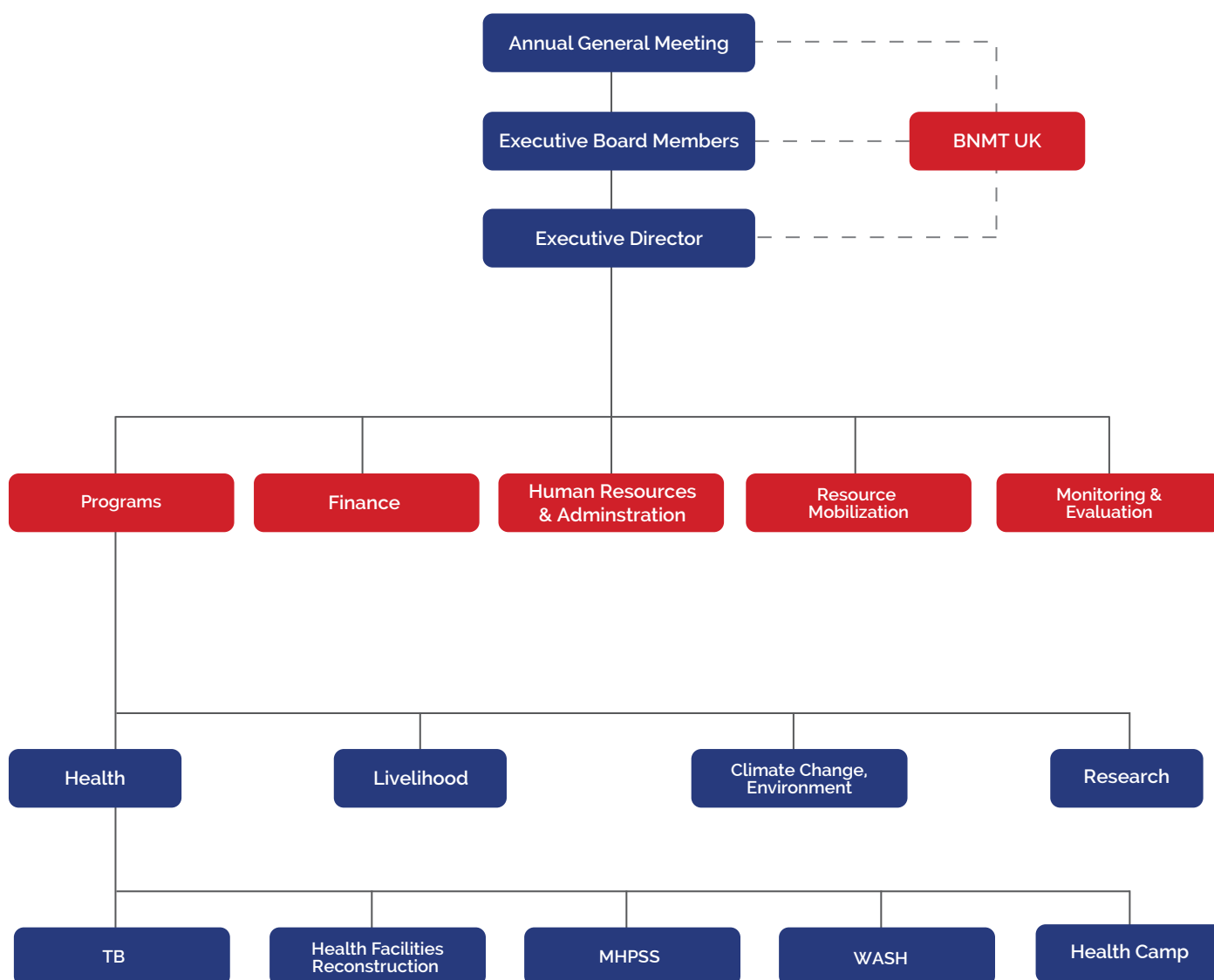




PHOTO GALLERY





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



Scan QR code
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