

# ANNUAL REPORT 2017/2018

**BNMT NEPAL**

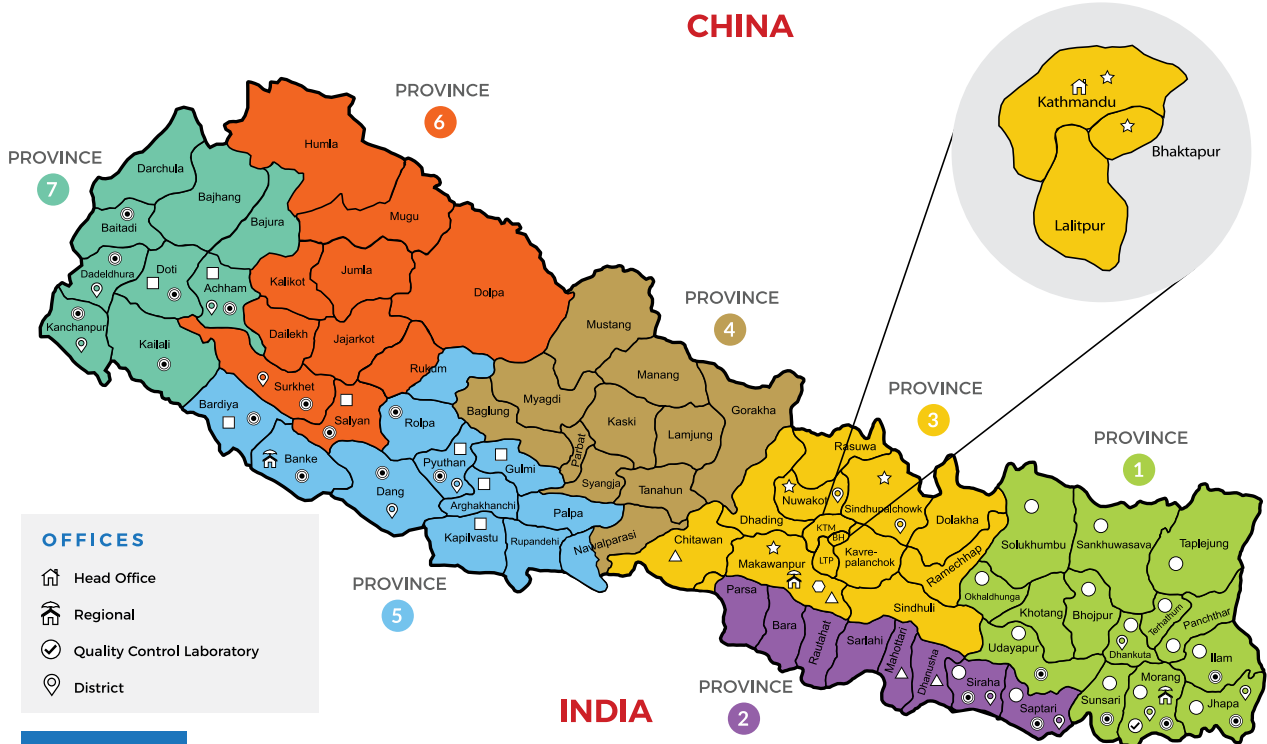
Serving the People of Nepal



**CREATING A HEALTHIER FUTURE**

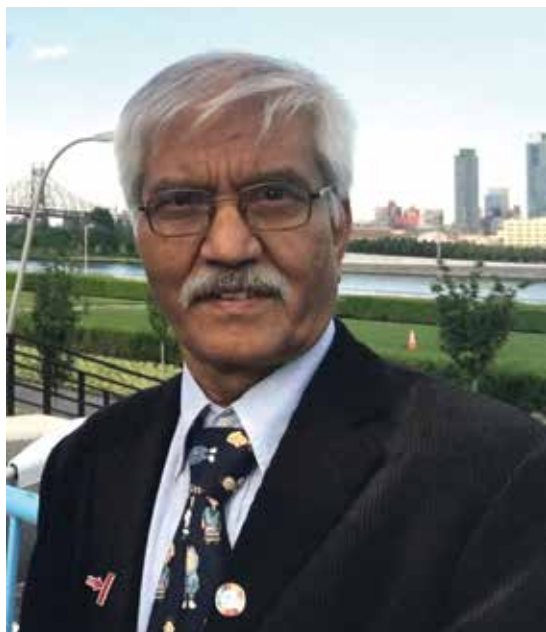
# BNMT NEPAL

## PROJECT COVERAGE DISTRICTS



**OUR SINCERE GRATITUDE TO NEPAL GOVERNMENT AND DONORS**





## CHAIRPERSON'S FOREWORD

Reflecting back on the achievements after almost three years of devastating earthquake where much of the efforts were put to reconstruct health facilities in order to resume the health services, it is satisfying to note that now many health facilities have resumed its normal services from newly constructed buildings and the communities are accessing the services with great sense of pride and ownership of the health facility. Community's efforts and contribution be it land, labour or materials to reconstruct the facility, and to resume the services was tremendous. It has been satisfying to be associated with Ministry of Health through its TB and other health related programme.

It was also matter of pride to witness the 50 years celebration of BNMT last year – which was a reflection of dedication and commitments to the people. For BNMT Nepal which was built on the foundation of BNMT UK with a commendable history of serving the people of Nepal since 1967, we see the real challenge is to address the inequalities in health and social indicators.

Now the country is practicing to perform and deliver better through the federal structure with seven provinces and 753 local governments (rural and urban municipalities). Many realities, opportunities and challenges are unfolding while delivering through the federal structures. NGOs and civil society organisations are making efforts in adapting their functions and structures in the changing context. BNMT will also make efforts to better serve the people in the changing context.

BNMT would like to extend its sincere appreciation to the founders of the organisation back in 1968, some of whom had recently visited Nepal. We would also like to sincerely appreciate all the well-wishers, national and international partners, donors and funding agencies, also look forward at more stronger and meaningful partnership to address some of the health challenges in the country.

**MR MAHESH SHARMA**  
Chairperson

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



## MESSAGE FROM THE EXECUTIVE DIRECTOR

I am tremendously proud and excited about the evolution and growth of BNMT Nepal. 2017/18 marked an incredibly amazing and exciting year. We have made significant achievements which ultimately 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 Tuberculosis, HIV/AIDS, Maternal Health, Adolescent and Child Health, Mental Health and Psychosocial Support Services (MHPSS), Water Sanitation and Hygiene (WASH), Disaster Risk Reduction (DRR), Health Facilities Reconstruction. The projects are progressing with remarkable results and I would like to highlight major achievements in this report.

- » Detected 1,281 new TB cases through screening of 54,676 presumptive TB cases from contact tracing, microscopic camps, GeneXpert testing and sputum transportation
- » Detected 61 new Child TB cases through screening of 35,393 malnourished children from outreach clinics, health facilities and major hospitals
- » Started the Isoniazid Preventive Therapy (IPT), currently 217 children are under IPT
- » Supported the NTC in laboratory strengthening to enhance TB case finding
- » Identified 26 severe psychosocial cases from Dhiyal, Tistung, Nibuwatar, Basamadi, Phakhel and Khairang and supported for treatment
- » Initiated to strengthen the recording and reporting mechanism of mental and psychosocial cases in HMIS of Makwanpur district; 10 psychosocial cases were recorded in the HMIS of Tistung and Dhiyal VDCs
- » Reconstructed and handed over 7 prefabricated health facilities along with necessary medical equipment to the government
- » Constructed 28 new gender friendly community toilets and handed to WASH committee

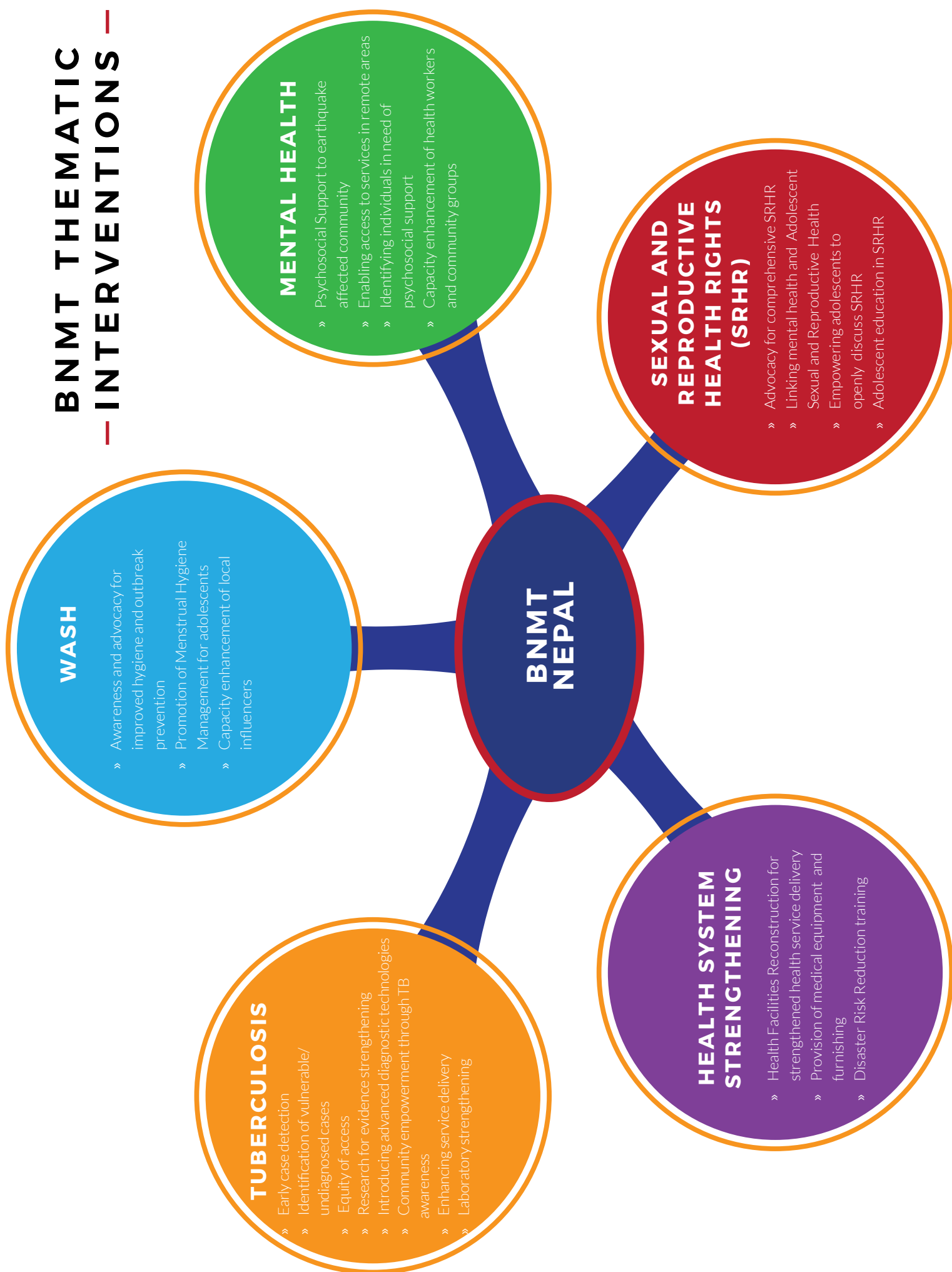
My sincere thanks to all the donors particularly European Union, Wellcome Trust, Stop TB Partnership Canada, AmeriCares, Big Lottery Fund (BLF), Global Fund/Save the Children International, Everest Marathon, Stony Brook University, Amplify Change, TB Modelling and Analysis Consortium for trusting BNMT 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 generous, unconditional and continuous support. I also want to thank my staff for their tireless efforts, without them the significant positive changes could not have happened for unreached and marginalized people.

I am grateful to the individuals and partners whose efforts have provided strong support to sustain BNMT Nepal. I look forward to another amazing year at BNMT Nepal.

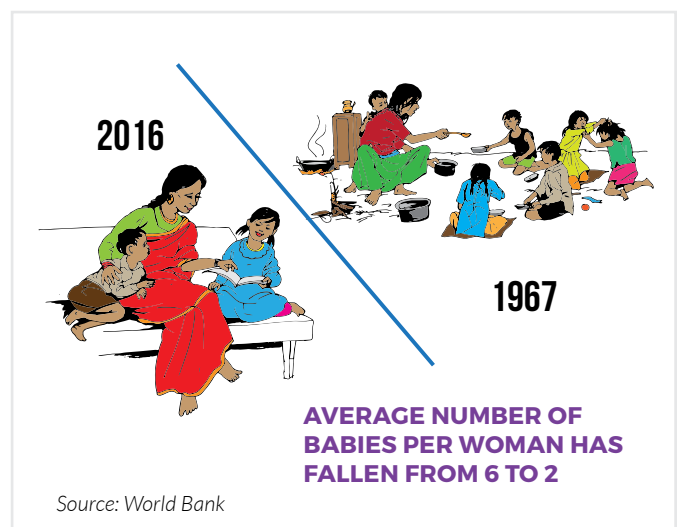
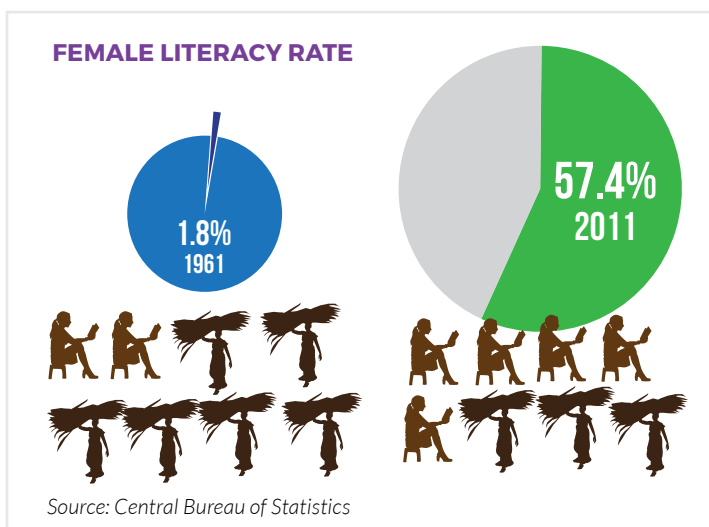
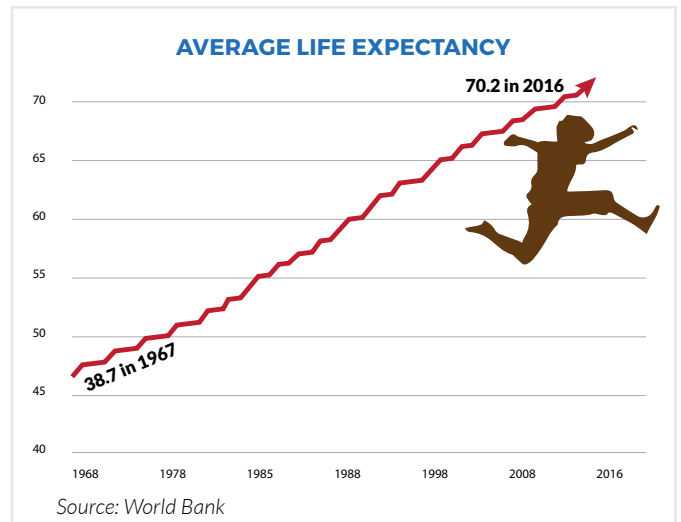
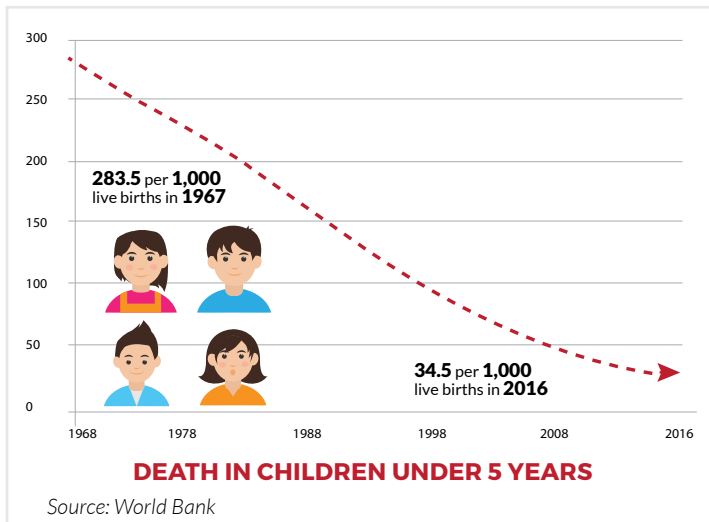
**MR SUMAN CHANDRA GURUNG**  
Executive Director

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

# BNMT THEMATIC INTERVENTIONS



# NEPAL - PROGRESSION TOWARDS — PROSPERITY SINCE 1967 —



## ■ GLOBAL AND NATIONAL SCENARIO OF TUBERCULOSIS

Most deaths from TB can be prevented with early diagnosis and appropriate treatment but despite this, WHO estimates 1.7 million people died of TB in 2017-or one person every 20 seconds. Although TB mortality rate is falling at about 3% per year, TB remains the leading cause of death from a single infectious agent. Many cases of TB cases till go undiagnosed or unreported.

Of the 10.4 million people who fell ill with TB in 2016, 60% were living in Asia and only 6.3 million cases were notified, 4.1 million suffering from TB without correct treatment.

Although TB is curable with antibiotics, drug resistance is a growing problem and some cases of TB are now untreatable. WHO estimates that there were half a million new cases of Multi Drug Resistant -TB (MDR-TB) last year.

In September 2018, the United Nations will hold its first ever High level Meeting (UNHLM) on TB, recognising the gravity of the TB epidemic and the need for sustained political commitment to ending the epidemic. It is hoped that heads of state will commit to funding



quantifiable targets and together achieving the END\_TB strategy goals by 2035.

In Nepal, TB is the 6th leading cause of death with an estimated 44,000 new cases and between 5,000 and 7,000 preventable deaths every year. Although MDR TB remains rare, at around 2-3% of new cases and 15% of retreatment cases, cases of the severest form of drug resistant TB, called XDR TB, are increasingly being identified.

Nepal is now moving to address the challenges and targets of the END TB strategy in line with the Sustainable Development Goals. With the adoption of the End TB strategy, the National Tuberculosis Control Program has set a five year National Strategic Plan (2016-2021) with the vision of TB free Nepal and an ambitious goal to reduce the TB incidence by 20% by the year 2021 compared to 2015 and increase case notifications by a cumulative total of 20,000 from July 2016 to July 2021, compared to the year 2015.

## ■ BNMT NEPAL AND TUBERCULOSIS

BNMT's relationship with tuberculosis control dates back to 1967. A group of young doctors, nurses and technicians came to Nepal from the United Kingdom by land and started much needed services for Tuberculosis by providing medicines through district-based clinics, mass BCG vaccinations, and selling medicines to shopkeepers in the hills of the eastern region. The services offered by them were based on needs of communities rather than a defined set of objectives. The Britain Nepal Medical Expedition became the Britain Nepal Medical Trust (BNMT UK), and it continued to work in TB prevention and care services. BNMT was an early implementer of the community health and development programme. It initiated the cost sharing and hill drug scheme in rural areas, piloted new approaches to TB treatment such as DOTS and active case finding through contact tracing. BNMT also helped to develop the National TB Center (NTC), and engages in national strategy and policy development.



*Trust's drugs store-room in Taplejung*



*Clinic staff diagnose TB by examining slides of patients' sputum*

BNMT Nepal, continuing the legacy and hallmark of BNMT UK, supports the National Tuberculosis Program in close collaboration with the NTC. BNMT Nepal is committed to the WHO End TB strategy, with intensified early detection of TB cases and support to all patients for their complete treatment. Our activities are strongly aligned with the 8 priorities of the national strategic plan for tuberculosis. We currently operate across 40 districts on active case detection through contact tracing and microscopic camps; with a special focus on high risk group screening. Also, with the objective of reducing the diagnostic delay and enhancing the diagnostic capacity through advanced technology, BNMT continues to procure and install GeneXpert machines that are supporting rapid and more accurate detection of TB across Nepal and increasing equity of access to advanced diagnosis. Our activities are focused on strengthening of laboratories and treatment centres, strengthening TB-HIV cross referral system, engaging private sector to increase case notification and school health interventions to increase awareness and reduce stigma among students and teachers. BNMT Nepal has also initiated research programs on tuberculosis that currently focus on evaluating different models of case finding

approaches, evaluating the health economic implications from both a patient and health system perspective and developing optimal socioeconomic interventions to end catastrophic costs for TB affected households. The interventions fully integrate with the NTP services and are developed in consultation with the NTC at both senior leadership level and local delivery level. We work in close collaboration with health service providers and community networks in the intervention districts.



Dr. Gillian Holdsworth (right), BNMT doctor, from 1986-1989 and Trustee from 1993, examining a patient at Phidim Clinic



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

## ■ INTERACTIVE CIVIL SOCIETY HEARING FOR THE UNHLM ON TB



Interactive civil society hearing for the UNHLM on TB was called by the President of the General Assembly to provide opportunity to civil society stakeholders to contribute to the on-going preparatory process for High Level Meeting on 26th September. The hearing focused on current state of efforts and need to accelerate the TB response. Views and experiences were shared on key priorities for the High Level Meeting along with the best practices and the experiences in the ground highlighting the challenges faced by the civil society organisations and people affected/infected by TB. The hearing focused on four themes,

1. Reaching the unreachable: closing the gaps in TB diagnosis, treatment, care and prevention
2. Investing to end the world's leading infectious killer
3. Innovation to end TB: new tools and approaches
4. Partnership for success - the role of communities in an equitable, person centered, rights based responses.

Prior to attending the hearing on 4 June, a civil society consultation was organised by BNMT with key civil society organisations, people affected by TB and other stakeholders to solicit the views and experiences of civil society in Nepal and develop a common voice from Nepal to be shared at UN hearing.

**"BNMT's presence in such forum will not only help expanding its professional networks, but also contribute to the global efforts and on-going dialogue on fight against TB in order to achieve end TB targets and SDG targets by 2030."**

*Mahesh Sharma (BNMT Chair) after participating in the session on 4 June 2018.*



# — PROJECTS —

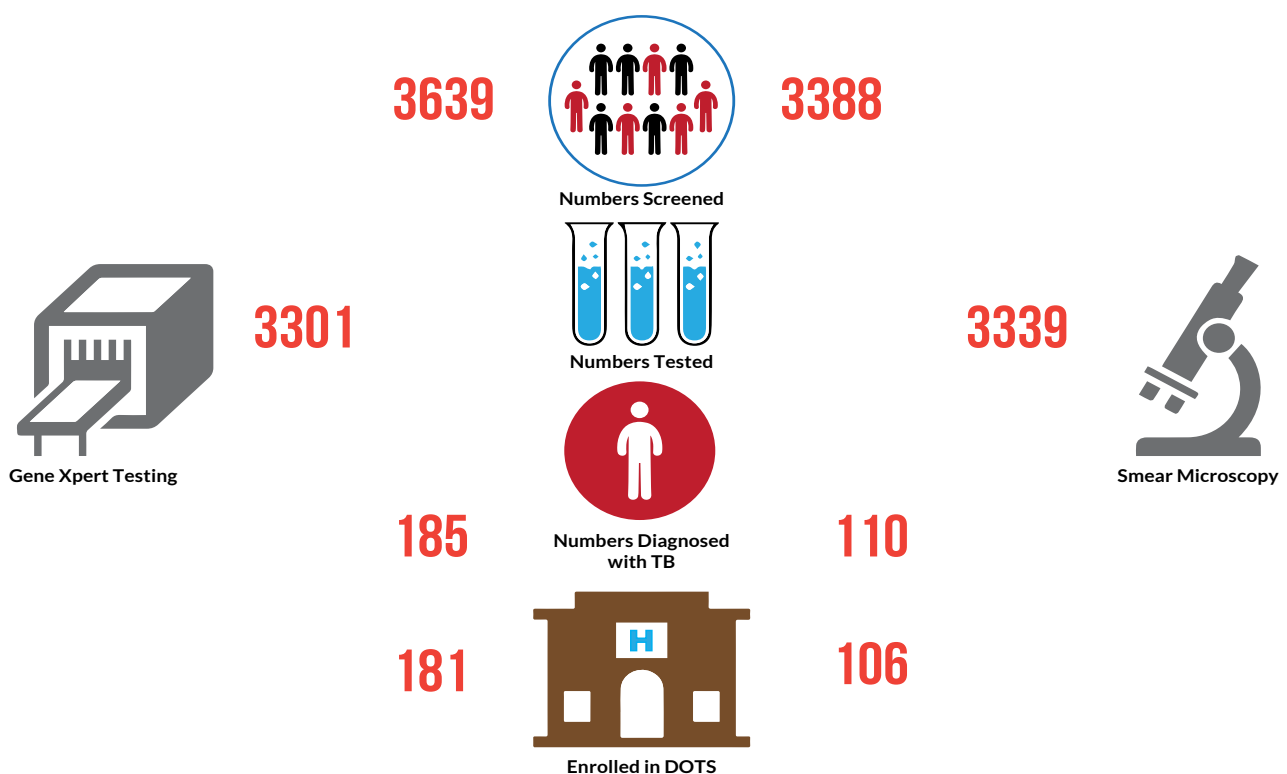
## IMPACT TB

EUROPEAN UNION HORIZON2020 GRANT 733174

[www.impacttbproject.org](http://www.impacttbproject.org)



IMPACT TB: 'Implementing proven community based case finding intervention in Vietnam and Nepal' is a project to find and treat cases of TB in communities in both Nepal and Vietnam. BNMT Nepal leads the implementation of this international collaboration in Nepal. The project compares two implementation models - smear microscopy and GeneXpert test - in order to find the optimal way to scale-up active case finding of TB nationwide. The team of international scientists working with BNMT Nepal will evaluate different aspects of the models. We will determine the costs to individual patients and households resulting from having TB. We will then use this data to develop mathematical models to evaluate different aspects scaling up different models of active case finding in Nepal. We will look at factors such as equity of access, number of cases detected and the costs from both a patient and health system perspective. In Nepal, IMPACT TB is being implemented in four districts with a high burden of undiagnosed TB cases, namely, Dhanusha, Mahottari, Chitwan and Makwanpur. The implementation has been done in coordination and collaboration with the government system including newly elected peripheral health institutions. National Tuberculosis Center (NTC) ensures alignment with the priorities of the National TB strategy. The project procured and installed four GeneXpert machines at new sites in Dhanusha and Chitwan and four Olympus microscopes in Makwanpur and Mahottari to strengthen the TB diagnostic network in collaboration with the NTC.



## CASE STUDY

Asamaul Khatun, 55, lives in Mohattari with 5 members in the family, including a married daughter. The chicken and the buffalo herds are the main source of their income.

Our volunteer met her during tuberculosis screening in the ward. In the meeting, he informed her about our program and with her permission; we collected the sputum sample and tested them in the laboratory. She was diagnosed with TB by the test and immediately enrolled for treatment on October 24, 2017. However, during our monitoring visits, we realised that she had stopped taking medicines after 3 weeks. The team tried a series of counselling visits with her. However, she refused to acknowledge that she had TB and migrated to another town without informing anybody. Later, while monitoring in Bharatpur health post, we found her. She had started medication for a more severe form of TB from December 27, 2017. There, she narrated what had happened. She recalls, "I did not believe I had TB from the first examination. So, I went to a hospital in Sarlahi with my relative for the re-test and got the report positive. I told the doctor about the earlier test and realized I needed to take medicine of higher dose now. I deeply regret not listening to you. Due to this I had to take injections for two months and also lost time and money. I feel better now. Thanks to you and your organization for supporting me. I promise that I will not stop using the drug until I am cured. And, I will definitely recommend my neighbours and family members to contact you if I find a TB symptomatic case in future."

Now, on her recommendation and involvement, her nephew, Amanul Nadaf was diagnosed with TB. He is undergoing TB treatment.

## View from TB Expert



**Dr Maxine Caws**  
Principal Investigator, IMPACT TB

It has been a pleasure and a privilege to work with BNMT over the last 18 months and to have an opportunity to partner with such an extraordinary team of professionals dedicated to improving health and livelihoods. Nepal is truly an exceptionally friendly and endlessly delightful and inspiring country in which to live and work.

It has been a year of development for Nepal and also for BNMT. Over the past year we have initiated a broad programme of TB based research to complement and inform our essential activities delivering TB services, in partnership with the National TB Centre and other stakeholders. Our research activities will contribute to both the local and global evidence base on TB control strategies. This will help to ensure we continue to innovate in the implementation of patient-centric TB services for the people of Nepal. As we build our research base, we are also developing the capacity of our younger staff to design and conduct research for the future, mentored by a diverse team of leading international scientists. Their spirit, energy, enthusiasm and ideas will be the key to the success of this programme of work and is fortunately a lot more infectious than TB.

As BNMT moves beyond its Golden Jubilee year, it is time to plan ahead for the next 50 years, building on the unique legacy of those who have led before us. The global health community has set ambitious targets within the END-TB strategy to reduce TB globally by 2035 to the level seen in developed countries like the UK today -less than 10 cases per 100,000 people per year. Nepal has adopted the END-TB strategy, but as one of the world's least developed countries (human development index of 0.909; ranked 144/187 countries), Nepal is struggling to find adequate financial and human resources to develop intensified strategies for TB.

TB service strengthening is one of the most effective health investments for every dollar invested in TB case finding and treatment, there is a return of US\$ 30 through direct and indirect benefit to the patient, family and society in general. Between 2000 to 2015, the consequences of TB lost the world economy US\$616 billion. Unless control efforts are stepped up, tuberculosis will kill 28 million more people between 2015 and 2030, and cost the global economy almost US\$1 trillion (Global TB Caucas Report 'the price of a pandemic', KPMG). By ensuring we conduct leading-edge research embedded within our implementation activities, we will close knowledge gaps and fuel innovation and acceleration in TB elimination efforts. Now is the time for concerted, sustained and co-ordinated action on TB, for Nepal and the world.

BNMT hopes to continue to be a key partner of the government of Nepal in finally achieving a TB-free Nepal long before our centenary year, which I sincerely hope to attend!

## A journey with BNMT on strengthening tuberculosis laboratories

**Professor Andy Ramsay, University of St Andrews, Scotland.**

It started with a very kind invitation from BNMT Nepal's director Mr Suman Chandra Gurung, to present the global efforts to control tuberculosis for BNMT's 50th Anniversary celebrations. BNMT Nepal has an enviable reputation as a pioneer in implementing innovative approaches to TB control and I was honoured. I accepted gratefully. During the celebrations in December 2017 I got the opportunity to see how BNMT works and to discuss its projects with staff. I was especially interested in the exciting new project, IMPACT TB.

I worked for many years in WHO's Tropical Disease Research Programme (TDR) where I supported the development and evaluation of new diagnostic technologies and approaches. This work was successful and led to a number of new global policy recommendations on tuberculosis diagnosis particularly relating to sputum smear microscopy and molecular testing methods such as GeneXpert MTB/RIF. However, the real challenges come when trying to implement these new technologies and approaches in a way that will have a beneficial impact on TB case-finding and control at country level. IMPACT TB is a large European Union-funded research project, being conducted in Nepal and Vietnam, assessing the effect of different implementation strategies for scaling-up intensification of TB diagnosis. I heard more about it as I climbed Shivapuri Peak that weekend with Dr Maxine Caws, the Principal Investigator of the project.

To cut a long story short, I was fascinated and within a few months I was working with the IMPACT TB team. In February I joined an international team visiting the IMPACT TB study districts of Chitwan, Dhanusha, Mahottari and Makwanpur. It was recognized then that supporting the NTC in laboratory strengthening would help to enhance case-finding efforts. Between March and June 2018 I visited Nepal twice, each time for around 5-6 weeks, to begin this lab strengthening work with Bhola Rai, the research coordinator, and the four excellent IMPACT TB District Coordinators, Manoj Sah (Mahottari), Ram Narayan Pandit (Dhanusha), Shikha Khatiwada (Makwanpur) and Tara Aryal (Chitwan). One district at a time, and travelling on motorbikes, we visited all the TB diagnostic centres working with the IMPACT team.



*Padampokhari Health post*



*Dr. Ramsay repairing a broken microscope at Palung Primary Health Centre*



*Debriefing with District Public Health Officer, Makwanpur, Mr. Ram Chandra Pathak*

We discussed the laboratory work with the technicians, tried to identify any issues regarding equipment and consumables, advised on techniques and procedures for sputum microscopy and GeneXpert, determined how laboratory waste was being processed and generally offered friendly advice and practical assistance on the improvement of services if required.

We found a network of laboratories that were well-supplied with reagents and consumables with dedicated and hardworking staff. We were able to service and repair microscopes at many sites and in some cases this allowed a non-functional microscopy centre to become functional again. The strong support and collaboration of the District Public Health Officer and the District TB and Leprosy Officer in each district facilitated our work and often the DTLO would accompany us on site visits. By the beginning of June BNMT had developed a systematic picture of what additional laboratory strengthening would be useful to support the NTC to implement the END-TB strategy. Collaborative activities planned include the adoption, in IMPACT TB districts, of the revised Ziehl-Neelsen method recently recommended by WHO and refresher training conducted jointly by BNMT and NTC. I think one of the most valuable outcomes of the district visits, however, was the boost to morale and the opportunity to discuss the issues they face that it gave the laboratory staff. They perform critically-important duties in difficult conditions and frequently their contribution is under-recognized. Without the daily dedication of these front-line staff no TB programme can achieve success. The site visits in Mahottari coincided with World TB Day on 24th March 2018 and I was able to participate in activities to raise community awareness and put the spotlight on TB in Gaushala Municipality. I was impressed by how Manoj Shah, the BNMT district coordinator, Binod Jha, the DTLO, and Mr Shivanath Mahato, the Mayor of the Municipality all worked together with others to make the event a success. The highlight was a procession through the town with marchers holding aloft the messages of Word TB Day. The positive experiences with these practical, hands-on site visits led BNMT to apply the approach outside the IMPACT TB study districts. In May 2018, I was privileged to visit BNMT's Quality Control Centre in Biratnagar. The centre, staffed jointly by BNMT and the Ministry of Health, is responsible for the quality management of sputum smear microscopy centres in the whole of the Eastern Province. This includes the preparation and distribution of stains and reagents, the training of laboratory staff, and the implementation of the smear microscopy quality assessment scheme. During the visit I worked closely with the Lab In-Charge, Mr Laxmi Narayan Yadav and Mr Sanjay to review and discuss the activities, procedures and workload at QCC as well as visiting several smear microscopy and GeneXpert centres in Morang District. BNMT has recently been awarded some funds from the Everest Marathon Fund to renovate the centre in Biratnagar. The visit permitted some discussion also of how these funds could be best invested to improve the service.

In October 2018 I will visit Nepal again to review progress in the IMPACT TB districts and also to conduct site visits in Pyuthan District, a district covered by BNMT's TB REACH Programme.

I have greatly enjoyed working with the BNMT team. A more knowledgeable, committed, and pleasant group of people it would be difficult to imagine. Roll on October!

## Volunteer's Column

I am Mina Khanal, working as a volunteer for active case finding in Bhandara, Chitwan district under IMPACT TB. During the initial days at work, I used to feel awkward and reluctant to collect the sputum samples and transport them to laboratories, as they are unpleasant substance from th human body. I felt so uncomfortable and filthy that I thought of leaving my job. But with the counselling and motivational support by BNMT team and staff of health facilities, I started feeling that I was contributing to society by finding missing TB cases from the community. I gradually started liking my job. Since then, I have been actively involved in case finding activities. I have successfully screened 116 people, and 11 were diagnosed with TB. I was awarded as the best volunteer in Chitwan by BNMT for my work. Now, I feel more committed to work. Today, people in the community see me as a social worker and believe in me. I bought a new bicycle from my first income which is providing great help in my work. I am thankful to BNMT Nepal Chitwan for supporting me.




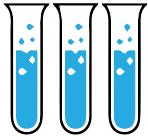







'Scale up of Successful Active Case Finding Model in Nepal' project, funded by TB REACH, adopts the successful active case finding model of BNMT in partnership with the National TB programme in 8 districts of Nepal. The model comprises comprehensive TB detection and treatment support by engaging female community health volunteers to reach underserved populations in Nepal. The project is being implemented in eight districts, namely: Pyuthan, Argakhachi, Bardiya, Salyan, Kapilvastu, Gulmi, Achham and Doti. The project installed new GeneXpert machines in Nick Simons Institute supported government hospitals in four districts (Pyuthan, Kapilvastu, Bardiya and Gulmi) for early and more accurate detection of tuberculosis.

Through the installation of these machines for rapid and accurate detection of TB and drug resistant TB, the project has been able to considerably strengthen identification of TB in patients presenting to the district hospitals. Early detection and appropriate treatment of TB stops further transmission to household members and the community. Working with the district public health officer, the district TB and Leprosy officer and other community stakeholders, BNMT has been raising awareness of this new molecular diagnostic test for TB and increasing its appropriate utilization by healthcare workers. We are working with communities to develop strategies to achieve a TB-Free Nepal for the future.

## What is GeneXpert?

The GeneXpert test is a cartridge-based automated molecular test for tuberculosis, recommended by WHO. It detects the DNA of TB bacteria in patient samples, such as sputum. The GeneXpert test result reports two things. Firstly, whether a person has TB disease, and second – if the bacteria are resistant to the most important TB drug- rifampicin. This test is fast (2 hours), simple to operate, and more accurate than microscopy for the detection of tuberculosis. Therefore GeneXpert can diagnose cases missed by traditional tests and also rapidly identify drug-resistant cases to ensure correct treatment and stop transmission. There are now over 40 GeneXpert machines in Nepal, helping Nepal accelerate towards the END-TB targets.

	 Numbers Screened	 Numbers Tested	 Numbers Confirmed	 Numbers Enrolled
 Contract Tracing	13645	9551	235	235
 Microscopy Camps	25463	5197	64	64
 Gene Xpert Testing	2382	2300	359	356

A total of **658** new TB cases have been found from this project so far

## The View from Pyuthan



### Bishal Subedi

*Chief, District Public Health Office, Pyuthan*

National Tuberculosis Programme is one of the priority programs of the government. In Pyuthan district, it is being implemented through the district hospital, 2 Primary Health Care Centers, 46 Health Posts, 5 Community Health Units, 3 Urban Health Centers and at the community level through female community health volunteers (FCHV).

Nepal has pledged commitment to the END TB STRATEGY (2016-2050) and Pyuthan is striving to reach the goals. As a result, the district has witnessed rapid increment in TB case notification rate, sputum conversion rate and treatment success rate. One of the sheer credits goes to Active Case Finding model adopted by BNMT Nepal (TB REACH Wave-5) in the district for the last year. The number of all forms of TB cases diagnosed in Pyuthan has increased from 275 (FY 2072/73) to 285 (FY 2073/74) and now to 387 (FY 2074/75). This is a remarkable achievement amidst the difficult topography, limited microscopic centres and human resources for health in the district. BNMT active case finding activities like the mobilization of community volunteers for contact tracing and transportation of sputum to nearby microscopic centres; conduct of TB microscopy camps in high risk and hard-to-reach areas; and the installation of a GeneXpert machine in the district hospital to diagnose cases at high risk for TB referred from Out-patient department has been exemplary in ensuring that cases of TB have been diagnosed early in Pyuthan, which helps stop onward spread of the disease in the community.

Tuberculosis awareness has taken a leap in Pyuthan compared to the past and case finding has been in much better pace. However, case holding and post-treatment status of the TB patients are some of the least discussed topics in tuberculosis programs which also need equal attention. Nutritional, physical and financial rehabilitation of cured patients, advocacy to newly formed local bodies about the essence of the program and strengthening of peripheral laboratory services for TB could be supportive steps for ramping up our national tuberculosis programs in the future.



## CASE STUDY

Shamsher Thapa (name changed), 45, resident of Pyuthan, was diagnosed with tuberculosis on February 7, 2018 through GeneXpert. Narayani KC, FCHV and one of the volunteers of TB REACH, thought Thapa might be suffering from tuberculosis during her contact tracing process. Mr Thapa and his wife were diagnosed with HIV three years ago and both are receiving anti-retroviral therapy in district hospital of Pyuthan.

Mr Thapa was working as a laborer in India for fifteen years when he was diagnosed with HIV and sent back to Nepal. Months later, his wife was also confirmed as HIV positive. Seeing the family's poor economic background and lack of income source, Mr Thapa's wife was offered a job at a local NGO working for People Living with HIV. Having HIV infection increases the risk of tuberculosis and so both Mr Thapa and his wife were previously tested for TB many times through smear microscopy but the results were negative every time. Mr Thapa had been coughing continuously for three weeks before our volunteer visited his house. Narayani collected early morning sputum samples of Mr Thapa, his wife and his son to be directly tested with GeneXpert this time. Due to negative results in the past, Mr Thapa was unwilling to re-test for TB. However, our team convinced the family to test their sputum samples with the new GeneXpert machine, newly installed in the district. His sample result was positive this time; however, his wife and son tested negative. Mr Thapa was immediately enrolled in DOTS and his two-month follow-up result is negative. He is recovering his health.







National Tuberculosis Program is a nationwide tuberculosis project funded by Global fund via Principal recipient Save the Children that has the goal to reduce TB incidence by 20% and increase case notifications by a cumulative total of 20,000 by 2021. BNMT worked in partnership with Save the Children, NTC and the government health system as a sub-recipient from January 2017 to March 2018 to deliver services in 20 districts of the Eastern Region, Mid-Western Region and Far- Western Region of Nepal. From spring 2018, BNMT Nepal is implementing the 'National Tuberculosis Program (NTP)' services in five districts of Province 1 to contribute and support the National Strategic Plan 2016-2021.



**5859**

Presumptive TB Cases Screened



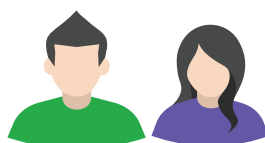
**328**

Diagnosed with TB



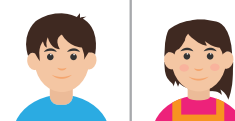
**35393**

Malnourished Screened in  
Outreach Clinics/Health  
Facility/Major Hospitals



**1398**

Presumptive Child TB Cases  
Referred fSSor X-ray/genexpert



**61**

Child TB Cases Clinically  
Diagnosed



**217**

Children under Isoniazid  
Preventive Therapy

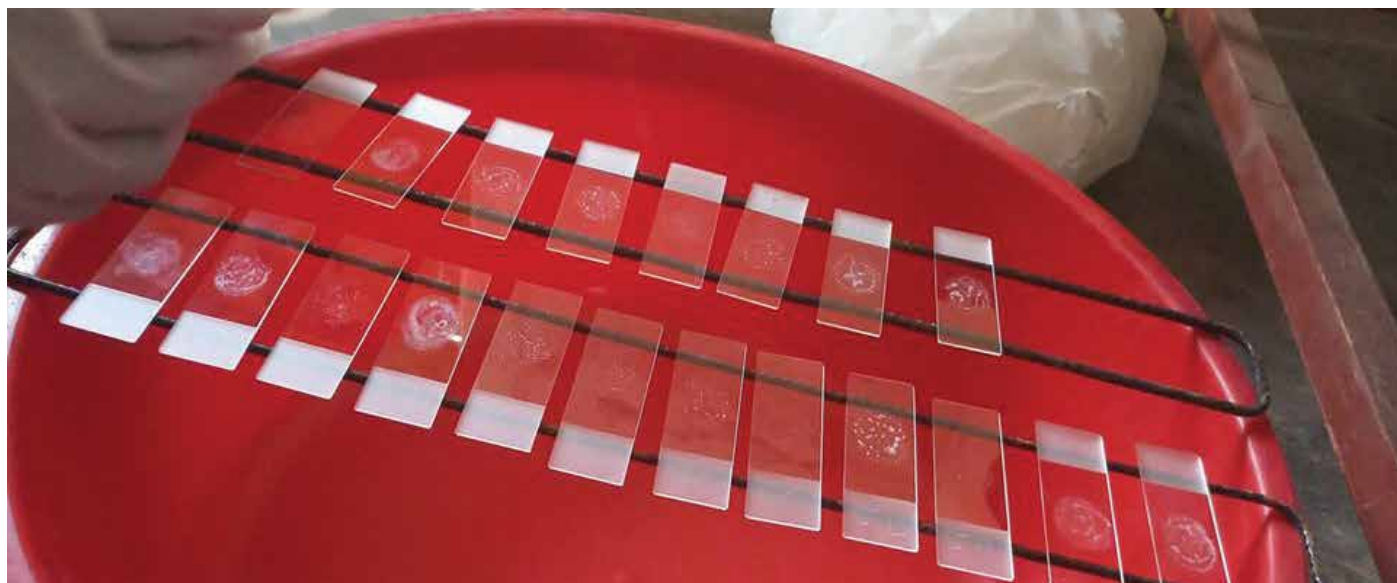
## CASE STUDY

Chaurpati rural municipality ward number-4 is a remote village of Achham, Far-Western Region of Nepal. Mr Jiwan Damai (name changed), 76, resided in that community with miserable life. He had been feeling ill since April 2017 with loss of appetite and continuous coughing. Sometimes he was unable to walk or even amble around his home. His health had deteriorated gradually. Sometimes he would get fever at night and slept even without taking any food. Despite his illness he never thought that it might be tuberculosis, as he was not aware of the disease.

One day a student visited his house and said that somebody having signs and symptoms of continuous coughing, loss of appetite, fever with night sweating and gradual loss of weight might be suffering from Tuberculosis. This piece of information struck Jiwan and he became curious know more. He asked the student what to do next. The student provided a referral slip with pictorial sign and symptoms of tuberculosis and asked him to check his sputum in the nearby health post. The next day, the gentleman visited the health post and provided his sputum sample. He was advised to also bring another sputum sample taken during the early morning in a pot provided by the health worker. Both of the sputum samples were checked under the microscope and bacteria of tuberculosis were seen. His diagnosis of tuberculosis was confirmed by the health worker and he started the TB treatment. Now, he has already completed his treatment.

The above case was identified as a result of the School Health intervention conducted in Achham district for the school students of grade 8, 9 and 10 of the Government schools to find the missing TB cases in communities.

## Eastern Region Quality Control



BNMT Nepal manages the Eastern Region Tuberculosis Quality Control Centre (ERTQCC) in 16 districts of the eastern region. 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 the Quality Assurance of TB Microscopy for the Eastern Region. Quality control of laboratory services is a vital component of an effective TB control programme.

The Everest Marathon Fund has recently provided some funding to support upgrading of the laboratory premises that will help to improve our provision of this crucial service. Quality control can help to strengthen case detection and also ensures that people are not wrongly diagnosed with TB, which would cause them to take six months of unnecessary drugs. BNMT works with the NTC to seek more effective ways to provide laboratory strengthening and quality assurance to the TB laboratory network.

## HEALTH FACILITIES RECONSTRUCTION AND HEALTH SERVICES STRENGTHENING IN MAKWANPUR



BNMT Nepal, with funding support from AmeriCares Foundation, implemented 'Health Facilities Reconstruction and Health Services Strengthening in Makwanpur district, Nepal' project from January 2016 to April 2018. The project aimed to strengthen health service delivery by reconstructing health facilities damaged by the earthquake and promoting Mental Health and Psychosocial Support Services (MHPSS), Water Sanitation and Hygiene (WASH) & Disaster Risk Reduction (DRR) interventions in seven Village Development Committees (VDCs) of Makwanpur District. During the project, BNMT Nepal successfully reconstructed seven health facilities damaged by earthquake in Tistung, Nibuwatar, Makwanpurgadhi, Phakhel, Basamadi, Khairang and Dhiyal VDCs and handed them to the Government of Nepal, Ministry of Health and Population in coordination with local communities, Regional Health Directorate Health Facilities Operation and Management Committee and District Public Health Office.

**Disaster Risk Reduction (DRR)** One of the important achievements of the project was DRR intervention targeted to health workers and HFOMC members including the newly elected government leaders of the VDCs. Makwanpur is one of the disaster prone districts of Nepal. However, the knowledge and skill based DRR training BNMT delivered to health workers and HFOMC was the first of its kind in Makwanpur. The DRR intervention focused on orientations on Disaster Risk Management, Mass Casualty Management (MCM) and disease outbreak and health response plan. The health workers and HFOMC obtained first aid skills through practice exercises. The orientation on MCM helped the participants to contextualize MCM principles



and procedures to encourage development of specific emergency procedures. The orientation on disease outbreak and health response plan enabled the health workers to improve their understanding on disease outbreak, epidemic and emergency management, basic concepts of Health Response Plan and Vulnerability Assessment (VA) and group work of the response plans.

The project interventions were greatly beneficial to the communities and welcomed by the community members including students and leaders. The public health interventions conducted by mobilizing local communities have increased awareness regarding health seeking behaviours/practices as well as empowering them to sustain the knowledge. The psychosocial support services for the earthquake affected communities and school students helped communities to better understand mental and psychosocial wellbeing and stress management; boost their self-esteem and focus on goal setting. The WASH programs have empowered communities to practice better hygiene behavior by making them aware of the proper use of toilets, drinking safe water, proper hand washing and menstrual hygiene management. The health workers trained on MHPSS, WASH and DRR are the resource persons for transferring the knowledge and skills to community people. Workers allied to health such as Health Facilities Operation and Management Committees (HFOMC), FCHVs, social/local leaders have become capable of bridging the health care information gap as well as stimulating the behaviour change in the communities.



**102**

Health Workers provided  
Capacity Enhancement Trainings



**427**

Non-Health Workers Oriented



**07**

Health Facilities  
Reconstructed



**26**

New Psychosocial  
Cases Identified, Referred to  
Health Facilities and Supported



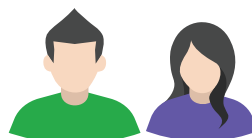
**05**

Community  
Toilets Constructed



**710**

Community People Sensitized  
on MHPSS and WASH



**1372**

Students Reached for  
Psychosocial Support Services,  
Menstrual Hygiene Management  
and WASH Awareness

## CASE STUDY

Mr Kanchha Syantang, is a 60 year old farmer who lives in Tistung VDC with a family of ten members. Unknown that he was living with mental illness fourteen years ago, he used to run away from home to return only at nights. When asked why, he used to always say, "The police are chasing me." In 2015, his home was fully destroyed by the earthquake. Due to this, he was even more desperate than before. He had difficulty in sleeping, fear of crowd and restlessness. He used to say "Aayo Aayo" most of the time without any reason. A year ago, he ran away from home for three days. Fortunately, he was found near the river, but in critical condition. He had blood spots all over his body and his index-, middle- and ring-finger of the right hand were found to be chopped; and scattered around a stone.



*Photo consent taken from the patient*

His family members took him to the health post for the treatment of his finger. When asked about that accident he was disoriented about his condition. There, the Community Health Supervisor (BNMT Nepal's local staff) and Health Assistant, trained in psychosocial work, counselled him and referred the case to Patan Hospital. With the financial support of BNMT in treatment, he underwent medication in Patan Hospital for two months. Along with the medication, he was regularly counselled by BNMT Nepal's District Coordinator (as well as trained counsellor). As a result, his mental and behavioural condition has improved. He has started regular work of grazing his domestic animals and farming. The counsellor has been following up with him on a regular basis and advising him regarding medication. The family feels positive nowadays, they are delighted to see him normal and happy. They say, "We are and will always be grateful to BNMT Nepal and Americares Foundation for helping us".



‘Enhancing Community Health in Nepal’ project, funded by Big lottery Fund (BLF) was implemented in 5 earthquake-affected districts (Kathmandu, Bhaktapur, Sindhupalchowk, Nuwakot and Makwanpur). BNMT Nepal, in consultation with District Public Health Offices, identified fifteen highly affected Village Development committees (VDCs) and developed a pragmatic district level integrated MHPSS, WASH and Health camps package to fill the existing lacunas and bridge the gap between the services offered by the Government of Nepal and other humanitarian organizations.

The project was successful in strengthening the health workers, Health Facilities Operation and Management Committees, school teachers, FCHVs who served as change agents to offer services to hundreds of earthquake affected and enhance overall health of the communities. The help desks established in the health posts on mental health and psychosocial support services provide counselling, referral services and support in recording and reporting of the cases in the health posts. The psychosocial support services (PSS) for earthquake affected broadened communities’ understanding on identification of mental and psychosocial problems from the communities, helped them express their emotions, relieving and coping stress, boost self-esteem to enhance their mental and psychosocial wellbeing. WASH programmes for communities and schools sensitized them on the importance of toilets and proper hand washing, hygiene and sanitation, menstrual hygiene management, environment conservation and protection. The newly constructed gender friendly community toilets are now utilized by the government institutions, schools and communities.



“BNMT Nepal has done an appreciative work in Sundarijal. We lacked WASH and MHPSS related awareness here. We do have human resources, however due to lack of system and understanding regarding what to do and what not to do, we had difficulty in working for the development of the VDC. Thanks to BNMT Nepal, the initiative it took in Sundarijal really motivated and awakened us. The program reached out to marginalized, women, children and elderly people and has indeed empowered us. Also, the flexibility they demonstrated during the construction of community toilets as per the community need was admirable. They ensured we had our needs addressed as a central point in all the programmatic activities. We expect more involvement of BNMT in developing our VDC in the future as well.”

**Shri Krishna Tamang, WASH Committee, Sundarijal, Kathmandu**



**93** Health Workers trained on MHPSS



**384** non Health Workers trained on MHPSS



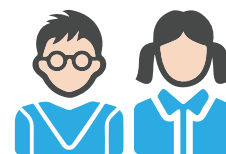
**1205** Women, Elderly and marginalized reached through PSS



**1429** Community People Sensitized on MHPSS through Advocacy



**70** Cases Individually Counsellor



**493** School Students Provided PSS



**17** Gender Friendly Toilets Constructed



**2620** Community People including FCHVs given Awareness on WASH



**1367** School Students Oriented on Menstrual Hygiene Management

## — NEW PROJECTS —

### Social support to mitigate TB consequences

'Developing a locally-appropriate socioeconomic support package for TB-affected households in Nepal' project is a seed award funded by Wellcome Trust UK to conduct research within the infrastructure of IMPACT-TB. This project has begun from April 2018 to June 2019 and is divided into two projects: Project 1 will evaluate the socio-economic impact on TB-affected households of a household member being ill with TB disease and accessing TB care; and project 2 will create a shortlist of feasible and locally-appropriate interventions to mitigate this impact. In the project, interviews with TB affected households have already been started.

### DrOTS Project

The Nepal Drone Observed Therapy System (DrOTS) project aims to improve TB case detection through active case finding (ACF) of tuberculosis (TB), drone transport of specimens and supplies, and rapid molecular diagnostics, and improve treatment completion through electronic reminders and video curriculums. The project is funded by Stony Brook University and will work in Pyuthan district in partnership with the National Tuberculosis Center (NTC), the Birat Nepal Medical Trust (BNMT) will implement all the interventions. The partners are the Nick Simons Institute (NSI) and Nepal Flying Labs (NFL).

### TB-MAC Project

In partnership with Liverpool School of Tropical Medicine and Johns Hopkins University, this project will develop mathematical models that help us determine the optimal approach to active case finding for TB in Nepal. By using mathematical models we can find the optimal number of testing centres for TB and where to place them in each district, so that we can ensure everyone in the community has access to TB diagnosis without wasting money on too many centres. This project is embedded within IMPACT TB.

### Amplify Change

'Advancing SRHR of Adolescent of earthquake affected villages of Sindhupalchowk, Nepal: a pilot project' aims to improve access to ASRH information and services among school children of Sindhupalchowk District through strengthening and mobilization of Civil Society Organizations (CSOs) and concerned stakeholders. The project will work collectively with the students, teachers, parents and local stakeholders to strengthen their understanding on SRHR in relation to mental health and advocate for breaking the silence in SRHR.

## ■ WORLD TB DAY 2018

BNMT Nepal marked **World TB Day 2018** on March 24 by conducting various activities at the central and district level in coordination with the government. For promoting TB awareness BNMT distributed T-shirts having the slogan, “Wanted: Leaders for a TB-free world”. At the central level, BNMT supported a press conference organized by the National Tuberculosis Center (NTC) and operated a stall on the NTC premises. The stall had a display of various work performed by BNMT in tuberculosis control to introduce our activities to the invitees visiting the stalls. A team from BNMT Nepal also expressed their views about tuberculosis in a programme that was broadcast on national television. In the IMPACT TB project districts, BNMT supported and participated in different events organized by the government such as rallies, press conference and media interactions and presentations.



## ■ ANNUAL PLANNING AND REVIEW WORKSHOP

The annual Planning and Review Workshop was held in December 2018 with the active participation of all the BNMT staff. The two day workshop was organized with the objectives to review progress and achievements of BNMT projects, prepare plans and share the activities for the year 2018 and discuss the organizational future priorities and sustainability.

## ■ COMMUNICATION AND LEADERSHIP TRAINING



BNMT Nepal organized a Communication and leadership Workshop on 21st May 2018 for the central team. The workshop was facilitated by Executive Performance Coach Mr. Rob Hale. The workshop focused on effective communication, effective leadership and provided insights to the participants on self-motivation, self-empowerment, self-awareness and self-belief for creating positive change in the workplace.

## ■ BNMT FOUNDERS VISIT TO NEPAL



BNMT Nepal was honored to welcome three founders of The Britain Nepal Medical Trust on 9th March, 2018. They are among the eleven team members who had volunteered themselves in the rural part of eastern Nepal in February 1967 to provide desperately needed services in the community. After fifty years, Ms. Gillian Kellie Stewart, Mr. Peter Hawksworth, Ms. Rosemary Boere along with her husband, Mr. Wim Boere, revisited Nepal. The main objective of their visit was to be updated on BNMT's current work and future plans, but above all they

wanted to visit Biratnagar, Dharan, Dhankuta and Hile where they had worked and established clinics, the hill drug schemes and Tuberculosis programmes fifty years ago and reminisce. They visited Koshi Zonal Hospital and BNMT quality control Laboratory.

We were delighted to welcome another founder member, Dr. Barney Rosedale along with his wife, Rachel, on 27th April, 2018.

## ■ FROM THE BRITAIN NEPAL MEDICAL TRUST EXPEDITION TO BIRAT NEPAL MEDICAL TRUST

### Introduction

In March 2018, my friends Rosemary, Peter and I decided to return to Nepal, a country where we had lived, cried and almost died 50 years ago. We were 3 of the original team of eleven calling ourselves the Britain Nepal Medical Expedition with a goal to establish a hospital in Western Nepal. In 1967 we became a charitable trust and when we reached Kathmandu it was decided we should go east to the Terai town of Biratnagar. That decision was inspired.

Instead of operating alone, we worked closely with the staff of the Koshi Zonal Hospital, helping them to grow, initiating new programmes, providing much needed money and equipment and generally establishing a bond that provided a basis for respect and trust. That respect was demonstrated when I re-visited Biratnagar in 2018. I was asked by a total stranger why I was there. I explained and he said "The



*Rising Nepal July 2 1968*

BNMT is famous in Nepal”.

When asked to write an article for the Birat Nepal Annual Report, my brief was to compare then and now. There is no comparison. The BNMT now is the result of the hard work and dedication of so many people each with their own stories to tell. The end result in March 2018 was awesome and impressive. We were overwhelmed by our reception and so impressed by the staff in Kathmandu and Biratnagar. Having listened, read and seen what has been achieved and what is still to come, I am humbled and have decided to give you an insight into the early years with extracts from the diaries I kept from 1968-1970.

**Thursday 26th November 1968 “Have just begun to feel civilized after a rugged time in Rangeli” This was the beginning of BNMT’s involvement in the Terai BCG Programme.**

There was a BCG Project already in place run by the Hospital but it was very limited due to lack of funds and staff. The Rangeli Field Trip, authorised by the Medical Superintendent, Dr Baidya, was to be headed by the Matron, Mrs Gurung. Her aim was to give support to Rangeli Hospital, training to her nurses and give BCG vaccinations. I had accompanied Mrs Gurung on other BCG trips but on this occasion I was to travel separately with Dr Barney Rosedale. Our journey was dusty, very bumpy and involved 3 river crossings. On the second we had to winch out a stuck taxi before we could cross weaving our way past bogged bullock carts. We spent 2 days in the District and apart from our medical duties, were taken to visit the Rice and Oil Mills and the Jail! At 6pm we were asked to go on a mercy mission to check on a Peace Corps worker who was very ill.

***“We were supplied with glucose and oranges, tea and sugar for the patient, and set off for a half hour journey. It took 3 hours! We lost our way, got stuck twice in thick oozing mud and broke 2 headlights. We eventually arrived in the village at 9.30pm, brakes pretty poor, language pretty bad and my arms numb from having lit the last few miles with a flashlight held out of the window. The school master met us and said our patient had left by jeep that afternoon!”***

The journey wasn’t wasted as having met the Zamindaar of Keraun Village, we were royally entertained, held an impromptu clinic from the back of the L/R and I was invited to return to teach the school master English and be the Zamindaar’s 6th wife! (Rosemary and I did return to Keraun and spent a very enjoyable week experiencing hunting Nepali style but that’s another story.) The next day our adventures continued. Having met up with Mrs Gurung we drove in convey back to Biratnagar. When we reached the tricky river crossing, it was again congested with buffalo carts but a bridge had been constructed using 6 planks.

***“Barney organised additional ballast with odd bits of wood, chained them all together and drove over. The Hospital car was encouraged to follow and on reaching the other side there was a loud cheer from the nurses and Barney was presented with an orange.”***

My diary records vaccination figures were poor due to lack of publicity prior to our arrival and the suspicion of the villagers.

A key figure in the early days was the Hospital Health Educator, Bade Shrestha. He established a routine whereby he would go to a village with 3 nurses to give general talks about health and promote a BCG vaccination visit. Two days later, the Vaccination Team consisting of BNMT and Nepali nurses would arrive. If Bade could announce that a doctor would be coming, then the numbers swelled considerably. In December 1968, we learnt that the petrol budget was running low and that the Hospital could only do 3 more trips. By using our vehicles, including 2 small motor bikes and a pony, the programme continued. The following year we learnt that Oxfam would fund the BCG programme and its future was secure.

**“There are more doctors in Nepal than nurses”** The gulf between the doctors and locally trained nurses was immense. At that time there were only 220 doctors in Nepal who had trained in India or overseas. The Nursing Service was barely 12 years old. With the help of the World Health Organisation, a training school for staff nurses



BCG Keraun and Rangeli

was established at the Bir Hospital in Kathmandu and training schools for Assistant Nurse Midwives (ANMs) were set up in Biratnagar and Birgunj. On August 26th 1968, I wrote that we had been invited to the Nursing School to attend their first cap-giving ceremony.

***"When the caps were given by the Sister Tutor each nurse was given a candle. There were lots of speeches followed by singing, dancing and a delicious tea."***



ANM Refresher course



Childrens Ward, Koshi Anchal Hospital

In November of that year, Rosemary and I were asked if we would assist with a Refresher Course for ANMs. This involved a lot of work but brought us into contact with other aid organisations and helped to strengthen our relationship with the Nepalese nurses. By working alongside our Nepalese counterparts we were able to introduce them to new equipment, skills and techniques, help narrow the gap and enable doctors to do the role they had been trained for. Our efforts were rewarded. On Wednesday 11th March 1970,

I wrote

***"Great things have happened in the last week. On Wednesday Dr Baidya returned from Kathmandu; Thursday was BCG day and we did 1,435 vaccinations; Friday Mrs Gurung came to my office and said Dr Baidya wanted a Trust Nurse to be her counterpart as Matron of the Hospital."***



*Operation theatre now and then*

When we visited the Koshi Anchal Hospital in March 2018, it was unrecognisable. The old compound was packed with buildings containing all the departments of a teaching hospital. The Medical Superintendent, Dr Roshan Pokharel told us there were 344 beds including a 100 bed Maternity Wing and a 21-45 bedded Children's Ward. Three theatres with purpose built scrub and sterilization rooms had replaced the one small theatre where I worked.



*Koshi Anchal Hospital then and now*

In contrast the Nursing School was unchanged from the outside. It now provides a three year degree course in conjunction with the University.

## Summary

My diaries reveal the hardship of the early years, loneliness, illness and two near death accidents. Similar hardships were faced by all who succeeded us. Today, despite the obvious success of the BNMT there are still uncertainties. Where will new projects come from? There is never enough money to do all that we would like and finding new sources of funding to sustain our services to the people of Nepal is a continuous task. BNMT now supports over 90 staff who need to be nurtured, encouraged and cared for. That is what makes the BNMT unique as an organisation. In the words of Dr Maxine Caws, "Working with BNMT is like being with one big family".

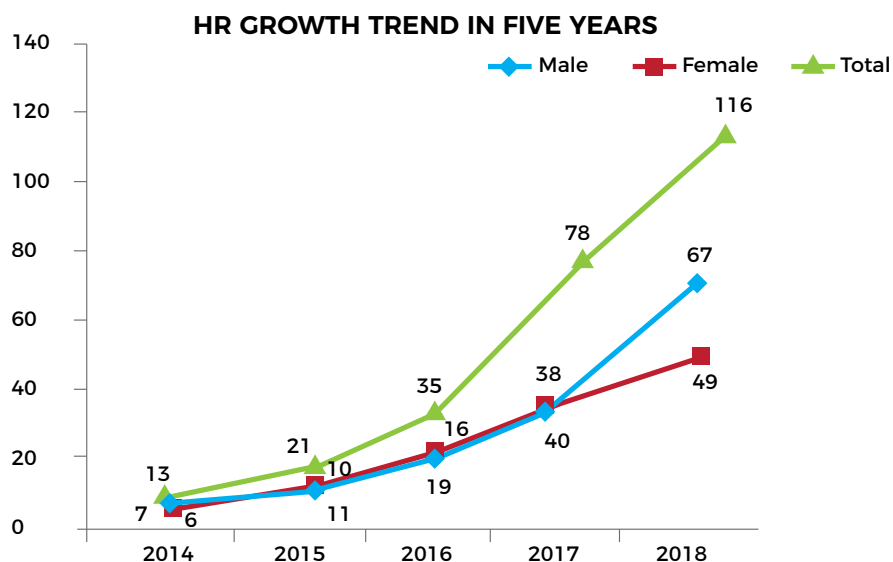
We are proud to be part of the family of the Birat Nepal Medical Trust and shall continue to support you in whatever way we can.

**Gillian Kellie Stewart**

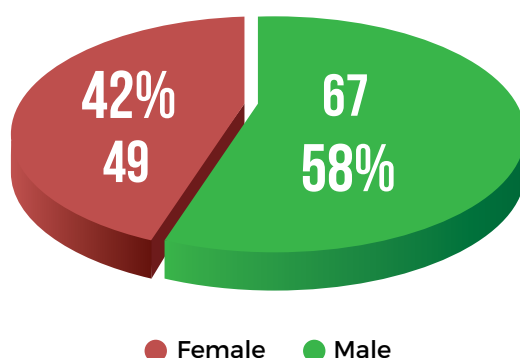


## Human Resource distribution by gender, social inclusion and growth trend

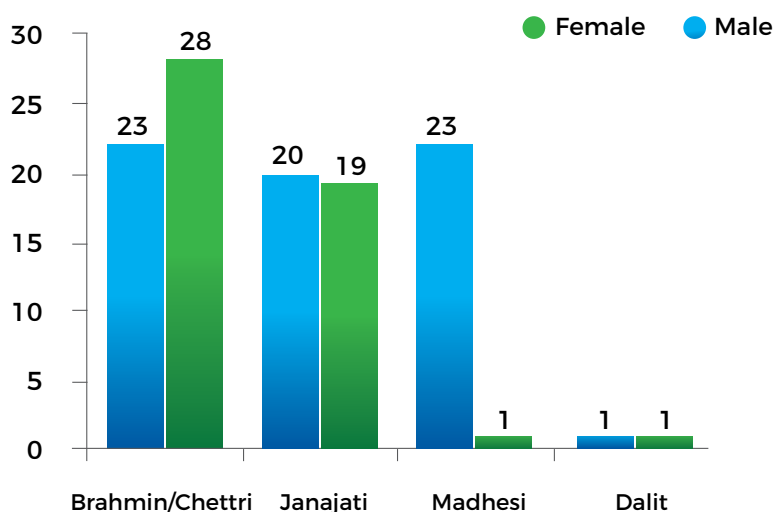
BNMT Nepal has diversity in human resources in terms of gender and ethnicity. 42% of our workforce is female and almost half of the BNMT team are from marginalized groups. The growth in the last five years has been remarkable. Our team is our most precious asset.



### GENDER WISE DISTRIBUTION



### INCLUSIVE HR

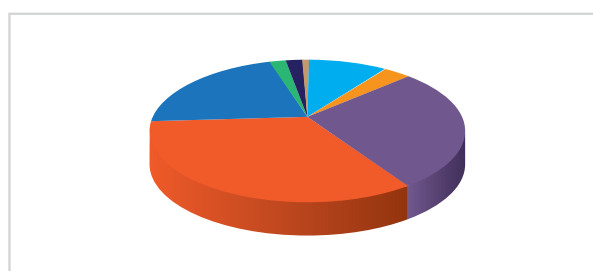


# — FINANCIAL OVERVIEW —

## BIRAT NEPAL MEDICAL TRUST BALANCE SHEET AS AT 3/32/2075 (JULY 16,2018)

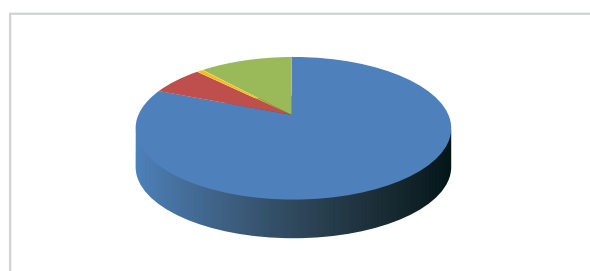
Details	2074/75		2073/74	
	Amount (NRS)	Amount (NRS)	Amount (NRS)	Amount (NRS)
<b>Fixed Assets:</b>				
Tangible Assets		5,776,426		858,802
<b>Current Assets:</b>				
Debtors	8,165,411		6,662,223	
Investments	-		-	
Cash in Hand	40,000		40,000	
Cash at Bank	67,461,301		70,139,311	
	<b>75,666,712</b>		<b>76,841,534</b>	
<b>Liabilities and Payables:</b>	(3,439,449)		(8,080,194)	
<b>Net Current Assets</b>		<b>72,227,263</b>		<b>68,761,340</b>
<b>Total Assets less Liabilities</b>		<b>78,003,689</b>		<b>69,620,142</b>
<b>Charity Funds</b>				
Restricted Fund		77,770,301		66,341,940
Unrestricted Fund		233,388		3,278,202
		<b>78,003,689</b>		<b>69,620,142</b>

**Total Income: NRs 161,333,532**



- AmeriCares
- BLF
- GF/SCI
- EU-IMPACT TB
- Stop TB/UNOPS
- BNMT UK

**Expenditure: NRs 155,286,656**



- Programme Cost
- Administrative Cost
- OD & ST
- HR Cost

# **DONORS AND PARTNERS**

## **ORGANIZATIONAL DONORS**

1. The Britain Nepal Medical Trust, UK
2. European Union
3. Wellcome Trust
4. Stop TB Partnership Canada
5. Americares Foundation
6. Big Lottery Fund, UK
7. Global Fund/Save the Children International
8. Stony Brook University, USA
9. Everest Marathon Fund
10. Amplify Change
11. TB Modeling Analysis Consortium

## **INTERNATIONAL PARTNERS**

1. Liverpool School of Tropical Medicine, UK
2. Karolinska Institutet, Sweden
3. KNCV Tuberculosis Foundation, The Netherlands
4. Friends for International Tuberculosis Relief, Vietnam
5. Nick Simons Institute
6. John Hopkins University, USA
7. Stony Brook University, USA

## **MAJOR NATIONAL PARTNERS**

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

## **REMARKS FROM JOINT CO-CHAIRS OF THE BNMT UK DR GILLIAN HOLDSWORTH AND PROF. SURYA P. SUBEDI, OBE, QC**

Over the last year the Britain Nepal Medical Trust celebrated 50 years – a significant milestone for any organisation. It provided us with an opportunity to celebrate the legacy of that small team of doctors and nurses who set out for Nepal with the ambition of ‘doing something of value in a part of the world where their medical skills were more urgently required than UK’. Some of the original team have visited Nepal over the last 12 months and spent time with BNMT Nepal to see how the small seed which they planted all those years ago has grown

into something very special. This legacy included the establishment of BNMT Nepal in 2012 with its own governance structure, working in partnership with BNMT UK and we are really proud to see how BNMT Nepal has grown over the years – and is now a major participant in the TB landscape of Nepal – working with the National Tuberculosis Programme both in service delivery, active case finding (TB REACH) and important research with IMPACT TB work. Their continued delivery of post-earthquake health infrastructure redevelopment in collaboration with Americares and Big Lottery Fund endorses the need and an important role for BNMT Nepal in the years to come!



# ANNUAL PLANNING AND REVIEW WORKSHOP



# — PHOTO GALLERY —



*BNMT founders with the BNMt Nepal Board*



*Seed Award Training in Hetauda*



*Vice-chair Dr Vijaya Shrestha (right) with Treasurer Dr Tirtha Rana in Annual Review Workshop*



*Board members during Annual General Meeting*



*Dr. Andrew Ramsay during field visit in Makwanpur*



*GeneXpert training to health worker provided by Research Associate, Mr. Bhola Rai*



*Refreshment during field visit*



*TB IEC in the form of Mithila Art, displayed in a health facility in Dhanusha*

# — PHOTO GALLERY —



Project dissemination Workshop with government, donor and local stakeholders in Makwanpur



Audio/Visual display of MHM promotional video at Rukmani School, Nuwakot



Patient cost survey training, Makwanpur



Psychosocial support to school students in Kavresthali



Street drama on Mental Health awareness in Makwanpur



Supervision and Monitoring visit with DHO, Bardiya



Dr Maxine Caws, IMPACT TB PI handing over the Microscope in Mahottari DPHO



Sputum samples collection during a microscopic camp in Pyuthan



### HEAD OFFICE

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

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**Email :** [bnmtnepal@bnmt.org.np](mailto:bnmtnepal@bnmt.org.np) | **Website :** <http://www.bnmtnepal.org.np>

### REGIONAL OFFICE

#### **BNMT Nepal**

Nepalgunj Sub-Metropolitan City-10  
Bhrikutinagar, Nepalgunj  
Tel. 081 525757

#### **BNMT Nepal**

Hetauda Sub-Metropolitan City - 5  
Latinath Marg, Hetauda  
Tel: 057 521023

#### **BNMT Nepal**

Biratnagar Metropolitan City-11  
Janapath Tol, Biratnagar  
P.O. Box - 9  
Tel. 021 470608

## 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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