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## **Enthält**

offizieller Schriftwechsel zwischen Gossner Mission u. verschiedenen Abteilungen der UMN; Health Service, Education, Economic Development, Rural Development, Communication and Information (Gesundheitdienste, Bildung, wirtschaftliche und landwirtschaftlic

UMN,

andere Abteilungen.

(31)

31) Korrespondenz mit der UMN, andere Abteilungen:

1. Health Service
2. Education
3. Economic Development
4. Rural Development
5. Communication and Information
- 6.
- 7.

# Health Service

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UMN HSB

PARTICIPATION IN  
HEALTH CARE

LONG TERM PLAN

March 1982

United Mission to Nepal

LONG TERM PLAN FOR PARTICIPATION IN HEALTH CARE

1982

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Lalitpur Community Development Assistance Project

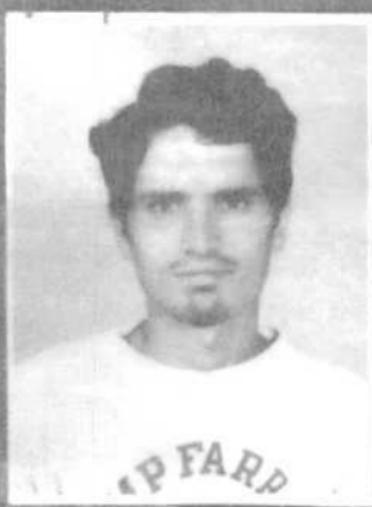
Shanta Bhawan Hospital Nurse Campus

Health Projects Support Office

Blindness Prevention and Control Programme, Lalitpur

UMN Dental Health Programme

Nutrition Adviser to Health Services Board



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## Introduction to the planning process

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This planning document is a process document. Rather than stating commitments and targets for accomplishment, it seeks to indicate direction and set priorities.

The need for flexibility in planning and ongoing adjustments in programme activities to reflect actual needs and new insights has become more and more evident as we seek closer involvement with community, and more meaningful integration with other ongoing health and development efforts.

The planning document itself will be in a constant process of reassessment and adjustment in light of the ongoing evaluation and reporting from each project and programme every year.

There is nothing sacred about the plans. They reflect present direction in light of the understanding we have gained so far of the context in which we work and the available resources. At the same time we are continuously seeking further insight.

Plans should not limit our creativity and search for new solutions, but rather provide a stimulus for further thinking and point out a direction for the search. This is what we hope that this planning process is helping us to do.

The Aim Statement seeks to interpret what we see as our role as participants in health care delivery in Nepal, and sets the general direction and overall priorities for our work.

Key issues have been identified to focus our thinking on some of the major problems and challenges in health care. There are no easy answers to any of these concerns. However, as we keep them alive in our thinking and planning, we trust that we shall gain fresh insights and initiatives.

Project plans speak to how the projects will seek to work towards fulfilment of the aims as spelled out in the Aim Statement for the Health Services Board, and how they plan to face the key issues raised in terms of practical planning for their projects.

This planning process requires a disciplined approach to health care delivery as well as management and follow up. It requires also thorough orientation of new personnel to all these issues, and a sense of unity in purpose.

No project will be able to take up the total challenge of all the aims stated, or all the issues raised. However, as each project and programme contributes their part, responding to and with community members and village groups, it is our vision that the combined efforts will reflect real progress towards wholeness and health for individuals and communities in the areas where we work. That is what the Statement of Aims and this planning process is all about.

Sigrun Mogedal  
Health Services Secretary

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## Health Situation in Nepal

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The sturdy people of the Nepal hills are a tremendous resource. They toil for a meagre existence from an increasingly grudging land, yet maintain a fortitude and cheerfulness that should shame us all. The people are at a great period of crisis. Their culture has been developed over centuries of partnerships with a hard but generous land; they inherit the wisdom acquired by many generations of trial and error learning. They have developed their farming methods, their family systems, their communal arrangements, their values and their attitudes through long experience in their own environment. But now the bases of their culture are crumbling: the population pressure has changed the delicate balance, and the land is not so generous and the old ways do not quite fit the new situation. Furthermore, new ideas and methods are coming in from the great world outside and new values are proposed. Change must come, and the villagers know it. But they bide their time, and are cautious. They cannot afford radical experimentation; the old way has served their ancestors well; the new way is uncertain. They can change, and they will change, when it is clear to them that the new is definitely more desirable than the old. In fact, new ideas have already been accepted, such as vaccination and new use of local foods in infant and child feeding, and medical health care is increasingly utilized.

Malnutrition is a serious factor in Nepali life. A nationwide survey in 1974 showed that 70% of children were undernourished. Many places in the hills report that their food crops are insufficient for the full year; there are very lean months before harvest. Local famines are now annual occurrences. It is obvious that in our hills there simply is not enough food for all people all the time. Added to this is food loss due to poor storage facilities and inadequate knowledge about preparation and use of local foods to give the best possible nutritional value.

Hand-in-glove with malnutrition goes infectious disease. Bodies weakened by deprivation of energy and protein cannot build up the defences against infection, nor fight the infection once acquired. Infection throws extra demands of energy and protein on the body, so there is further weakening. This grim process is seen to be the major cause of the high infant mortality - approximately 150 of every 1000 babies born die before reaching one year of age. Respiratory and intestinal infections are considered the greatest killers, but malnutrition underlies most of the cases. Measles in the West is a mild disease, in Nepal it has a mortality often exceeding 50% of the cases.

Infection comes from the invasion of pathogenic organisms. Their spread in Nepal is assisted by poor sanitation. Human wastes are distributed on the surface of the ground over the soil and into the drinking water. People walk about on the contaminated soil, babies crawl and play in it, and fingers and often food become soiled by it. There is little provision anywhere in Nepal for adequate sewage disposal and treatment. Water supplies usually are open streams or wells. A good index of the state of the environment is the percentage of people with roundworm. Surveys at several locations show that nearly 100% of people have these worms.

The spread of respiratory diseases is encouraged by crowded living conditions and habits of indiscriminate coughing and spitting, and upper respiratory tract infections and pneumonia are frequent.

Infection accounts for most deaths and the crude mortality rate (22 deaths per 1000 total population) is still high.

In the adult population, tuberculosis and leprosy are endemic. There are indications that over 5% of the people in some areas have tuberculosis and 1% have leprosy.

Malaria is still found in parts of Nepal, and forms resistant to the common drugs are appearing.

Accidents and trauma of various kinds, burns due to open fires and falls from trees as occupational hazards are frequent causes of ill-health and disability. Other ills of man, cancer, heart disease and stroke, so common in the West, do exist also in Nepal, but with lowered life expectancy these diseases of older age are proportionately less common.

(Revised from: UMN Long-term Plan Document 1977)

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## HMG/N Structure for Health Care

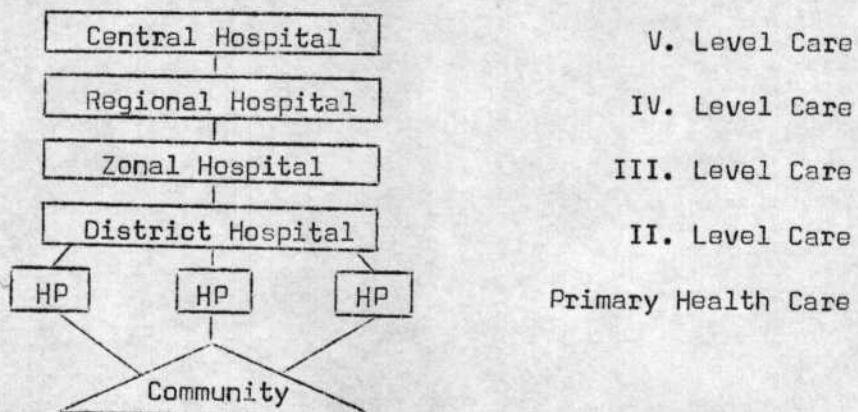
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Based on Nepal's socio-economic, geographical and cultural setting, as well as the awareness of the high fertility and high mortality rates which dominate the demographic data, health policies and priorities have been formulated which promote the development of a rural primary health care system.

The Nepal National Health Plan presents a structure for health care delivery based on different levels of care assigned to each component in the system. Each health post or hospital is assigned equipment, personnel, drugs and other supplies according to the level of care it is meant to provide.

The Community Health and Integration Programme when fully developed is intended to provide regular home visiting services to even the remotest areas of Nepal, in addition to an expanded Health Post network. It is thus planned as a high accessibility, high coverage system.

### Levels of Health Care in Nepal



The Health Post is providing a base for home visiting activities to all residents in the allotted area as well as giving simple curative services, outreach clinics for immunization and care for mothers and children. Priorities in the home visiting activities are given to fertility and mortality reducing services through village health workers. Besides health motivational and promotive messages, the village health worker also records vital data and distributes family planning supplies and identifies patients needing referral to the Health Post for treatment and/or follow-up.

The services are given through a team of village health workers, Auxiliary Nurse Midwives and Health Assistants/Auxiliary Health Workers.

Community involvement and participation is being sought through village health committees and the training of community 'leaders'.

The hospital network has received less emphasis in recent planning in order to ensure enough resources for the primary care system. 15-25 bed district hospitals are presently being strengthened and new ones developed in order to have one hospital in each of the country's districts. Regional hospitals have not yet reached their potential as referral centres for wider geographical areas. On the central level, Kathmandu has a number of specialised hospitals, and a new teaching hospital is being constructed with the view to start functioning in 1983/84.

For the hospitals, provision for local development management boards has been made by the government to encourage community participation and support.

The United Mission to Nepal had been active in health services delivery and participation in the development of health care since the very start of 1954.

Four hospitals are presently operated by UMN in various parts of the country.

Tansen hospital has developed from offering basic services in rented quarters in the town, to an active hospital programme out on the hillside with 95 beds, well equipped for general surgical and medical care, acting as referral hospital for health posts as well as other district hospitals.

Shanta Bhawan hospital, having served the community of Kathmandu and surrounding districts for more than 25 years, is about to close down its activities, seeing the new Patan Community Hospital as a continuity of its service in terms of commitment to serve the sick and the suffering, yet with a different and more defined role in relation to primary care as well as to other hospitals in the valley.

Okhaldhunga dispensary started up in 1961, and has now 15 beds in a simple facility 20 minutes walk away from the Okhaldhunga bazaar. The dispensary is equipped for basic emergency surgery and has an X-ray plant.

The work in Amp Pipal started out as a broad-based community service programme, with a subsequent agreement for the establishment of a small hospital in 1963. This hospital can accommodate 40 patients and has also facilities for minimal care accommodation, mainly used for tuberculosis and leprosy patients. The hospital has an active surgical programme and basic laboratory and X-ray facilities.

In all the hospital programmes there has been a growing realisation that only combined with a primary health care approach can the health programmes significantly improve the general health situation, and meaningfully meet the needs of people.

The mission has therefore through the years sought different ways of bringing health to people as well as motivating people to bring about changes and take responsibility themselves.

A result of these efforts has been the coming up of community health programmes as part of the total health care effort of each UMN hospital. These programmes have sought to respond to local needs and work with local people in a way that is locally acceptable. Through this they have gained important experience and built up a group of motivated and creative national staff as well as a relationship of trust with individuals and groups on village, district and national level.

As part of these community health programmes, a large number of small, simple village clinics and village schemes are presently in operation, and several hundred village volunteers and village health workers are an active part of the programmes.

Based on this experience, and out of a concern that resources be pulled together to strengthen the development of the primary health care system, UMN is seeking ways for interchanging of experience with and integrating institutions and programmes into the institutional framework of HMG/N health care. Such a development is also welcomed by His Majesty's Government, and a couple of joint projects are already being undertaken, i.e., in the Lalitpur and Palpa Districts.

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## UMN LONG-TERM PLANNING : STATEMENT OF AIMS FOR THE HEALTH SERVICES BOARD

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- Sickness, suffering and injustice are rooted in the brokenness of the relationship between God and man.
- Healing is God's act of making whole, with the purpose of restoring man to full relationship with Himself.
- Wholeness is not a static presence, but rather reflections of a dynamic process where Christ enters into a living relationship with man and community. We are called to participate in this healing process which enters into all aspects of human life, and involves struggle against oppression, meeting the needs of the poor, the suffering and sick, improving the environment and making the best possible use of resources.
- Realising our role as participants in this healing ministry, the UMN Health Services Board has set out the following aims in relation to person, community, nation and church.

PURPOSE : PERSON

Aims : 1. To seek to reflect a concept of health care which incorporates the physical, mental, social and spiritual dimensions of the whole man in the context of Nepal.

2. To encourage each person to take an active part in the promotion of their own health through seeking with them ways of utilising local resources and modifying environment and practices to prevent disease and strengthen health.

3. To train village level volunteers and community members for responsible participation in matters relating to health and development of their own communities.

4. To train health services staff into positions of leadership, decision-making and competence.

PURPOSE : COMMUNITY

Aims : 1. To seek a health care that is appropriate in relation to culture; being open to learn from the traditional understanding of health and seeking ways for meeting health needs that are acceptable to individuals and communities.

2. To motivate local communities to take increasingly more responsibility for their own health care, stimulating and facilitating community participation at all levels through an ongoing dialogue with all concerned and affected and responding to needs in an integrated way through cooperation with other functional groups.

3. To work within a cost frame that is controlled and informed by the economic potential of the community, seeking innovative ways of generating income and utilising local resources.

PURPOSE : NATION

Aims

1. To assist the Ministry of Health in planning, managing and providing health care to the people of Nepal, seeking ways for interchanging of experience with, and integrating institutions and programmes into the institutional framework of HMG/N health care in Nepal, including a willingness to give over control when time and circumstances seem right, and it is agreeable to UMN's purposes.
2. To seek an appropriate care level for each institution or programme, informed by national and local resources; emphasizing functional interaction between care levels so that care can be given at the lowest appropriate level, as close to the homes as possible.
3. To participate in the development and operation of health manpower training programmes.
4. To initiate new work in unserved areas within the framework of the National Health Plan with a clear priority to the development of primary health care and motivation for community action.
5. To allocate resources based on an overall understanding of what contributes to people's health, demonstrating a commitment to justice in relation to the poor, the oppressed and the powerless; with a clear priority to efforts that will meet the needs of the poor.

PURPOSE : CHURCH

Aims

1. To seek together with the local church for expressions of the Christian concept of health and wholeness in the context of Nepal.
2. To seek together with the local church and individual believers for practical ways of participating together as the 'body of Christ' in God's healing ministry.
3. To seek to encourage and respond to the local church in its efforts to minister to the poor and the powerless of the society of which it is a part.

From: Final Report, UMN 'Commission on Institutional Implications in Health Care' February 1981

1. Justice

In the community in Nepal there exists a system of injustice which is not only based on the usual polarisation between those who have and those who have not; but is related to a general lack of resources, facilities and services of every kind. With this recognition, the challenge for UMN workers becomes one of identification with the poor, the oppressed and the powerless, and attempting to reduce the present forces of injustice through efforts that will meet their basic needs.

2. Appropriate care

Appropriate health care can be considered only in the context of the role of an institution or programme in a health care system and incorporates cultural and geographical factors as well as national and local resources.

With the stated aim for integration of mission institutions and programmes into the HMG/N health care system, it seems right to decide on appropriate levels of care for UMN institutions in light of their defined role in this national system. However, flexibility should be maintained within this framework to make possible a search for innovative ways of delivering health care within the potential of local and national community in terms of cost of care, community participation in health care and mobilization of local resources.

For each hospital it is important to clarify the role in relation to primary health care as well as upwards to higher levels of specialised care, making basic care available as close to the people as possible and seeking to avoid overloading of the hospitals with primary care patients.

Health problems of special significance in the area would also influence the decision on appropriate care level for specific problems, as would other complex factors like effectiveness/cost of method and acceptance by the concerned population.

It is therefore essential that each UMN institution and programme seeks to define its role and care level and that this role is agreed upon by UMN as well as HMG/N administration.

Equipment, personnel resources and drug lists for each hospital should be limited to what is essential for providing the level of care assigned to the hospital within the health care system, informed by the local situation and the National Health Plan, thereby enabling the health care personnel to provide the services possible within the limitations of equipment and supplies.

Care must be taken not to initiate a higher care level in a community than can be maintained.

### 3. Institutional growth

Most of the UMN hospitals experience considerable pressure from steadily increasing patient-loads. Some of these health institutions are located in areas where no other alternative hospital or health centre is within reach.

Yielding to such pressure by adding staff or facilities to cope with the increasing load, is recognised as only a temporary measure and should only be allowed to take place when it is consistent with the defined role of the hospital in relation to the health care system or, in the case of staff, when it provides for more efficient use of existing facilities.

When staff lose efficiency due to pressure over and above what is consistent with the quality of care that incorporates care for the 'whole man', active steps to limit the numbers may become necessary.

In allocation of personnel as well as financial resources to the institution, care must be taken to reflect the general emphasis on primary health care as stated in the Aims document. Institutional priorities and initiatives must be supportive to and not negatively affect the primary care programme.

### 4. Economic viability. Subsidy

Economic imbalance between the rich and the poor nations as well as national imbalances together create the background for the tensions between economic 'viable' institutions and institutions that provide services to the poor.

Within the context of Nepal, it is strongly felt that UMN is justified in seeking subsidy for its health care from sources abroad. Rather than charity, this speaks to the issues of justice and solidarity.

The subsidy level for each institution should be carefully examined in relation to the community that is being served and any increased subsidy can only be justified through increased services to the genuinely poor.

Therefore, it is of vital importance that such subsidy be given under responsible stewardship, informed by the appropriate care level for each institution and assuming that this subsidy not hinder initiatives and responsibility of individuals and local and national community.

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## Direction and priorities for UMN Health Programmes

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### 1. Communities involved in their own health care. Integrated Development

A commitment to a health care that responds to actual needs through a dialogue with all concerned and affected, sensitive to the whole person, his environment and his community, is an expressed aim of the Health Services Board.

This is reflected in the emphasis on local participation in implementation, planning and management, the awareness of the impact of poverty and deprivation on people's health and the desire to make the fullest possible use of local resources.

Local and district health committees, governing boards with community representatives, emphasis on sharing and learning at all levels and broad community based development efforts rather than limiting activities to strictly health concerns, can all be seen as practical expressions of this direction.

Rather than a structured pattern for community involvement, the projects and programmes are invited to seek their own models together with the local communities, reflecting various levels of participation and responsibility.

### 2. Target areas and marginal groups. Primary Health Care as reference

In order to make the best use of limited resources and avoid creating structures that cannot be maintained, there is a need to focus on specific areas, groups and tasks.

Hospitals are asked to define their 'service areas', relating their level of care to the health needs in these defined geographical areas as well as to the hospital's particular role in the health care system.

Community health programmes are encouraged to focus their activities in target areas, selecting communities with potential for cooperative efforts and giving priority to deprived groups, ensuring that activities will benefit the poor and marginalized, and in no way increase the gap between those in the communities that have and those that have not.

In allocation of personnel as well as financial resources to the projects and programmes, the general emphasis on primary health care will be reflected, ensuring that institutional priorities and initiatives are supportive to and not negatively affecting the primary care programmes.

Hospitals will be evaluated as to the measure of active support they are able to provide to the primary care programmes.

### 3. Integration of activities with the national health care structure

The Mission's main resource in health care in Nepal is the 'people-component'. Through motivation of all concerned for committed service, community initiative and action and willingness to gain and share experience in a servant role, models for health care can be developed which can give meaningful input into the wider national health system.

In order for such models to have meaning, their terms of reference must be realistic and, rather than function in isolation, they must be developed in a context of mutual sharing and trust.

Seeking integration with HMG/N structure for health care, therefore, becomes a high priority, accepting their terms of reference and yet maintaining flexibility in the search for alternative approaches.

This raises issues of coordination, communication and relinquishing control, rather than handover and withdrawal.

It also raises the issue of Nepalisation, defined as a process of bringing able and qualified Nepali staff into positions of leadership in a planned and willed way, combining a concern for appropriate training as well as careful preparation of the leadership tasks.

#### **4. Financial management**

The need for uniform management systems which will produce information that after analysis can be used as tools for planning and control, is accepted by the projects and programmes and is being responded to through the introduction of base line data definitions and uniform ways of recording free care.

Expense allocation for the various services will be reexamined to ensure realistic fee calculation. Cost-efficiency in the primary health care programmes will be further studied. Equipment needs will be studied in relation to the institution's defined role in the health care system, keeping in mind the effect that acquisition of equipment and other capital items has on the recurring budget. A procedure for examining staff pattern and approval of staff lists for all the projects is being introduced.

Further emphasis will be given to ongoing orientation for all health care professionals in cost issues, focusing on each member's role in achieving cost control.

#### **5. Evaluation**

Ongoing evaluation through assessments of activities in relation to project objectives and the aims of the Health Services Board will take place at several levels.

Programme staff, community members, health committees and management boards will be invited to participate in this process through formal and informal meetings and discussions.

Each year the programmes will be encouraged to highlight specific parts of their activities through more formal evaluation studies where such are appropriate.

Service statistics and cost calculations will be compiled and reported along with annual reports to the Health Services Board, where exchange of experience between the programmes will take place, and necessary adjustment in programme direction suggested.

Overall reports of the health services programmes will be shared with representatives of governmental and non-governmental health programmes within Nepal, and their input in programme evaluation and further planning will be encouraged.

Evaluation shall therefore be a continuous process with meaningful input from all concerned, and represent appraisal of achievement in relation to stated objectives and aims as well as an ongoing learning experience for all who participate.

# OKHALDHUNGA PROJECT, DISPENSARY-HOSPITAL

## 3 - 5 Year Plan from 1982

Health Services Board, February 1982

### 1. Background

Okhaldhunga Bazaar, located a 7-day walk east of Kathmandu in the hills of East Nepal, is the district administrative centre and an important market town. Over 20 years ago, workers from the UMN travelled through the hills of East Nepal, including Okhaldhunga, surveying the health needs of the hill people and searching for a suitable place where the UMN could help the people with basic living problems. Planners envisaged a small group of services in education, agriculture and health and in 1959 a proposal was submitted to HMG/N to open a rural development project including a hospital in Okhaldhunga. In April 1961 permission to open a dispensary was received. Formal work in education never developed and workers engaged in agriculture for only 2½ years. The dispensary however has survived and grown from temporary rented quarters in the bazaar to the present structure.

The first health workers conducted a careful survey for a suitable site for dispensary buildings and an invitation was accepted from the Sobru mukya to build on land in their Rai village, a 40-minute walk NW of the bazaar. The community was open and cooperative, the water supply adequate and land enough for future expansion. In the first buildings, between stone and mud walls and under a thatch roof, the doctor and nurses began preventative and curative health care and the training of local young men and women to assist. Staff also went out from the dispensary with varied skills and interests to work among people in the bazaar and in the villages. Despite difficult conditions, the first doctor managed well and the local people named the dispensary after him - even today when hiking in the surrounding hills one hears the older folks refer to the dispensary as 'the Dick'! The main hospital buildings were constructed in 1964, including simple facilities for laboratory, X-ray and an operating theatre.

In 1975 research was conducted on the health and nutrition of two villages near Okhaldhunga with the aim of providing information helpful in expanding the community health activity. The first Nepali community health workers were hired five years ago and since then the community health programme has grown, now employing 17 Nepali staff and providing MCH clinics in 8 panchayats and the bazaar.

### 2. Programme description

Three days walk from the nearest road, located in the hills of East Nepal near the Okhaldhunga Bazaar, the 20-bed Dispensary-Hospital offers general medical care and limited surgical services to the people of the Okhaldhunga and surrounding districts. Currently about 10,000 outpatients and 900 inpatients are treated annually.

Basic laboratory and X-ray investigations are available. Most of the patients come from subsistence farming families with little cash income. 78% of the outpatients come from the Okhaldhunga District and from within 1 day walk. The dispensary-hospital staff work closely with members of the community health team to coordinate efforts in primary health care.

### 3. Objectives

- To continue providing as good quality care as possible for the sick, with limited staff and resources and with special concern for:
  1. minimizing hospital costs by selecting the least expensive effective treatment regimes.
  2. encouraging the present Nepali staff to assume more responsibility for all aspects of patient education with emphasis on the prevention of disease, nutrition and family planning.

- 3. encouraging selected Nepali staff to assume more responsibility in their work through on-the-job training and in-service training.
- 4. upgrading the surgical preparation of doctors, appropriate to the needs of Okhaldhunga.
- 5. improving the orientation of dispensary-hospital staff to the activities of the CHP team.
- 6. improving the teaching skills of all staff who are responsible for patient education.
- 7. making minor improvements in the present buildings while awaiting the decision about what changes will occur in the transformation to a District Hospital.
- To participate in the plans for a joint HMG/N-UNN District Hospital, with particular concern for:
  - 1. anticipating the problems and adjustments the present staff will need to make and assisting them in acquiring necessary further training if possible.
  - 2. providing more consistent surgical services.
  - 3. gathering information helpful in defining an appropriate level of hospital care for this district.
- To honour the Statement of Aims for UNN Health Services Board, seeking for practical ways to help meet the needs of the whole person.

#### 4. Activities

- to continue the regular outpatient and inpatient services.
- regular review and assessment of dispensary-hospital costs to help find areas where more economical practices need to be developed.
- ongoing review of treatment regimes including comparison with those of other hospitals and health programmes in Nepal.
- seek ways of improving outpatient education on prevention of disease.
- seminars for the nurses and OPD Health Assistant on methods of health teaching with emphasis on effective communication with illiterate people.
- improve the availability of educational materials both for teaching illiterate patients and for those who can read or who have someone at home who can read.
- improving the library particularly the availability of health literature in Nepal.
- continuing TB and leprosy follow-up and engaging CHP-HA to do all TB and leprosy statistics.
- doctors and nurses to attend MCH clinics to learn about CHP activities and to gain insight into the geography of the area.
- doctors and nurses to observe CHP home visits as part of orientation (also OPD CMA/HA).
- weekly seminars for the nurses (staff nurses and ANMs may be asked to present a topic).
- reorganisation of medical-surgical supplies so that future Nepali nursing supervisors can assume more responsibility for this aspect of hospital operations.

## 5. Strategy/Methods

Expatriate staff should seek ways of increasing the responsibility of Nepali colleagues and be willing to spend more time in demonstrating and supervising as opposed to simply doing the work themselves.

## 6. Relationships

- aim to cooperate with CHP by participating in the education of health workers and improving communication about follow-up and cross-referral of patients.
- continue the mutually beneficial use of CHP staff in OPD on the two busiest days of the week; they provide patient education and learn on the job.
- join CHP in seeking a more cooperative relationship with government health programmes in the district, including bi-monthly social and professional meetings with government health workers.
- assist HMG/N Rumjatar Family Planning personnel with vasectomy and tubectomy camps, if possible, when they request our help.
- cooperate with the Blindness Prevention Programme of Christoffel Blinden-mission and WHO, with respect to their activities in Janakpur Zone.
- doctors are to join the Nepal Medical Association and follow the activity and publications of HMG/N Leprosy Programme and TB Project, Family Planning, EIP and other organisations.
- try to improve communications with UMN HQ especially by organising more reliable mail service.

## 7. Community involvement

- through the local church.
- by personal involvement.
- consider establishing a committee consisting of representatives from villages nearby to discuss the activity of the dispensary-hospital and open a channel for suggestions and complaints.

## 8. Research and Development

- survey the prevalence of chronic disease and disability in the villages where CHP is working.
- study the possibility of using a receipt system in the cashier's office.
- study methods used at other hospitals to control drugs after they are dispensed from pharmacy.
- study with CHP team the reasons for certain groups of the population not using the available health services and search for solutions where possible.

## 9. Evaluation

- visits by HQ staff and other members of UMN who are experienced in related work elsewhere in Nepal.
- ongoing review of statistics to find changing trends and to seek explanations.



## OKHALDHUNGA COMMUNITY HEALTH PROGRAMME

### Long-term Plans

Health Services Board, February 1982

#### 1. Background

Okhaldhunga Bazaar, located a 7 day walk east of Kathmandu in the hills of East Nepal, is the district administrative centre and an important market town. Over 20 years ago, workers from the UMN travelled through the hills of East Nepal, including Okhaldhunga, surveying the health needs of the hill people and searching for a suitable place where the UMN could help the people with basic living problems. Planners envisaged a small group of services in education, agriculture and health and, in 1959, a proposal was submitted to HMG/N to open a rural development project including a hospital in Okhaldhunga. In April 1961 permission to open a dispensary was received. Formal work in education never developed and workers were engaged in agriculture for only 2½ years.

The main hospital buildings were constructed in 1964, including simple facilities for laboratory, X-ray and an operating theatre.

In 1975 research was conducted on the health and nutrition of two villages near Okhaldhunga with the aim of providing information helpful in expanding the community health activity. Nepali community health workers were trained and since then the community health programme has grown, now employing 17 Nepali staff and providing MCH clinics in 8 panchayats and the bazaar. The Community Health Programme uses the dispensary as a base for its activities in the surrounding villages.

#### 2. Programme description

The Okhaldhunga Community Health Programme concentrates its efforts through simple clinics in the villages, offering maternal and child health care close to the people's homes, and also seeks to help community members gain a higher awareness of their own health needs and how they can be met through informal meetings with individuals and groups. Village Health Workers have received training in human and animal health and deliver basic services and act as motivators as they live and work in their home villages.

Informal contacts have been established with the local HMG/N Primary Health Care structure through the District Health Office, and assistance is also given to HMG/N Health Posts through MCH clinics and supportive visits.

Response to wider needs, particularly regarding water supply schemes, is being given in target areas.

Health teaching is regularly given in selected schools.

#### 3. Programme objectives

- 3.1 To encourage villagers in their own process of development and participate with them in seeking to meet basic needs, giving priority to communities within the target areas with potential for cooperative efforts and to low income/low caste groups.
- 3.2 To make available services for mothers and children as close to the homes as possible in target areas, with emphasis on family planning, immunisation and nutrition education.
- 3.3 To seek to develop closer and more trusting relationships with HMG/N health workers, and assist selected Health Posts in the delivery of services for mothers and children upon request.
- 3.4 To participate in the follow up of TB and Leprosy patients within the hospital service area.

- 3.5 To give priority to appropriate health education at all levels of the programme, and respond to requests for assistance with health teaching in local schools.
- 3.6 To facilitate the training of national staff to take increasingly more responsibility in leadership, planning and evaluation of the community health programme.
- 3.7 To seek to respond to local needs in an integrated way, exploring opportunities for assistance in the areas of agriculture, animal health care, simple sanitation measures, and water supply schemes in addition to basic health care.

#### 4. Interrelationships with other projects

The community health programme work in active interaction with the dispensary, building up referral services both ways, and mutually giving training opportunities for staff, with field orientation for hospital based staff and inservice education opportunities for field staff in the dispensary.

Teaching opportunities are being utilized in the dispensary OPD for family planning motivation, prevention and treatment of disease, toilet building and animal care.

Coordination is steadily sought with the HMG/N primary health care program as well as other community development efforts in the area.

#### 5. Community involvement

Regular contacts with local district and village level leaders are being maintained, and active participation of community members is being sought in the villages. Non-formal teaching groups in health care, knitting, sewing, nutrition and literacy for girls facilitate future participation.

Regular meetings for sharing and discussions with HMG/N health care workers provide some guidance and advice regarding future programme direction and actual needs.

#### 6. Evaluation/Research

Yearly surveys in selected areas will be used in the assessment of the programme, as well as service statistics and input from discussions with staff and community members.

Assistance will be given in the evaluation of services delivered by the dispensary, particularly regarding utilization of health services and actual health needs in the service area.

Nutrition assessment as well as availability and use of local foods will be another priority.

### 1. Background

Amp Pipal is a day's journey from Kathmandu and is a hilly rural area. Transport and communications are difficult and all villages as well as the base hospital and programme centre can only be reached on foot. The District HMG headquarters is 5-8 hours walk away (depending on the season of the year).

The United Mission to Nepal initiated a community service programme in Amp Pipal starting in 1958 with several components including health education and agriculture. The education programme has been handed over to HMG/N education ministry and is now a part of the total government educational efforts in the district. The agricultural component was discontinued as such due to new government regulations withdrawing permission for agricultural work at that time. The health work developed into a hospital base with 25 beds and eventually a community health programme, starting in 1970 as an outreach programme from the hospital. This programme has, through the years, included clinics, village visiting and immunization programmes in different surrounding villages. Through the years the emphasis has shifted from mainly curative to more preventive.

The government primary care programme has started to develop in the district. The nearest HMG Health Post is two hours away and there is a medical hall within three hours of Amp Pipal.

### 2. Programme description

Simple curative services, health and nutrition education by means of mother and child health care clinics have been ongoing in five villages. Family planning services, ante-natal and post-natal care and immunization programmes have been integral parts of these activities. Tuberculosis and leprosy follow-up have been given high priority, and contacts with villagers, individuals and in groups have been stimulated through home visiting and health education programmes as well as special involvement with villages of low income and caste by means of UMN personnel living in two such villages. Involvement with responsive villages which show potential for development through cooperative efforts (demonstration areas) have led to village water supply improvements and other community development efforts. Ongoing inservice education of staff at all levels has been received with enthusiasm and interest.

### 3. Programme objectives

- 3.1 To encourage villagers in their own process of development, and participate with them in seeking to meet basic needs, giving priority to communities within the target areas with potential cooperative efforts and to low income/low caste groups.
- 3.2 To assist in the training of village level volunteers and community members for active participation in matters relating to health and development of their own communities.
- 3.3 To develop a working relationship with HMG/N health care workers and community development efforts on a district and local level to make future integration of UMN and HMG/N service and support activities possible.
- 3.4 To make available services for mothers and children as close to the homes as possible in target areas, seeking alternative ways of responding to homes and groups with particular needs who remain unserved by the regular services.

- 3.5 To participate in tuberculosis case finding and follow up of treatment within the hospital service area, with particular emphasis on decreasing the defaulter rate.
- 3.6 To encourage each person to take an active part in the promotion of their own health, making health messages relevant to actual needs and local situation with emphasis on the use of local resources whenever possible.
- 3.7 To facilitate the training of national staff to take increasingly more responsibility in leadership, planning and evaluation of the community health programme.
- 3.8 To seek to respond to local needs in an integrated way, exploring possibilities for assistance in the areas of agriculture, horticulture, animal health care, simple sanitation measures and water supply schemes in addition to basic health care.

#### **4. Strategy/Methods**

The programme will identify target areas within the hospital service area for concentrated efforts.

Staff will take up residence in villages in such target areas and make extended trips on foot visiting homes and village centres, giving priority to relationship building and understanding of the local needs.

Where possible, health needs and wider community development needs will be responded to with a multifunctional approach in each target area.

Care will be taken that programme components be mutually supportive to each other, increasing the benefit of each component at the village level rather than causing adverse effects.

#### **5. Interrelationships with other programmes**

The community health programme will seek to work in close coordination with the UNN Amp Pipal Hospital as a base hospital for referral and training.

Activities will also be coordinated with the HMG/N health care and development programmes in the Gorkha and Lamjung districts at the village and district headquarters level.

Similarly, coordination will be sought with the Leprosy Control Programme operating in the area as well as the Extended Programme for Immunisation (EPI).

Support will be sought from the UNN Health Project Support Office as well as the UNN Rural Development Division in Pokhara.

#### **6. Community involvement**

Participation is being sought with individuals and groups informally as well as through formal committees (ie, water supply schemes) as well as commitment to make available volunteers, rooms or land for programme activities as appropriate.

Increasing community responsibility in decision making and programme implementation will be encouraged.

#### **7. Evaluation/Research**

Communities in the target areas and programme staff will participate in ongoing evaluation of activities.

Information will be gathered from selected villages regarding local beliefs and practices and their relation to health and development.

### 1. Background

Medical work began in Tansen in 1954. By 1960, the work had grown from a small dispensary to a 45 bed hospital. Between 1970 and 1975 additional building enlarged the hospital to its present 95 beds, which includes 18 beds in the minimal care unit. The hospital provides primary care for many hill patients besides the 200,000 residents of Palpa District. It also serves as a secondary and tertiary referral centre from health posts and other hospitals.

Initially, surgical facilities were one of the main attractions of the hospital. Over the years the medical and pediatric services have also become highly regarded by the local population, so that now there are more medical than surgical patients treated in the hospital, and almost as many pediatric patients. Outpatient treatment continues to be an important part of the hospital services.

### 2. Project description

The hospital will continue to fulfil its role of providing primary, secondary and tertiary care to all patients who come. As the network of health posts in surrounding areas becomes more established, it is hoped that the amount of primary care will decrease with a corresponding increase in secondary level care. It is not felt to be advantageous to consider any capital expansion of existing facilities. Nor is it appropriate to offer a higher level (greater sophistication) of care than at present, as one would expect that eventually the zonal hospital will be able to offer this service, and presence of such treatment in Tansen might delay the start of it elsewhere. Limiting expansion in size will strengthen the growth of other government hospitals in the area. In the anticipation of a possible HMG/N-UHMN joint Board in the future, it is important to continue to be aware of institutional structures within Nepal while making plans, and to give attention to increased participation by local communities.

### 3. Project objectives

In making plans for an institution which has already been in operation for 25 years, we have not endeavoured to set specifically measurable objectives and criteria, but an attempt is made to define general areas for increased concentration of effort.

- a) To strengthen preventive medical education within the hospital. This needs to be done in both the outpatient and inpatient departments. If the staff are convinced of the value of such teaching, and receive encouragement to pass it on, the patients will receive increased preventive knowledge.
- b) To improve relation with local communities. It appears that until now the hospital has had high output but low impact on the surrounding communities. There have been several encouraging indicators in the last year that people may be more receptive now to involvement in their own health care. It is hoped that in coming years there will be a greater sense of involvement by the local populace with the hospital. It is also hoped that at least one or two Nepali doctors will join the staff, which will perhaps help to decrease the feeling that it is a foreign hospital, although less than 10% of the staff are foreign.

- c) To facilitate the dissemination of treatment information elsewhere in Nepal. Over the years, a great deal of valuable clinical experience has been gained in Tansen. Evaluation of our treatment regimes is performed regularly. However, very little of this information has been passed on either to other UMN or government hospitals. With careful planning and encouragement it should be possible for such information to be disseminated and some of it published in medical journals.
- d) To continue to operate at present levels of outside assistance financially. It would seem reasonable to continue to plan on approximately 30% of hospital operating costs to be met by resources from outside of Palpa. It does not seem feasible for the local populace to bear more nor less of the total cost than what has been borne during the last seven years.

Secondly, there are two other areas of concern and these are the following:

#### 4. Strategy/Methods

It will be difficult to measure success in relation to the stated objectives, but they will serve as a guide as to the emphasis within the institution in the coming years.

#### 5. Personnel/Training

When the personnel presently on in-service training scholarships return, there will be a full staff compliment of local residents. Therefore, in the coming years, very few staff will be sent away for training. However, there is a need to increase the quality of the ongoing in-service training, particularly for the nurses. It may be helpful to have a full-time post of in-service training director who would be able to coordinate ongoing training on the job for all levels of staff.

The project has already made considerable efforts to withdraw expatriates from posts that could be filled by available Nepali personnel, and do not anticipate further significant decrease in the number of expatriates in the near future. One will continue to seek to open ways for Nepali medical staff for assignment to the hospital.

	1982		1983		1984	
	N	E	N	E	N	E
1 Medical Director	-	1	-	1	-	1
7 Doctors	-	7	-	7	-	7
1 Nursing Director	1	-	1	-	1	-
3 Nursing Supervisors	3	-	3	-	3	-
13 Nursing Staff	12	1	12	1	12	1
3 Anaesthetic Nurse/Assistant	2	1	2	1	2	1
1 Business Manager	-	1	-	1	-	1
1 Pharmacist	-	1	-	1	-	1
1 Physiotherapist	-	1	1	-	1	-
1 Maintenance Supervisor	-	1	1	-	1	-
<b>TOTAL</b>	<b>18</b>	<b>14</b>	<b>20</b>	<b>12</b>	<b>20</b>	<b>12</b>

## PALPA COMMUNITY HEALTH PROGRAMME

### Long-term Plans

Health Services Board, February 1962

#### 1. Background

United Mission Hospital, Tansen, sought involvement in preventive health care and simple curative efforts in the villages already from early 1960, emphasising TB control and immunization, training of village volunteers and simple services for mothers and children in Tansen town area. Palpa District has a population of approximately 250,000 people, living in a rural hilly setting. Tansen bazaar is the only urban community and is also the district headquarters for Palpa.

A main road goes through the district on its way from the Indian border in the south to the regional headquarters, Pokhara, and also onwards towards the capital, Kathmandu. The road has local as well as long distance bus services. Steep jeepable roads are under construction, linking several village centres to the main road. However, hill paths and foot trails are still the main means of communication.

HMG/N has established a District Health Office in Tansen, with the responsibility for supervision of a growing number of Health Posts in the district.

#### 2. Project description

The UMN Palpa Community Health Programme seeks to be a supportive programme to the HMG/N health care efforts in the area, within the structure of the government health plan. In the same way it seeks to be supportive also to local communities and villages in their self-development efforts.

The programme has three main components, being:

- 2.1 Supportive activities within the governmental structure for primary health care, working jointly with HMG/N District Health Office and developing services in unserved areas.
- 2.2 Community development, integrating health, sanitation, crop storage, agriculture, animal health and water supplies at the village level in target communities.
- 2.3 Mother and child health care clinic and domiciliary midwifery in Tansen bazaar.

#### 3. Programme objectives

- 3.1 Communities involved in their own health care. Integrated development
  - 3.1.1 To encourage, stimulate and motivate communities to be involved in their own health care.
  - 3.1.2 To assist in the process of integrated development by stimulating and helping selected communities to solve their own problems and meet their own basic needs, utilizing local resources to the fullest possible extent.
- 3.2 Reduction of mortality, morbidity and disability, through prevention of disease and appropriate care and treatment of the sick
  - 3.2.1 To assist and support HMG/N in the operation of the existing primary health care facilities within the framework of the National Health Plan, and initiate the development of new facilities in unserved areas as consistent with the level of the sixth 5 year plan for Palpa district.

- 3.2.2 To motivate individuals and communities to modify their environment and practices to prevent disease and strengthen health, encouraging use of local available foods and other resources and making available appropriate specific preventive measures.
- 3.2.3 To work within a cost-frame that is controlled and informed by the economic potential of the community, seeking innovative ways of generating income, reducing cost of care and utilizing local resources.
- 3.2.4 To seek an appropriate care level for each part of the health care system, informed by national and local resources as well as the local traditional understanding of health; emphasizing functional interaction between care levels so that care can be given at the lowest appropriate level, as close to the homes as possible, within a context of care that is acceptable to individuals and communities.

### 3.3 Training

- 3.3.1 To train local staff into positions of leadership, decision making and competence.
- 3.3.2 To make available field training experience for paramedical students.
- 3.3.3 To train village level volunteers and community members in matters relating to health and development of their own communities.

### 4. Programme activities

- 4.1 Participation in Health Post services in 4 already established Health Posts. The services will include:
  - 4.1.1 Health and Nutrition Education, encouraging use of local foods.
  - 4.1.2 Surveillance and treatment advice for protein energy malnutrition in children under 5 years.
  - 4.1.3 Education about preparation and use of oral rehydration fluids to treat diarrhoea.
  - 4.1.4 Case finding, defaulter tracing and treatment for tuberculosis and leprosy.
  - 4.1.5 Family Planning motivation and distribution of pills and condoms. Depo Provera services.
  - 4.1.6 Organisation of vasectomy and tubectomy camps.
  - 4.1.7 Vital events recording.
  - 4.1.8 Antenatal, postnatal and domiciliary services, encouraging the participation of traditional birth attendants.
  - 4.1.9 Immunization for young children.
  - 4.1.10 Simple curative services.
  - 4.1.11 Building up of a functional referral system.
  - 4.1.12 Inservice training and encouragement for staff and volunteers.

Village health committees will be encouraged to take increasing responsibility for the smooth operation of the Health Post and related activities.
- 4.2 Establishment of up to three new Health Posts and operating services as above in places proposed in the Palpa District sixth 5 year plan. These Health Posts will be handed over to HMG/N by the end of the programme period or earlier as mutually agreed upon.
- 4.3 Assistance to the HMG/N District Health Office in areas of supervision supply management, in-service training, programme evaluation and planning.

- 4.4 Participation in the continued operation of a town clinic for mothers and children in Tansen bazaar in cooperation with the town authorities.
- 4.5 Assistance in undertaking surveys and studies related to health, and in making available resource personnel for training paramedics and various categories of students in the programmes under HMG/N Institute of Medicine as appropriate.
- 4.6 Participation with local villagers in community development activities, assisting in six 'Demonstration Areas' that have some relationship to the Health Posts.
  - 4.6.1 Training of local volunteers.
  - 4.6.2 Encouraging establishment of village health committees and cooperative efforts in the village.
  - 4.6.3 Identifying with villagers areas of particular need and participating in efforts to meet these needs such as sanitation, village water supplies, promotion of animal health, agricultural improvement, food storage, and education (formal and non-formal).
  - 4.6.4 Seeking to encourage such communities in the support of the Primary Health Care activities in the area.
- 4.7 Seeking improved farming methods and soil erosion prevention through work with interested farmers as demonstration projects.

## 5. Interrelationships with other programmes

- 5.1 Cooperation with HMG/N District Health Office, Palpa. A detailed working agreement for a joint primary health care programme in Palpa District between HMG Palpa District Health Coordinating Committee and UMN Palpa CHP is being sought. Whereas permission has been received from central level for starting the implementation of cooperative activities in Palpa District, a formal agreement from the Health Ministry is still awaited.
- 5.2 Cooperation with the TB Control Project and Family Planning Programme has been established and will be further developed.
- 5.3 Integration of community development efforts with HMG at the district level will take place through regular meetings with the Local Development Officer where allocation of priority areas for work as well as coordination of activities will take place. Close cooperation with Tinau Watershed Project has also been established and will be strengthened.
- 5.4 The CHP will visit Buling Arkhala Project regularly to give professional support to the health related Nepali staff.

## 6. Community Involvement

Volunteers, village health committees and youth clubs are actively participating in the programme at the various levels. Palpa District Health Coordinating Committee is coordinating the joint UMN-HMG/N programme in the district, giving advice and direction.

## 7. Evaluation/Research

Studies will be undertaken in the delivery of primary health care, coverage, utilization and alternative ways for community participation.

Studies on demonstration land will also be undertaken in various alternative farming methods, to assess feasibility and appropriateness in the local context.

Ongoing evaluation by programme staff and community members and regular reporting of all activities will monitor progress and provide input in further planning to maintain flexibility and allow for adjustments in direction.

#### 8. Personnel

For the planned programme activities, UMN will make available a core group of expatriate health professionals, including community health nurse midwives and a community health physician, together with technical resource personnel when needed.

National staff with government recognized certificates will be employed to fill the vacant posts in the Health Posts and in the supporting activities.

HMG/N will assume the full responsibility for such national staff by the end of the programme period or earlier upon mutual agreement.

# PATAN COMMUNITY HOSPITAL

## Long-term Plan

March 1982

### 1. Background

Lalitpur District reaches out south from Kathmandu, beyond the hills surrounding the valley to a semi-remote very steep and poor hill section. The district has a rural population of approximately 170,000 people, and also an urban centre within Kathmandu Valley. In rural Lalitpur there are presently six Health Posts in operation. The Health Posts are being operated partly through the HMG/N Health Department, and partly through United Mission to Nepal. The work is coordinated through the Lalitpur District Health Committee, of which the Mission Community Health Programme is a member. Related to the Health Posts are village based MCH clinics and home-visiting programmes by village health workers and other staff. Village volunteers, local birth attendants and village health committees take active part in the work and local health insurance schemes are being followed with great interest.

Patan Community Hospital is being developed as a 135 bed base hospital to support the primary health care efforts in rural Lalitpur and be a centre for health care activities in urban Patan.

### 2. Project description

The hospital, while serving as a district hospital and a base for health care efforts in rural Lalitpur and urban Patan, will take up the challenge of appropriate levels of care in this local context and actively seek approaches that combine meaningful participation by those who are being served, openness for ways of meeting health needs that are acceptable to individuals and communities and an emphasis on the interaction between primary level and hospital care so that care can be given at the lowest appropriate level, as close to the homes as possible.

The hospital will operate under a Hospital Managing Board with representation from central and district government, UMN and HMG/N health professionals and community representatives.

### 3. Project objectives

- a) To serve as a base hospital for a comprehensive community health programme in Lalitpur District and, as such, be considered primarily as a referral hospital giving preference to patients referred by the primary care level health workers in health posts and outreach clinics.
- b) To provide outpatient and emergency care areas for secondary health care (referred patients) as well as primary care, encouraging all patients to make use of appropriate primary care facilities and assuring smooth flow of referred patients.
- c) To make available care in the hospital OPD for all classes of patients (including private), however, keeping in mind the priority for referred general patients and its implications on resource-allocation, personnel as well as finance.
- d) To provide basic inpatient services organised on a departmental basis (Surgical, Medical, Obstetric and Paediatric), and to limit the development of higher specialised services to what is considered essential to the service area in light of the availability of such services in central referral hospitals.

- e) To make the hospital available as a clinical training facility for the training of health workers to the extent requested by the Institute of Medicine Campuses, within the scope of a community based district hospital, and to carry out in-service training programmes for the hospital and primary health care programme employees.
- f) To work within a cost-frame that is controlled and informed by the economic potential of the community, seeking limited subsidy from national and international sources to ensure that care will be available also to the genuinely poor.

#### **4. Interrelationships with other projects**

The project will be a joint operation between HMG/N and United Mission to Nepal with an independent Hospital Management Board.

Input from UMN as well as HMG/N will be coordinated in the Managing Board.

Formal relationships will be established between the project and the Integrated Community Health Services Department Project as well as the Institute of Medicine.

Exchange of experience at all levels will be sought with other health related projects and national and international agencies concerned with health care delivery.

#### **5. Community Involvement**

The Managing Board will have three selected Community Representatives as Board Members.

The District Health Coordinating Committee and Village Health Committees will continue to be heavily involved in the development and implementation of primary health care activities.

Community initiative will be sought to guide the development of an urban primary care programme.

### 1. Background

The Community Primary Health Care Programme, Lalitpur, is based in Lalitpur District, Bagmati Zone, Nepal. It grew out of early efforts by the Shanta Bhawan Hospital to meet people with health needs right in their own communities. The 'Outreach Programme' developed into 'District Clinics'. With increased requests for health care assistance from district and local government the Shanta Bhawan Project 'Community Health Programme' came into being. This Programme, with emphasis on preventive and promotive health care, experienced steady expansion in health care facilities and in related components, eg, nutrition, sanitation etc. When HMG/N decided on a national plan, the Community Health Programme was restructured to fit into HMG Integrated Basic Health Care pattern. The Programme's growth later took the form of two coordinated sections, Health Section and Community Development and Training Section. The latter, with relationships with local, district and national offices, will continue as a complementary but administratively separate programme under the name, Community Development Assistance Project, Lalitpur. The Health Section will be superseded by the programme under consideration.

### 2. Programme description

The Community Primary Health Care Programme, Lalitpur, with its Extended Health Services/Health Posts and Maternal Child Health activities, being responsible to the District Health Coordinating Committee and District Health Officer under the Patan Hospital Board, will operate in accordance with HMG/N Integrated Basic Health Care Plan as a cooperative and supportive programme in an effort to help meet the health requirements of the 190,000 rural population of Lalitpur District. Its offices will be in the District Hospital, which will also provide its referral base.

### 3. Programme objectives

- 3.1 To stimulate and assist communities to identify their own health needs, to utilize local resources and to take increasingly more responsibility for their own health care, in order that prevention of disease and the appropriate treatment and care of the sick may be accomplished.
- 3.2 To provide supportive health services as close to the people as possible within an economic framework that the country can afford, in order to assure continuity and appropriateness of health care.
- 3.3 To prepare for and participate in the stagewise merger of the programme with the HMG/N Health Department while at the same time continuing to assist in the operation of present health activities/facilities according to HMG/N Integrated model.

To meet these objectives, the importance of vital, functioning village health committees and the consistent efforts of all health workers in building relationships at a variety of levels cannot be underestimated, recognising that there is a wealth of untapped/dormant wisdom in all communities. Also on the district level, the Lalitpur District Health Coordinating Committee, with representation from several disciplines, when presented with factual reports, can greatly stimulate and promote health awareness and appropriate decisions at district and national levels.

#### 4. Programme activities

##### 4.1. Extended Health Services/Health Posts and Maternal Child Health Clinics.

- a. Simple curative services will be offered.
- b. The ANM will hold MCH clinics (pre-natal, post-natal, under-fives, FP) at the EHS/HP or sub-centre and in nearby panchayats (upon acceptable local request) at appropriate intervals.
- c. Health education adapted to the local situation will be an integral preventive activity.
- d. Nutrition education relating to the feeding of infants (breast feeding), children 6 months to 3 years (appropriate and sufficient supplementary food), and pregnant and lactating mothers will be given special emphasis.
- e. Identification of malnourished children will be done by staff in every area of work with appropriate follow-up in the home, at the clinic and, when necessary, at the Nutrition Rehabilitation Centre or hospital. (Attention will be given to protein calorie malnutrition, vitamin A and other nutritional deficiencies.)
- f. Education on cause and prevention of diarrhoea and about preparation and use of oral rehydration fluids will be given due emphasis.
- g. Immunizations will be carried out following the guidelines of HMG/N Extended Immunization Programme (EIP).
- h. Case finding, defaulter tracing and treatment will be done for tuberculosis and leprosy patients.
- i. Family planning motivation and programmes will have a family need-based emphasis, eg, including spacing, nutrition, sanitation components, rather than a strictly 'target' approach. Small camps may be arranged according to interest.
- j. Ante-natal, post-natal, and domiciliary services will encourage the participation of traditional birth attendants (TBA). ANMs will attend domiciliary deliveries when requested by TBAs.
- k. Recording will be done purposefully, in accordance with government, programme and staff requirements. Relevant information will be shared with the local community through available channels.
- l. Effort will be made to strengthen and to benefit fully from the two-way referral system, ie, referral from village to hospital and vice versa for both referred patients and for those who had gone to hospital directly - so that proper follow-up can be done, both in the hospital and on return home.
- m. In-service training and opportunities for staff and volunteer uplift will be made available.
- n. Village health committees will be encouraged to take increasing responsibility for appropriate operation of the Extended Health Service/HP/MCH clinics and related activities.
- o. Supportive supervision will be done at the EHS/HP level according to the Integrated pattern as well as by central staff.

##### 4.2. Village/District/Health Programme Cooperative Service concerns.

- a. As present Programme-operated Extended Health Services/HP merge into HMG Health Department structure, establishment of two EHS/HPs at new government approved locations and assistance in equipping a third facility will be considered.

- b. Gradual phasing out of involvement in MCH activities in Kathmandu District (1) and in Bhaktapur District (8) will be done over the next two to three years. An increase of nine new MCH locations will be considered in Lalitpur District, depending upon village initiative.
- c. Assistance will be given to the HMG/N District Health Office in areas of supervision, supply management, in-service training, programme evaluation and planning.
- d. Participation with local villagers in community health-related activities will be strongly encouraged.
  - 1) Training of local volunteers from each of the nine wards in panchayats where there is Programme involvement.
  - 2) Arranging for periodical seminars/training sessions for volunteers and traditional birth attendants.
  - 3) Encouraging establishment of village health committees (where none now exist) and other cooperative village efforts.
  - 4) Identifying with villagers in areas with particular health needs and participating in efforts to meet these needs. This may take the form of encouraging such communities to support the Community Primary Health Care activities already present.

#### 4.3. Training assistance programmes for HMG/N and others.

- a. Assistance will be given in undertaking health related surveys and studies and in making available resource personnel for training paramedics, nurses and other categories of students in programmes under HMG/N Institute of Medicine, as appropriate.
- b. Consideration will be given to requests from non-governmental organisations and individuals for special training for short periods of time, as appropriate.
- c. Seminars on specific topics, eg, motivation, will be held as needed in cooperation with HMG and/or other health-related agencies or groups.

#### 5. Interrelationships with other projects

The project works in close cooperation with the HMG/N primary care programme in Lalitpur as well as various district and central level HMG/N offices, vertical projects and associations. Field training is being provided for the students from various campuses under the Institute of Medicine.

The project will be an integral part of the comprehensive health care programme that is being developed with the new Patan Community Hospital as a base.

#### 6. Community involvement

Village health committees, village health insurance schemes, volunteers and traditional birth attendants constitute an important part of the Lalitpur programmes, providing active participation in planning and implementation. The Lalitpur District Health Coordinating Committee provides overall direction and support.

## 7. Evaluation/Research

Continuing evaluation of the health insurance schemes, and their impact on the utilisation of health services.

Assessment of coverage and impact of mother and child health services, and study of alternative approaches.

Regular monitoring of service statistics and community awareness and response for evaluation by staff and community members and further input into planning and priority setting.

Attention to the relationship between primary and secondary care with view to developing an appropriate model for health care in Lalitpur District with the new community hospital as a base.

## 8. Personnel

United Mission to Nepal will make available three expatriate health professionals including a community medical officer, community health nurse, and a training coordinator. These will have supportive roles only.

National staff with recognised certificates will fill senior posts in the Central Offices of the District Hospital and all posts in the Extended Health Services/Health Posts and Maternal Child Health clinics. Clerical and other support staff will be Nepali nationals.

HMG/N will assume full responsibility for all staff in Extended Health Services/HPs by the completion of the mergers of these facilities into HMG Health Services, the timing to be set upon mutual agreement. The timing has already been proposed for two of the present facilities.

# COMMUNITY DEVELOPMENT ASSISTANCE PROJECT, LALITPUR

Long-term Plan

Health Services Board, February 1982

## 1. Background

The Community Development Assistance Project (CDAP) grew out of early emphasis on nutrition and sanitation within the Lalitpur Community Health Programme (CHP) which began in 1971 as a 'District Panchayat Assistance Programme' under the Shanta Bhawan Project. In the early years work was contained within the Kathmandu Valley. Investigative tours into the southern hilly regions were made in 1973 and in 1977 (at the request of the Chief District Officer). The greatest problems/needs in the 5-7 southernmost panchayats, as expressed by the local people, summarized, were 1) food insufficiency, 2) water shortage, 3) 3) diseased and dying animals, and 4) no schools with facilities beyond class three. Lack of health facilities was not once mentioned even though there were no such facilities within 1-2 days walking distance. The following year a comprehensive total household survey was done in one representative panchayat which yielded valuable baseline information. Participation with the local people according to their expressed and demonstrated needs has developed alongside the health services component of the CHP. This Health Section will continue to follow HMG/N health services structure under the management of the District Health Committee and will be known as the Community Primary Health Care Programme, Lalitpur.

## 2. Programme description

The CDAP is a new programme which will be administratively responsible to UMN Health Services Board. It was formerly the Community Development and Training Section of the Shanta Bhawan Project Community Health Programme. The project's main emphasis will be participation with the local people according to their expressed and demonstrated needs. It will be a complementary, supportive district project with relationships with appropriate district and national committees and organisations.

## 3. Programme objectives

- 3.1 To assist in development efforts (health, agricultural, social, economic, educational etc) on the district as well as village level, realising that these efforts are all interrelated and interdependent.
- 3.2 To assist in the process of social and economic development by stimulating and helping selected communities to solve their own problems and to meet their own basic needs by utilizing local resources to the fullest extent, thereby reducing dependence on outside aid through realisation of their own potential.
- 3.3 To assist individuals of all social and economic backgrounds to experience a better quality of life by making available appropriate educational opportunities at the village level.
- 3.4 To assist and support health and health-related programmes of HMG/N and UMN in addition to local organisations and interested individuals by making available relevant information and results of community assessments and surveys and by assisting with advice and consultation upon request.
- 3.5 To assist HMG/N-, UMN-, and other community development-related programmes by providing field training experience and other training according to principles mutually agreed upon by the administrators of the programmes.

#### 4. Project activities

##### 4.1 Nutrition and food technology

- a. The foods and feeding patterns for infants, children, and their mothers will receive special emphasis through nutritional assessments and by planning and carrying out appropriate programmes for stimulating nutrition awareness.
- b. Efforts will be made to make practical use of cultural and sociological information related to nutrition and foods, and to make this available to others.
- c. The problems of food use, eg, storage, preservation, wastage, and handling will be given due attention in order to reduce the problem of food scarcity and to bring awareness of the need for better food hygiene and safety.
- d. Locally consumed foods will be studied (including those which are uncultivated) and these will be sent for analysis.
- e. Marketing studies will be done and care taken that foods necessary to the locale will not all be sold in outside markets, thereby further increasing nutritional problems.

##### 4.2 Sanitation

- a. Follow-up will be done on previously initiated latrine projects, ie, those involving latrines at private homes, and village-based latrine slab-making club/group etc.
- b. Socially and culturally acceptable night soil disposal methods will be searched for, experimented with etc. Those methods which protect and enrich the environment and which are low or no-cost to villagers will be encouraged.

##### 4.3 Water supply

- a. Information on the values, uses and misuses of water in and around the home will be shared during the planning stages of water project.
- b. All water projects in selected areas of concern should be undertaken on the basis of specific requests from the community concerned, approved and forwarded to the Community Development Project through the district administration.
- c. Before work on any water project is begun, the concerned group of villagers should select a 'water maintenance' committee, present a plan for future maintenance including how to establish financial resources for maintenance, and how to protect the water source by planting trees.
- d. Plans should ensure that all households along the water pipeline will benefit impartially from the project, that water will be available within 15 minutes distance.
- e. The Community Development Project's contribution will be limited to pipe, taps/fittings, cement and expertise. All other material should be contributed locally. Unskilled labour should be done as voluntary contributed labour by all people benefiting from the project.

##### 4.4 Agriculture/Horticulture

- a. Farmers and other householders will be encouraged to grow more vegetables, fruit trees and forage crops. To aid this, an agriculture supply centre will be established in each panchayat in Development Area No. 9, with the participation of local interested people.

- b. The agriculture supply centres should keep in stock a good supply of appropriate seeds, crop protection supplies and basic animal care medicines, and limited amounts of fertilizer.
- c. Small nurseries will be established in connection with the agriculture centres from which fruit and other tree seedlings can be made available for different purposes.
- d. Intensive study should be made on the preparation and use of compost, and farmers willing to experiment in this area should be strongly encouraged. Indiscriminate use of chemical fertilizers will be cautioned against.
- e. The agriculture stores and nurseries should be self-sustaining within two years or after necessary local funds have been built up.
- f. Farmers groups will be encouraged in order to facilitate group decisions, appropriate experimentation, procurement of loans etc.

#### 4.5 Animal health care

- a. Animal health care medicines will be kept in stock for sale at the centre or for sale through trained Village Health Workers and volunteers.
- b. Quality of livestock will be improved through the introduction of improved breeds of livestock which will be made available for service by caretaker farmers.
- c. Cooperation/assistance will be given during livestock vaccination programmes.

#### 4.6 Agro and cottage industry

- a. Investigation will be made into the harnessing of water power for useful purposes, eg, the production of electricity, the operation of oil expellers and flour mills etc. Assistance will be given in obtaining loans for such.
- b. Further studies will be carried out on silkworm production.
- c. Nutritional and economic implications of all agro industry and other enterprises will be carefully considered.
- d. A study of the present marketing practices will be undertaken and assistance given to finding more beneficial outlets for present and future products (foods, herbs, cottage industry items etc).

#### 4.7 Education programmes

- a. Since most schools only provide education up to class three, efforts will be made to stimulate the communities in educational awareness by providing supplementary educational opportunities, such as:
  - 1) Farmers' and women's groups which will be given opportunity to expand their knowledge in the fields of agriculture, nutrition, credit programmes etc.
  - 2) Functional literacy classes and follow-up with appropriate educational materials will be undertaken.
- b. Requests for assistance to schools in matters involving finance and personnel will be thoroughly discussed with district authorities and appropriate action taken.
- c. In-service training of community development local staff and volunteers will be a vital part of the ongoing programme.

#### 4.8 Community Assessment/Motivation

- a. All staff in responsible positions will be encouraged to be involved in informal and, to some extent, formal community assessment activities in order to more fully know and appreciate the community, to be able to communicate and act/react appropriately, and to provide groundwork for programme design.
- b. Areas of investigation will include traditional community group dynamics/activities, food and nutrition studies, local agriculture practices and problems, conservation, animal health and production, water management, marketing practices and possibilities etc.

#### 4.9 Other programmes

Flexibility within the Community Development Assistance Project will allow for the addition of activities and programmes not now visualised as communities begin to organise themselves to meet their own needs with their own resourcefulness.

### 5. Interrelationships with other projects

The Community Development Assistance Project under the United Mission to Nepal will operate in cooperation/consultation with existing district offices and associated national offices. These will include:

District Agriculture Office	Dept of Health Nutrition Section
Central Gov't Agriculture Research Centre, Khumaltar	HMG Food Research Laboratory
Agriculture Supply Centre, Teku	Dept of Health, Health Education Section
Horticultural Station, Kirtipur	Dept of Education
Horticultural Station, Godavari	District Education Office
District Veterinary Office	Nepal-Australia Forestry Project

### 6. Community involvement

The project will work through village water and agriculture committees and seek active participation by individuals and groups in latrine construction and non-formal education. Strong relationships will be sought with local villagers, volunteers and professionals in all aspects of the programme.

### 7. Research and Evaluation

Regular assessment of programme activities through reporting and monitoring of community awareness and response through staff meetings and community discussions.

Non-formal education approaches, local grain storage practices and marketing practices in the hilly regions will be studied.

Nutrition surveys in problem areas and further study of locally available foods will be continued.

The role of a simple village based Nutrition Rehabilitation Centre as a demonstration of the use of local foods for malnourished children will be further assessed.

**1. Background**

The Shanta Bhawan Nursing School was established in 1959 at Surendra Bhawan to train Nepali women in basic nursing. In 1972 a new educational system was initiated and the school came under the Tribhuvan University (TU), Institute of Medicine. The channel of communication is through the Campus Chief of Mahaboudha Nurse Campus to the Dean of the Institute of Medicine. The academic calendar has changed as follows:

Yearly system 1959-1972 (training period of 3½ years)

Semester system 1972 (June) through 1980 (training period of 3 years)

Yearly system - beginning January 1981 (training period of 3 years)

**2. Project description**

Shanta Bhawan Programme, Nurse Campus, is a United Mission to Nepal (UMN) funded campus of TU, Institute of Medicine, which educates Nepali women in basic nursing, the certificate level. The training period is 3 years with a yearly intake of 25 students. At present there are 72 students, 13 teaching staff, and an additional 16 ancillary staff at the campus.

**3. Project Objectives**

The overall aim of this campus is to educate Nepali women to be beginning practitioners in nursing in the hospital and the community in order to assist in meeting the health needs of Nepal.

Particular objectives and methods are:

- a) To educate students to function efficiently in the nursing profession:
  - 1) provide adequate physical facilities at the campus.
  - 2) provide and staff nursing library.
  - 3) arrange recreational activities for students.
  - 4) provide good clinical and field experiences.
- b) To facilitate the continuing education of Nepali teachers for teaching nursing:
  - 1) arrange 3-4 day workshops or seminars for teachers.
  - 2) send teachers for short-term courses in Nepal or India.
  - 3) provide and develop educational materials for teachers.
  - 4) to send candidates for BSc or MSc in Nursing yearly.
- c) To find a location for the campus close to clinical facilities:
  - 1) search for campus location for 75 students and 4 to 5 single staff near to the Patan Hospital.
  - 2) investigate possibilities for building a building for the campus with UMN and TU, Institute of Medicine.
- d) To implement the Adult Nursing degree programme under Shanta Bhawan Programme in 1983:
  - 1) assist with curriculum development of this programme.
  - 2) identify budget needs and propose to the Dean of the Institute of Medicine.
  - 3) identify resources for a vehicle for use in the programme.
  - 4) provide housing and facilities for the yearly intake of 10 students in this 2 year programme.
- e) To facilitate the change from being a part of Shanta Bhawan Project to being under the Health Services Board:
  - 1) initiate an advisory or management board for the programme.
  - 2) implement committees for the staff at the programme.

f) To maintain good interpersonal relationships with the hospital, community, and university:

- 1) arrange regular meetings with hospital staff.
- 2) arrange regular meetings with the Campus Chief of Mahaboudha Campus, and the Dean of the Institute of Medicine.
- 3) use the channels of communication functioning within the clinical facilities to inform them of our programme objectives.

#### 4. Interpersonal relationships with other projects

The Shanta Bhawan Programme is at present under the Shanta Bhawan Project under the Health Services Board of the United Mission to Nepal.

Beginning January 1983, the programme will be directly responsible to the Health Services Secretary, as the Shanta Bhawan Project will cease to exist.

The programme is also under the TU, Institute of Medicine, academically. The line of communication is through the Campus Chief of Mahaboudha Programme to the Dean of the Institute of Medicine.

#### 5. Community involvement

The campus is involved with the community through its learning programme. The students and teachers utilize various clinical facilities as Shanta Bhawan Hospital, Maternity Hospital, Eye Hospital, Bir Hospital, Maternal Child Health/Family Planning Clinics, Community Health etc.

#### 6. Research and development

Teachers are encouraged to do research according to the Institute of Medicine criteria, to write text books, and to write articles related to professional nursing. This area needs additional emphasis to assist in defining what nursing is in Nepal.

#### 7. Evaluation

Yearly evaluation of staff will continue to be carried out. The teaching programme needs to be evaluated by students, teachers and persons from the clinical areas. An evaluation form will be developed for each of these three areas and presented at yearly intervals.

#### 8. Personnel/Training

##### a) Personnel required

	1982	1983	1984	1985	1986
Campus Incharge	N	N	N	N	N
Deputy Incharge	E	N	N	N	N
Teacher with knowledge of Community Health	E	E	E	N	N
Teacher with knowledge of Community Health	N	N	N	N	N
Teacher with knowledge of midwifery	E	N	N	N	N
Teacher with knowledge of midwifery	N	N	N	N	N
Teacher with knowledge of medical/surgical nursing	N	N	N	N	N
Teacher with knowledge of medical/surgical nursing	N	N	N	N	N
Teacher with knowledge of pediatric nursing	N	N	N	N	N
Teacher with general nursing knowledge	E	E	E	E	E
Teacher with general nursing knowledge	N	N	N	N	N

	1982	1983	1984	1985	1986
Teacher with general nursing knowledge	N	N	N	N	N
Teacher with general nursing knowledge	N	E	E	E	E

N = Nepali

E = Expatriate

In 1982, 3 personnel are needed to replace the teachers who are leaving the programme.

b) Training. The continuing education of teachers was outlined in the project objectives b).

#### 9. Budget

One of the major items to be considered in the budget is the increase in rent, the charge of renovation, or the cost of building, depending on the option selected for the campus location.

January 1982

## BLINDNESS PREVENTION AND CONTROL PROGRAMME

JANAKPUR ZONE, NEPAL

**1. Background**

Having established that blindness is a major health problem in Nepal and with the indication that at least three out of four cases of blindness were either preventable or curable, the Ministry of Health, HMG/Nepal, in cooperation with WHO formulated a National Prevention and Control of Blindness Programme in August 1980.

As the initial phase, a 'Nepal Blindness Survey' was carried out in 111 sites throughout Nepal, and interim findings from this survey are being used for meaningful planning and implementation of a programme of action. Implementation of the control programme started in the Far West in the later part of 1981 with the establishment of a regional base and several mobile teams. The South East Asia Regional Office of WHO has invited Christoffel Blindenmission to actively participate by accepting funding and other responsibilities for the implementation of this programme in Janakpur Zone within the guidelines established by the National Programme/WHO. It has been proposed that the Nepal Eye Hospital and United Mission to Nepal will be implementing partnership with CBM in this venture.

Janakpur Zone has an estimated total population of 1.3 million people with more than 60% of these living in the relatively accessible Terai belt.

According to the Blindness Survey Interim Report, the estimated number of persons with bilateral blindness amounts to 11,562 (prevalence of 0.95%). Cataract is responsible for between 50 and 60% of these cases. If one looks at the need for cataract surgery, Janakpur Zone has an estimated 'backlog' of 12,000 cataract patients, if backlog is defined as made up of persons with visual acuity in the best eye of <6/60 and major cause of impairment is cataract. Most of these patients live in the Terai belt, a lower number in the hills and only very few in the remote mountains. Trachoma, eye trauma and nutritional blindness (xerophthalmia/keratomalacia) make up important causes for preventable blindness in the area.

One Nepali ophthalmologist is presently working as a member of the Zonal General Hospital team in Janakpur. Mobile Eye Camps have been held at varying intervals.

**2. Programme Description**

A programme for Ophthalmic Health Care that can be meaningfully integrated within the HMG/N structure for basic health services, and with emphasis on the need for community action and participation, is being proposed. An Eye Centre will be constructed as a permanent referral base in Janakpur town. Field services will be progressively implemented, seeking primarily to cover the Terai belt and thereafter extending services to the hills and mountains of the zone.

The overall programme goal shall be to seek a 90% reduction of all preventable and curable blindness in Janakpur Zone within 5 years.

**3. Programme Objectives**

It is believed that in order to achieve the overall programme goal the programme must seek a balance between action-oriented clearing of treatable conditions, and community-oriented motivating for higher awareness and participation by people themselves in health matters which are affecting them and their neighbours. It is also seen important to establish a structure for eye-care that will be maintained beyond the 5 years of programme assistance.

The Programme Objectives will therefore be:

- 3.1 To clear the backlog of cataract in the zone.
- 3.2 To treat trachoma and its complications according to WHO guidelines and thereby prevent blindness.
- 3.3 To make available appropriate care for eye injuries as close to people's homes as possible.
- 3.4 To identify children at risk and make available early treatment for xerophthalmia.
- 3.5 To develop permanent referral services for eye-care including the construction of a base hospital facility at the zonal headquarters in Janakpur.
- 3.6 To support health workers at all levels of the primary health care system in their ongoing efforts to treat diseases and strengthen health.
- 3.7 To increase the awareness of treatable and preventable eye conditions among health workers at all levels, up-grade skills in treating such conditions and assist in assuring a continuous supply of necessary drugs and simple equipment.
- 3.8 To participate with the National Programme in the training of ophthalmic assistants to the extent required.
- 3.9 To increase people's awareness of treatable and preventable eye conditions and their causes, and stimulate for active participation by individuals and communities themselves in all aspects of the programme.
- 3.10 To seek to learn from the traditional understanding of health, incorporate useful approaches in the programme and encourage use of locally available foods and other resources in the preventive and educational efforts.

#### 4. Strategy

The broad strategy and methodology recommended by WHO will apply to the programme, retaining flexibility in implementation so that a comprehensive programme of Community Health Care with emphasis on Ophthalmic Health Care can be progressively implemented in the Janakpur Zone, conforming to the plan of action for health delivery in Nepal by His Majesty's Government.

The Nepal Blindness Survey indicates that 90% of blindness in Nepal is preventable or curable. Nearly 40% of all the blind in Nepal are cataract blind living in the terai and valleys, and thereby fairly accessible to the programme. Cataract surgery is therefore probably the single most needed intervention to restore sight in Nepal.

- 4.1 Eye Centre, Janakpur. To provide a base for the programme and efficiently deal with a high number of cataract surgery, an eye centre is proposed in the zonal headquarters, Janakpur (for details of construction, see Appendix 1). The eye centre shall have permanent facilities for surgical eye care, offices, storerooms and an outpatient facility. Additional temporary structure may be added for use in the initial 5 year phase, to efficiently deal with the present backlog of 12,000 cataract patients. Extended surgical eye camps will be arranged out from this permanent base.

The Janakpur Eye Centre will provide the following services:

- 4.1.1 The operation of patients needing intraocular surgery (mainly cataract and glaucoma - cases referred by the mobile teams, District/Health Post/Hard levels). These patients will remain 5-7 days in the hospital during the convalescence stage.
- 4.1.2 The treatment of patients coming to the outpatient department.

- 4.1.3 The training of ophthalmic assistants, health post and community level staff.
- 4.1.4 The storage and distribution of ophthalmic instruments and drugs at all levels.
- 4.1.5 The organisation of mobile units working in Janakpur Zone.
- 4.1.6 The organisation of the eye camps/field clinics in the mountainous areas.
- 4.1.7 The organisation of the surveillance/reporting/recording system.
- 4.1.8 Promotion of health education and community participation in the programme.

**4.2** Coordination with HMG/N Primary Health Care Structure. Health Post personnel, Village Health Workers, Health Committee Members and Community Leaders will be invited to active participation within the programme, and efforts will be made to coordinate the search for blinding eye conditions as well as educational initiatives with other ongoing primary health care activities.

Ophthalmic Assistants will be responsible for such field activities, supervised by the programme Ophthalmologists and a Community Medical Officer.

Cases of entropion/trichiasis will be operated on at the village/Health Post level by the ophthalmic assistants. Cataracts will be referred to the eye centre or mobile eye-camps as appropriate. Evidence of threatening nutritional blindness will be treated immediately by the Ophthalmic Assistants or other health workers in the field. Simple treatment of eye injuries will be made available at the Health Post level and through selected community members.

In order for this approach to be effective, initial training of everybody involved in the search for blinding eye conditions, referral and simple treatment is essential. Such training will be given to Health Post staff at the eye centre, and to community members at the Health Post. Besides training for and supervision of the above activities, the programme will be responsible for a basic supply of simple instruments for eye care and a continuous supply of appropriate drugs. The programme will for the first 3 years seek to cover all panchayats in the three Terai districts, out from a total number of 24 Health Posts and 2 Ayurvedic Centres.

**4.3** Community Involvement. Village Health Committee members and other community members with active interest in the programme will be invited to participate in all stages of the programme. This will include participation in the search for cases after initial training, assessment of the total situation in the village through discussion of actual findings during the search, follow-up of cases identified, and seeking relevant health education initiatives in response to local needs, practices and resources.

## **5. Personnel**

The programme will need to employ 10-15 Ophthalmic Assistants over the first 3 years. Of these, 3 will be posted in the eye centre in Janakpur, and 3 in each of the Terai Districts during the search phase. These Ophthalmic Assistants will be recruited locally to the degree possible, and trained and employed by the National Programme.

The Nepal Eye Hospital will make available one Ophthalmologist and other personnel for the eye centre.

CBM through the United Mission to Nepal will seek to make available the following personnel:

- 1 Ophthalmologist
- 1 Ophthalmic Nurse (for eye centre)
- 1 Programme Administrator
- 1 Community Medical Officer
- 1 Nutritionist/Health Educator

#### **6. Organisation**

The agreement for participation in this programme will be made between Christoffel Blindenmission and His Majesty's Government of Nepal, with United Mission to Nepal and Nepal Eye Hospital as implementing partners.

United Mission to Nepal and Nepal Eye Hospital will be joint partners with CBM in this programme, each one playing their respective roles after mutual consultation and acceptance. CBM will accept responsibility for support - monetary and otherwise - wherever necessary.

The programme will be coordinated with similar programmes undertaken by various agencies in other zones of the country through the WHO Nepal Blindness Prevention and Control Programme, which will also be overall responsible for training of national staff and conditions of employment for the same.

## NUTRITION ADVISER TO HEALTH SERVICES BOARD

### Long-term Plan

Health Services Board, February 1982

#### 1. Background

Health and Nutrition data (as available) demonstrate clearly that Nutrition is Health and Development Priority No.1 in Nepal. (Nepal Nutrition Status Survey, Breast Feeding Seminar etc).

#### 2. Description

To maintain or improve nutritional status in UMN-related population groups (UMN-RPGs) (contact or target groups) by increasing awareness and knowledge of nutrition; increasing knowledge and understanding of nutrition-related behaviours; and maximising positive attitudes to nutrition and nutrition education among all UMN personnel, in health and other disciplines.

#### 3. Objectives

- 3.1 Increase nutritional awareness (especially awareness of the effect of nutrition on health status) among UMN personnel, and UMN-RPGs.
- 3.2 Increase positive attitudes towards nutrition (and the effect of nutrition on health status) among UMN personnel and UMN-RPGs.
- 3.3 Increase knowledge of nutrition (especially on the practical level), the effects of nutrition on health status, and the significance of nutrition-related behaviours among UMN personnel and UMN-RPGs.
- 3.4 Reinforce existing good dietary patterns and practices among UMN-RPGs.
- 3.5 Collect data about attitudes to and knowledge of nutrition; about existing dietary patterns and intakes; among UMN-RPGs through the involvement of UMN personnel.
- 3.6 Collect information about possible improvement of utilisation of known foods, and the introduction of new foods, among UMN-RPGs.
- 3.7 Collect information re weaning and child-feeding practices, and the feeding practices of other vulnerable groups; and seek for methods of improving these, while reinforcing existing viable programmes.
- 3.8 Develop flexibility, through feedback, in all nutrition programmes.

#### 4. Strategy/Methods

- 4.1 Advising HSS and HSB projects (after consultation with other nutrition personnel) on matters concerning nutrition, and nutrition education.
- 4.2 Assisting HSO and LOP in nutritional aspects of (professional) orientation and continuing education of Board Appointees.
- 4.3 Assisting the various projects under the HSB to plan, implement and evaluate nutrition, nutrition education, and applied nutrition programmes; nutrition workshops, seminars, exhibits, publications etc.
- 4.4 Assisting the HSO and HSB projects in planning and conducting research in nutrition and nutrition education.
- 4.5 Assisting HSO, HPSO and Non-Formal Educator in the development, conduct and evaluation of all aspects of nutrition education (eg, workshops, seminars, exhibits, publications etc).

4.6 Coordinating HPSO, Non-formal Educator and HSB projects in development, distribution and evaluation of nutrition education materials, taking into consideration what is already in use in government and mission programmes.

4.7 Collect nutrition resource material for HPSO library/resource centre.

4.8 Assisting other UMN projects in nutrition based activities, at their request and as deputed by the HSS.

4.9 Other nutrition-related duties as suggested by evaluation, HSS and projects.

5. Interrelationships with:

HSO, Consultant Team and HPSO  
UMN Health Projects  
HMG/N Nutrition Cell and Health Education Department  
UNICEF, WHO, other agencies  
Education Office (Materials production, Non-formal Educator)  
LOP and UMN HQ

6. Community involvement

Indirect - only through UMN projects.

7. Research and Development

Nutrition Status Surveys  
Nutrition (Food) Surveys  
Food (and Health) Belief and Practice Surveys  
Nutrition intervention (education, agriculture etc)  
- all in UMN-RPGs

8. Evaluation

Feedback from projects  
Measurement of materials distribution  
Nutrition Status Surveys



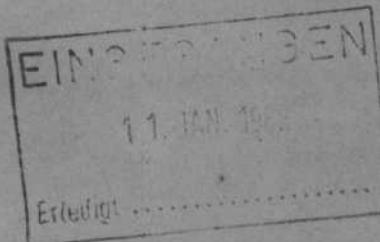
# THE UNITED MISSION TO NEPAL

Executive Director: Mr. C. J. Johansson  
Treasurer: Mr. E. Wennemyr

Telephone: 12179 or 15573  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
Mailing address:  
POST BOX 126,  
KATHMANDU, NEPAL

27th December, 1981

Mr. Barbel Barteczko,  
Gossner Mission,  
Handjerystrasse 19/20,  
1000 Berlin 41,  
West Germany.



Dear Mr. Barteczko,

18th

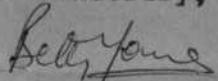
Thank you for your letter to Mr. Johansson dated December 1981, enquiring about the need for Mr. Andreas Vossberg to return to Nepal for the year 1982. I have talked with Dr. Sigrun Mogedal, the Health Services Secretary of UMN, and also the Acting Executive Director in Mr. Johansson's absence from Nepal at the present time.

Dr. Matern left Nepal in September, and is no longer at the Shanta Bhawan Hospital or with the United Mission to Nepal. We regret that there has been confusion about the request which has come to you, and I will try to outline our position here.

- The Shanta Bhawan Hospital and all its departments belongs to the United Mission to Nepal, and will continue to do so through the year 1982, and possibly early 1983. We expect by that time the hospital will have moved into the new Patan Hospital building to continue a ministry there.
- There is no orthopedic workshop or department in the hospital. From time to time we do have the help of an orthopedic surgeon who can practise his specialty to some extent but must also be prepared to do general surgery. Mr. Vossberg was operating a workshop on the hospital grounds, but this did not belong to the hospital, or UMN, and before he left Nepal it was officially handed over to Nepali ownership of the Committee responsible for the Nepal Orthopedic Appliances Center.
- There are no plans for the development of a workshop in Shanta Bhawan, nor is there a post for an orthopedic technician, such as Mr. Vossberg could fill. We appreciate very much his interest and readiness to help in this way, but do not actually ~~now~~ have any suitable opening for him in UMN.

We trust that this will be of help in clarifying the situation in UMN, and again are grateful for your interest and help in seeking to meet our needs.

Yours sincerely,

  
Betty Young  
Personnel Secretary

544 P. G. BROWN

एवाई पत्र  
AEROGRAMME



Mr. Barbel Barteczko,  
Gossner Mission,  
Handjerystrasse 19/20,  
1000 Berlin 41,  
West Germany.

← त्रिं नोड →

UNITED MISSION TO NEPAL  
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KATHMANDU, NEPAL.

यस पञ्चमित्र के ही सामिल्या साधारण बाँकबाट चलान गरिनेछ

**AIR MAIL**  
**BOOK POST**  
U. M. N., P. O. 126  
Kathmandu, Nepal.



The Asia Secretary  
Gossner Mission  
Gossner Haus  
Handjerystrasse 19/20  
D 1000 Berlin 41  
West Germany

EINGEGANGEN

6. NOV. 1981

Erledigt .....

United Mission to Nepal  
Box 126  
Kathmandu

TO: MEMBER BODIES AND FELLOW WORKERS  
FROM: CARL J. JOHANSSON

23 OCT 1981

The Relationship of the Present Shanta Bhawan Hospital  
and the Patan Hospital Project \*

This is an attempt to clarify a relationship that is basic and simple. What is the Shanta Bhawan Hospital? Is it a building of mud, brick and mortar that has a shrine-like quality to its physical structure? To this we answer, "No". Rather, the Shanta Bhawan Hospital is an expression of the Christian mission of healing, care and wholeness by the UMN. Its predecessor was called the Cholera Hospital and its successor will be the Patan Hospital Project. \*

In no way does the United Mission to Nepal change, lessen, or leave unfulfilled a commitment to serve the people of Nepal in the name and spirit of Jesus Christ, or a commitment to excellence and appropriateness in its exercise of the ministry of healing.

There is one essential difference. The site and buildings of the Patan Hospital Project will belong to the nation of Nepal and its people. The present Shanta Bhawan Hospital is a rented facility. We are glad for this opportunity to invest in the health care of a nation.

Where presently at SBH staff, capital, and recurrent costs are an investment on the part of the UMN, the same type of commitment will continue at the PHP. Presently in the management of the SBH there is provision for UMN, community, and government representation. In the management of the PHP these three elements will make up its Administrative Board.

This memorandum would encourage strongly that any investment of gifts for SBH find their continuity by giving to the PHP. In no way does the change of physical facilities change the nature of our Christian concern expressed in our commitment to healing. Any appeal for funds to continue the SBH, after the transfer has taken place to PHP, is not consistent with the policy of UMN as it views its ministry.

After we leave the physical facilities of SBH what remains is a former Rana Palace that can be adapted to any purpose its owner or renter desires. The continuity of the ministry of healing formerly expressed in the Cholera Hospital and the Shanta Bhawan Hospital continues at the Patan Hospital Project. Pray for our growth in Christian compassion and concern as the United Mission to Nepal seeks to continue to fulfill its purpose and ministry in fresh obedience to Jesus Christ.

\* The words 'Patan Hospital Project' are used since the official name of the hospital has not been finalized.

F. Mische

## **United Mission to Nepal**

### **COMMISSION ON INSTITUTIONAL IMPLICATIONS IN HEALTH CARE**

**Final Report**

**1979 / 1980**

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COMMISSION ON INSTITUTIONAL IMPLICATIONS IN HEALTH CARE

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Introduction

In response to the need for a clearer definition of the role, economics and future of UMN hospitals, a commission was convened in February 1980 including people of expertise and experience in areas such as health management and health delivery systems from within and outside Nepal.

The commission was requested to present its recommendations to the UMN Board in consultation with the Health Services Board.

As the UMN Executive Committee called the commission into being (EC(2)-6/79), it was recognised that an adequate response must:

- i) be well-informed, both professionally and sociologically/politically;
- ii) be agreed on at all levels of UMN management and staff, rather than be imposed from above or locally established;
- iii) involve a sustained and disciplined approach to adapting the existing hospitals' programmes and developing new ones;
- iv) include helpful and appropriate input from member bodies and board appointees.

It was also agreed that economic and moral factors to consider would include:

- a) the need to provide service to the poor;
- b) the need to decide on acceptable and appropriate levels of care;
- c) the need to keep overall costs within the potential of the community, with or without subsidy;
- d) an awareness of the scale and standard of service in government hospitals, keeping in mind the goal of handing over to HMG/N;
- e) the effect that acquisition of equipment and other capital items has on the recurring budget;
- f) the potential role of UMN as a prophetic voice in Nepal, speaking to this issue.

Participants

Dr Stuart J Kingma, Associate Director, Christian Medical Commission,  
Geneva (1980 meeting only)

Mr Ed E Nabert, Voluntary Health Association of India

Dr Helen Gideon, Consultant, Christian Medical Commission  
(1981 meeting only)

Dr Rajendra Rongong, Director, Curriculum Development Centre, Tribhuvan  
University

Mr Bir Bahadur Khawas, Administrative Officer, Shanta Bhawan Hospital

Mr Bert Lobe, Chairman, United Mission to Nepal Board of Directors  
(1980 meeting only)

Mr Carl J Johansson, Executive Director, United Mission to Nepal (Chairman)

Dr Carl Friedericks, Senior Health Consultant, United Mission to Nepal

Dr Sigrun Mogedal, Health Services Secretary, United Mission to Nepal  
(Secretary)

### Proceedings

The commission had two formal meetings:

1. 17 - 19 February 1980
2. 15 - 17 February 1981

The evaluation report of UMN Health Services by the Christian Medical Commission (November 1979) and work documents of the UMN Health Services Board were used as background documents for discussion.

Notes from the first meeting of the commission received a wide distribution and stimulated active participation from all levels of UMN personnel. Several sub-groups as well as individuals responded with presentation of suggestions and articles on specific issues. The Health Services Board coordinated the input and worked it into a restatement of purposes and aims for the UMN Health Services. A proposed agreement with HMG/N for all UMN health activities, reflecting these aims, is presently under negotiation with government.

The second meeting of the commission could therefore address these initiatives taken through the year and make an effort to evaluate the direction they indicate; as well as discuss whether these initiatives represent an adequate response to the concerns raised by the UMN Executive Committee in November 1979.

This report represents the commission's contribution to this process of self-examination and search for future direction for UMN Health Services; focusing on certain areas of major concern and acknowledging that there are no easy answers. The process of questioning and evaluation will need to continue as an ongoing exercise where mission, church and community all take an active part.

## I. Purposes and Aims for the UMN Health Services Board

The commission was introduced to the long-term planning process for United Mission to Nepal, the Statement of Mission and the Purposes as spelled out in relation to the person, the community, the nation and the church.

It was pointed out that the purposes and aims must be seen as a whole; although the documents state purposes and aims related to separate categories, it is important to see how the categories mutually influence each other and are interdependent on each other.

The document on Aims for Health Services Board, as appended to this report, speaks to major issues in health care and the commission affirmed the general direction and priorities as they come out of this document. It was noted that the aim-statement related to the 'whole man' was enlarged and clarified in a work-document on 'Christian Mission in Health Care', and the commission requested that a summary of that document also be attached to this report as an appendix.

The aims also bring up the issue of justice. The commission recognizes that in the community in Nepal there exists a system of injustice which is not only based on the usual polarisation between those who have and those who have not; but is related to a general lack of resources, facilities and services of every kind. With this recognition, the challenge for UMN workers becomes one of identification with the poor, the oppressed and the powerless, and attempting to reduce the present forces of injustice through efforts that will meet their basic needs.

It was also noted that the concept of integration of UMN Health Services with HMG/N is understood as a process of dialogue, of working alongside with each other, including a willingness from the mission side to give over control. It was pointed out that the aims also speak to a similar process of dialogue with the local church, however, not with the view of the church taking up responsibility for UMN health programmes.

## II. Agreement with HMG/N for UMN Health Services

The proposed agreement was noted with interest, stating clearly the meaning of integration with HMG/N as a future aim and direction. The experience from the work of the Patan Hospital Interim Board, following a similar agreement, was also discussed and the role for this hospital as stated by the Interim Board was noted with satisfaction.

## III. Appropriate Care

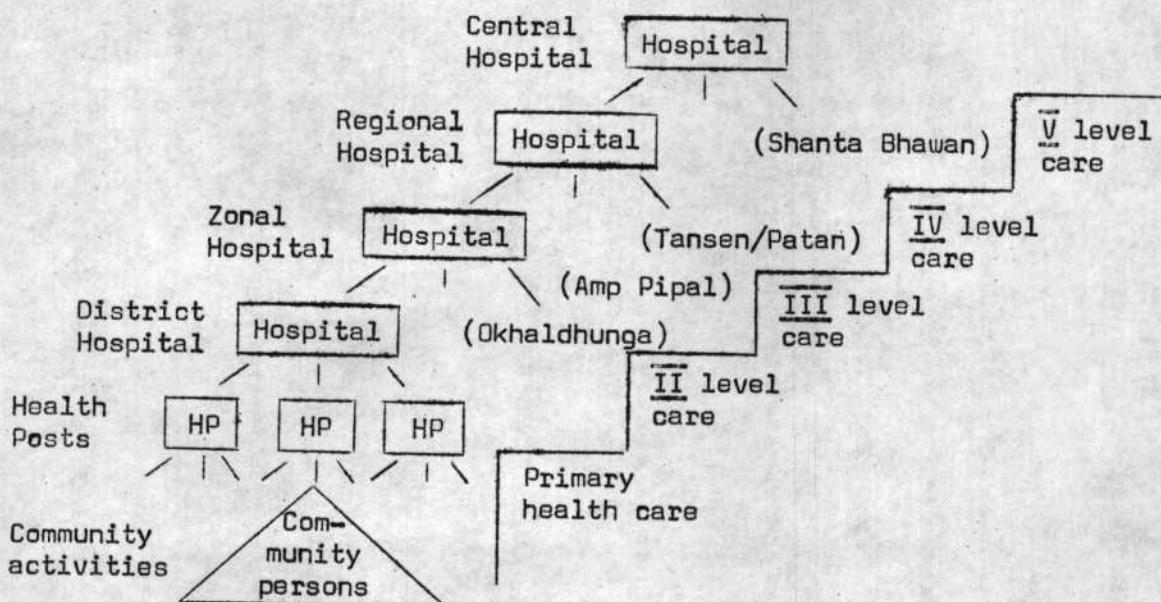
Appropriate health care can be considered only in the context of the role of an institution or programme in the health care system and incorporates cultural and geographical factors as well as national and local resources.

Dr H Mahler, Director General of WHO, makes the following statement about appropriate technology for the developing nations:

Appropriate care "calls for scientifically sound materials and methods that are socially acceptable in a particular context, directed against relevant health problems and effectively delivered, by affordable systems, where they are most needed".

The Nepal National Health Plan presents a structure for health care delivery based on different levels of care assigned to each component in the system. Each health post or hospital is assigned equipment, personnel, drugs and other supplies according to the level of care it is meant to provide.

#### LEVELS OF HEALTH CARE, NEPAL



With the stated aim for integration of mission institutions and programmes into the HMG/N health care system, it therefore seems right to decide on appropriate levels of care for UMN institutions in light of their defined role in the system. However, flexibility should be maintained within this framework to make possible a search for innovative ways of delivering health care within the potential of local and national community in terms of cost of care, community participation in health care and mobilization of local resources.

The commission finds it essential that each UMN institution and programme define its role in the health care system and that this role is agreed upon by UMN as well as HMG/N administration. For each hospital it is important to clarify the role in relation to primary health care as well as upwards to higher levels of specialized care, making basic care available as close to the people as possible and seeking to avoid overloading of the hospitals with primary care patients.

Health problems of special significance in the area would likewise influence the decision on appropriate care level for specific problems, as would other complex factors like effectiveness/cost of method and acceptance by the concerned population.

The commission recommends that equipment, personnel resources and drug lists for each hospital be limited to what is essential for providing the level of care assigned to the hospital within the health care system, informed by the local situation and the National Health Plan, thereby enabling the health care personnel to provide the services possible within the limitations of equipment and supplies.

Care must be taken not to initiate a higher care-level in a community that cannot be maintained.

#### **IV. Institutional Growth**

Most of the UMN hospitals experience considerable pressure from steadily increasing patient-loads. Some of these health institutions are located in areas where no other alternative hospital or health centre is within reach.

Yielding to such pressure by adding staff or facilities to cope with the increasing load, is recognized as only a temporary measure and should only be allowed to take place when it is consistent with the defined role of the hospital in relation to the health care system or, in the case of staff, when it provides for more efficient use of existing facilities.

When staff lose efficiency due to pressure over and above what is consistent with the quality of care that incorporates care for the 'whole man', active steps to limit the numbers may become necessary. Such active limitation may be a geographical demarcation of the area to serve (regionalization), or a way of controlling numbers through limiting registration or OPD hours. The establishment of a primary care facility for screening purposes in the vicinity of the hospital may also be considered.

In allocation of personnel as well as financial resources to the institution, care must be taken to reflect the general emphasis on primary health care as stated in the Aims document. Institutional priorities and initiatives must be supportive to and not negatively affect the primary care programme.

#### **V. Training**

The commission discussed the purpose of training at all levels; of community members as well as various categories of staff, into positions of leadership, decision-making and competence.

There continues to be a real need for Christian national staff in institutions and programmes, who are willing to take up the challenge of leadership and of being witnesses for Christ through their life and work as health care professionals in Nepal.

It was suggested that the UMN should be in dialogue with the church about this need, bringing the challenge to young Christians through vocational counselling, however, emphasizing that competition for posts must be based on competence and skills rather than Christian faith.

## VI. Financial Management

The commission studied various papers presented with input from Board Appointees as well as a study made of the Shanta Bhawan financial situation. The different institutions have financial reports and output records, but in most situations they are not used for a management purpose, neither are the data collected in a uniform way from one institution to the other. The need for uniform definitions was pointed out; not primarily for the sake of comparability between the institutions, but to give the data meaning.

All the free care should be accounted for in uniform ways and fee-calculations should be informed by realistic expense-allocation for the various services.

Inventory control and examination of staff pattern is essential for efficient operation and should be pursued in each institution.

Equipment needs should be studied in relation to the institution's defined role in the health care system.

The commission noted with satisfaction the growing awareness among UMN doctors of their own key role in the control of cost, and encouraged the initiatives taken by Shanta Bhawan medical staff as well as in Amp Pipal.

It was pointed out that cost issues must be understood by all health care professionals, focusing on their own role in achieving cost control.

The commission recommends that management systems be developed which will produce information that after analysis can be used as tools for planning and control. It is recognized that this will involve extra expenditure in the way of additional personnel, but it is considered essential in view of the present situation as well as in relation to the aim for integration with HMG/N health services. Such efforts will also prove economical in the long run.

## VII. Economic Viability

HMG/N health care is based on a policy of free care to all within severe limitations on budget allocation for each institution. Overall expenditure related to health is calculated to be approximately US \$ 1.50 per person per year. UMN health services are aiming to 'work within a cost frame that is controlled and informed by the economic potential of the community'. At the same time there is stated a commitment to justice and priority to efforts that will meet the needs of the poor.

Economic imbalance between the rich and the poor nations as well as national imbalances together create the background for the tensions between economic 'viable' institutions and institutions that provide services to the poor.

Within the context of Nepal, the commission affirms that UMN is justified in seeking subsidy for its health care from sources abroad. Rather than charity, this speaks to the issues of justice and solidarity.

The subsidy level for each institution should be carefully examined in relation to the community that is being served and any increased subsidy can only be justified through increased services to the genuinely poor.

Therefore, it is of vital importance that such subsidy be given under responsible stewardship, informed by the appropriate care level for each institution and assuming that this subsidy not hinder initiatives and responsibility of individuals and local and national community.

#### **VIII. Conclusion**

The commission is encouraged by the increased sense of direction and role that has developed through the year by active participation of all levels of UMN health services personnel, and which has resulted in a fresh statement of purpose, aims and priorities.

The issues that have been addressed in this report will require continued self-examination and search and need to be kept alive for fresh insights and initiatives. They require a disciplined approach to health care by all levels of health professionals, calling for a thorough orientation of all new personnel to these issues and an ongoing motivational rehabilitation of all.

With this report the commission considers its task accomplished. Its function has been that of a catalyst. The process will continue. May God give us all a renewed affirmation of His calling, for us to be participants in His healing ministry in Nepal.

God is here.

He is present in Nepal.

God has called us here to be His servants.

We respond in faith and a willingness to risk failure.

The following we therefore declare as our statement of mission:

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**STATEMENT OF MISSION : PURPOSES**

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The United Mission to Nepal purposes to make a common witness for Christ through a concern for meeting the needs of Nepal by:

- demonstrating community development models and personal relationships that reflect values of the Kingdom of God while building a redemptive community with justice;
- by training Nepalis with leadership, service and practical skills within their context and resources, thereby proclaiming the Gospel of God;
- by a sensitive and servant relationship to the local expression of the Body of Christ.

**PURPOSE: PERSON**

We would participate in the development of persons in the following ways:

- by our commitment to the development of persons in their skills, character, leadership and in their relationship to Christ.
- by our seeking to encourage responsible participation in their personal roles as a member in a family; a citizen in a nation; a seeker after equality, justice and righteousness.
- by seeking to be channels in discovering untapped potential in marginal peoples.

**PURPOSE: COMMUNITY**

We would participate in the process of development of communities in the following ways:

- by seeking to have the capacity to listen, observe and open up ways of communication.
- by seeking to be servants ministering to critical poverty.
- by seeking to enable and allow community decision making processes as they relate to our participation in community development.
- by seeking to participate in an integrated way, alert to the danger of creating dependency.

PURPOSE: NATION

We would participate in the process of the development of Nepal by focusing on selected issues including:

- poverty and ways of facing it.
- appropriate national institutions.
- village and cottage economy.
- maintaining Nepali identity.
- equity and justice.

PURPOSE: CHURCH

We would participate in the process of the development of the church in Nepal in the following ways:

- by our identification as a Christian mission in our relationships with HMG/N.
- by our personal participation as individuals with local congregations for fellowship, worship and encouragement.
- by following our biblical purpose of feeding the poor, healing the sick and ministering to need as opportunity affords.
- by maintaining Christian integrity in our discussions with HMG/N.
- by seeking a low profile while encouraging growth of Nepali brothers and sisters in understanding and commitment.

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UMN LONG-TERM PLANNING : STATEMENT OF AIMS FOR THE HEALTH SERVICES BOARD

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PURPOSE: PERSON

Aims:

1. To seek to demonstrate a concept of health care which incorporates the physical, mental, social and spiritual dimensions of the whole man in the context of Nepal.
2. To encourage each person to take an active part in the promotion of their own health through seeking with them ways of utilizing local resources and modifying environment and practices to prevent disease and strengthen health.
3. To train village level volunteers and community members for responsible participation in matters relating to health and development of their own communities.
4. To train health services staff into positions of leadership, decision-making and competence.

PURPOSE: COMMUNITY

Aims:

1. To seek a health care that is appropriate in relation to culture; being open to learn from the traditional understanding of health and seeking ways for meeting health needs that are acceptable to individuals and communities.
2. To motivate local communities to take increasingly more responsibility for their own health care, stimulating and facilitating community participation at all levels through an ongoing dialogue with all concerned and affected and responding to needs in an integrated way through cooperation with other functional groups.
3. To work within a cost frame that is controlled and informed by the economic potential of the community, seeking innovative ways of generating income and utilizing local resources.

PURPOSE: NATION

Aims:

1. To assist the Ministry of Health in planning, managing and providing health care to the people of Nepal, seeking ways for interchanging of experience with, and integrating institutions and programmes into the institutional framework of HMG/N health care in Nepal, including a willingness to give over control when time and circumstances seem right, and it is agreeable to UMN's purposes.
2. To seek an appropriate care level for each institution or programme, informed by national and local resources; emphasizing functional interaction between care levels so that care can be given at the lowest appropriate level, as close to the homes as possible.

3. To participate in the development and operation of health manpower training programmes.
4. To initiate new work in unserved areas within the framework of the National Health Plan with a clear priority to the development of primary health care and motivation for community action.
5. To allocate resources based on an overall understanding of what contributes to people's health, demonstrating a commitment to justice in relation to the poor, the oppressed and the powerless; with a clear priority to efforts that will meet the needs of the poor.

PURPOSE: CHURCH

Aims:

1. To seek together with the local church for expressions of the Christian concept of health and wholeness in the context of Nepal.
2. To seek together with the local church and individual believers for practical ways of participating together as the 'body of Christ' in God's healing ministry.
3. To seek to encourage and respond to the local church in its efforts to minister to the poor and the powerless of the society of which it is a part.

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 CHRISTIAN MISSION IN HEALTH CARE
 

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As Christ demonstrated His concern for the whole person through His life and work, Christians, churches and Christian missions have through generations sought to minister to body and spirit through healing, caring and witnessing.

The Health Services Board of United Mission to Nepal, in its efforts to reach fresh statements of its purposes and aims, has also been seeking a deeper understanding of the Christian concept of health and wholeness.

The following observations were made as part of this process of search.

- Health, incorporating the physical, mental, social and spiritual dimensions, can in a Christian context be described as a restored and full relationship to God through Christ and, through Him also, a restored relationship within oneself and to the community.

The opposite of health - sickness, suffering, injustice - is rooted in the brokenness of the relationship between God and man.

- God Himself has initiated His work of reconciliation and restoration through His Son, Jesus Christ; this work to be completed in the creation of a New Heaven and a New Earth. In a living relationship with Christ, we are made whole.

- Healing, therefore, is God's act of making whole and the centre of healing becomes Christ Himself.

- Wholeness is not a static presence but part of a dynamic process where God acts to make whole. It is a real and deep Christian experience that there are dimensions of wholeness also in the presence of disease, suffering, poverty, powerlessness; as Christ enters into a living relationship with the sick, the suffering and the dying.

- Physical health and release from suffering are not ends in themselves but parts of a process of restoration that enables people to discover the meaning and purpose in life.

- As God acts to make whole, with the purpose of restoring man to full relationship with Himself, Christians are called to participate in this process which enters into all aspects of human life and involves struggle against oppression, meeting the needs of the poor, the suffering and sick, improving environment and making the best possible use of resources.

- Christian medical work for healing has an important place within this process but is neither the beginning nor the end. To find its true place, it must be related to the total ministry of the church and be in constant interaction with the fellowship of believers.

Service and proclamation of the Good News are thus inseparable, as Christ Himself showed through His example and sent His disciples out, saying

"as the Father sent me into the world, so send I you".

### Practical implications

UMN is in the process of seeking Nepali leadership and integrating its health programmes into the institutional framework of Nepali health care delivery. How can we do this and at the same time maintain our integrity as a Christian mission? How do we in the process of integration with government relate to the Christian church with whom we share purpose in the healing ministry?

Some practical implications may be the following:

- Our institutions and programmes are not in themselves Christian just because they are controlled, managed and financed through a Christian mission.
- An institution or a programme may become a 'tool of healing' in the Christian sense, even if mission gives up control, to the extent that there is a presence of a Christian fellowship in action, willing to become a tool used within the purpose of God's work of restoration.
- Outside control may hinder our role as Christian healers through institutions or programmes, if the controlling body or management does not recognise the specific Christian role and actively works against its purpose.
- It becomes vitally important for the mission together with the church fellowship to seek for practical ways of participating together as the 'body of Christ' in God's healing ministry.
- Struggle for justice within the purpose of God's work of restoration becomes a basic commitment in health care, focusing on our own part in oppression and injustice as well as on ways to release and enable the people we are sent to serve.
- Development philosophies must be tested as to whether they would enable us as individuals and groups to better understanding and/or otherwise facilitate our participation in God's healing ministry before they are accepted as guidelines in determining priorities and strategies for our programmes.

Sigrun Mogedal

October 1980



*Gossner Mission*

# THE UNITED MISSION TO NEPAL

Executive Director: Mr. C. J. Johansson  
Treasurer: Mr. F. C. Clarkson

Telephone: 12179 or 14580  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
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POST BOX 126,  
KATHMANDU, NEPAL

April 1, 1980

## COMMISSION ON INSTITUTIONAL IMPLICATIONS

To Board Appointees, HSB, UMN: (Including PHP)  
To Member Bodies, UMN  
To Members of the Commission:  
To the Executive Committee, UMN:

Dear Friends,

### LETTER NO. TWO

Enclosed with this letter are the data from our four hospitals compiled at the meeting of the Commission. (Feb. 17-19, 1980) This is referred to on page 3 of the minutes, Section V.

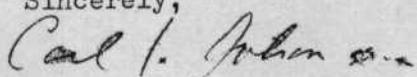
In order to set in motion some of the implications of this report and series of questions may I suggest the following:

- I. That a committee of those involved in hospital finance and also management be formed. Mr. James Stricker would be the convenor of this committee and it would also include Mr. Bir Bahadur Khawas and the Business Managers of the Okhaldunga, Tansen and Amp Pipal. Obviously the Medical Superintendents would be ex-officio members of this group. This group would be in written correspondence with Mr. Ed Nabert in terms of interpreting trends and statistics. It might create necessary new instruments in order to get answers to questions that should be asked. In the first instance this committee would begin its work by mutual correspondence.
- II. We would encourage each Medical Superintendent to seek to make possible areas of dialogue in three directions. One would be the physician's input from thinking through this report. In the first instance it would originate from the meetings of physicians in each of the hospitals. Where possible Nepali input should be sought. I would request Dr. Judy Henderson to coordinate this.
- Another direction would be the nurses reactions on a hospital level. Again this should include Nepali nursing staff as well. I would request Sister Ruth Judd to coordinate this.
- A third direction would be on the para-medic level. In each hospital under the direction of the medical superintendent pertinent areas of the report should be explained to the para medical staff. In turn this sort of input should be channelled to the Commission. I would ask Mr. Steve Erickson to coordinate this in correspondence with the Medical Superintendents of each hospital.
- III. The area also that needs to enter into dialogue with these concerns is the Community Health Projects related to all our hospitals. Could I ask each director

to begin to study the input and particularly include your Nepali staff in your thinking. May I ask Miss Miriam Krantz to be a coordinator of this part of the picture.

Thank you so much for your cooperation. Ultimately we would want input on certain areas of our concerns from every segment of health services from the sweeper, dhobi and guard to the specialists. May I suggest the obvious. The ultimate question is a fresh discerning of God's purpose and will to us in our situation as servants of Jesus Christ living in Nepal. Where possible the attitudes of national Christians are valid and essential input.

Sincerely,



Carl J. Johansson  
Executive Director  
UNITED MISSION TO NEPAL

enclosures: Statistics from the four hospitals

## AMP PIPAL/GORKHA

1970

1971

1972

1973

1974

INCOMEHsp. Earnings UMN-PCS UMN-Subsidy EXPENSESSal. & Wages Cost of Care Adm. & Maint. INCOME

	V%	H-Dif		V%	H-Dif		V%	H-Dif		V%	H-Dif		V%	H-Dif	
Hsp. Earnings	99,997	65		129,360	65	29,363	133,564	65	4,204	128,189	65	-5,375	179,028	70	50,839
UMN-PCS	29,139	20		34,260	17	5,121	42,922	21	8,662	36,948	19	-5,974	39,709	15	2,761
UMN-Subsidy	20,620	13		30,000	15	9,380	27,500	14	-2,500	27,500	14	-	35,000	14	7,500
Other	3,140	2		5,230	3	2,090	203	0	5,027	3,280	2	2,960	3,042	1	-238
Total	152,896	100		198,850	100	45,951	204,189	100	5,339	195,917	100	-8,272	256,779	100	60,862

EXPENSES

Sal. & Wages	58,769	39		77,868	41	19,099	112,776	55	31,908	102,481	51	-10,295	116,321	49	13,840
PCS	29,139	19		34,260	18		42,922	21		36,948	18		39,709	17	
Nepali	29,630	20		43,608	23		69,854	34		65,533	33		76,612	32	
Cost of care	84,068	55		89,392	46	5,324	61,966	31	-27,426	75,534	38	13,568	86,392	36	10,858
Drugs	71,859	47		66,683	34		44,619	22		58,537	29		65,618	27	
Other	12,209	8		22,709	12		17,347	7		16,997	9		20,774	9	
Adm. & Maint.	9,717	6		25,839	13	16,122	29,199	14	3,360	23,223	11	-5,976	36,270	15	13,047
Total	152,554	100		193,099	100	40,545	203,941	100	10,842	211,238	100	-2,702	238,983	100	37,744

BALANCES

Hsp. Earned Inc./ Total Expenses	+342			+5,751			+248			-5,321			+17,796		
	65.5%			70%			65.5%			63.7%			74.9%		

## AMP PIPAL/Gorkha (Cont.)

1975

1976

1977

1978

1979

INCOME

Hsp. Earnings

UMN-PCS

UMN-Subsidy

EXPENSES

Sal. &amp; Wages

Cost of Care

Adm. &amp; Maint.

INCOME

		V%	H-Dif		V%	H-Dif		V%	H-Dif		V%	H-Dif		
Hosp. Earnings	228,000	75	48,972	310,398	69	82,398	360,357	70	49,957	460,947	71	100,590	468,230	72
UMN-PCS	40,950	13	1,241	59,506	13	18,556	71,793	14	12,287	98,508	15	26,715	93,864	14
UMN-Subsidy	37,100	12	2,100	78,866	18	41,766	83,676	16	4,810	88,386	14	4,710	88,386	14
Other	-		-	-		-	-		-	-		-	-	
Total	306,050	100	49,371	448,770	100	142,720	515,820	100	67,056	647,841	100	132,015	650,480	100

EXPENSES

		V%	H-Dif		V%	H-Dif		V%	H-Dif		V%	H-Dif		
Sal. & Wages	128,066	47	11,745	166,431	51	37,365	194,864	41	28,433	273,196	45	78,332	324,361	49
PCS	40,950	15	-	59,506	18	-	71,793	15	-	98,508	16	-	94,864	14
Nepali	88,116	32	-	106,925	33	-	123,071	26	-	174,668	29	-	229,497	35
Cost of Care	114,633	42	28,241	109,482	33	-95,151	237,480	49	127,998	288,580	47	51,100	262,694	39
Drugs	90,193	30	-	84,511	26	-	180,695	37	-	245,640	40	-	207,407	31
Other	24,440	12	-	24,971	7	-	56,785	12	-	42,940	7	-	55,287	8
Adm. & Maint.	29,175	11	-7,095	51,871	16	22,696	49,252	10	-2,619	51,768	8	1,516	80,128	12
Total	272,874	100	33,891	327,784	100	54,910	481,596	100	153,812	623,524	100	130,928	667,183	100

BALANCES

Hsp. Earned Inc./	+33,176	-	-	+120,986	-	-	+24,230	-	-	+35,317	-	-	-16,703	-
Total Expenses	83.6%	-	-	94.7%	-	-	74.8%	-	-	75.3%	-	-	70.2%	-

## TANSEN

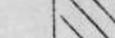
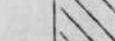
1970

1971

1972

1973

1974

INCOMEHsp. Earnings UMN-PCS UMN-Subsidy EXPENSESSal. & Wages Cost of care Adm. & Maint. 

	V%	H-Dif.		V%	H-Dif.		V%	H-Dif.		V%	H-Dif.		V%	H-Dif.	
<u>INCOME</u>															
Hosp. Earnings	440,430	88		488,558	83	48,128	530,290	82	41,732	653,090	81	122,800	721,980	81	69,890
UMN-PCS	61,740	12		99,410	17	37,670	119,160	18	19,750	80,330	10	-38,830	149,755	17	69,425
UMN-Subsidy	-	-		-	-	-	-	-	-	71,500	9	74,500	24,000	2	-50,500
Total	511,170	100		587,968	100	76,738	649,450	100	61,482	807,920	100	158,470	896,735	100	88,815
<u>EXPENSES</u>															
Sal. & Wages	219,280	44		273,591	46	54,311	323,364	48	49,773	344,446	44	21,082	479,275	49	134,892
PCS	61,740	12		99,410	17		119,160	18		80,330	10		149,755	15	
Nepali	157,540	32		174,181	29		204,204	30		264,105	34		329,520	34	
Cost of care	223,748	45		256,016	43	32,268	275,396	41	19,380	349,670	44	74,274	398,926	41	49,256
Drugs	156,335	31		192,719	32		200,157	30		240,406	30		252,248	26	
Other	67,363	14		63,297	11		75,239	11		109,264	12		146,678	15	
Admin & Maint.	55,628	11		68,959	11	13,331	71,832	11	2,873	96,858	12	25,026	39,173	10	2,315
Total	498,656	100		598,566	100	99,910	670,592	100	72,026	790,974	100	120,379	977,374	100	186,403
<u>BALANCE</u>	+12,514			-10,598			-21,142			+16,946			-80,639		
Hsp. Earned Inc./ Total Expenses	90.1%			81.6%			79.1%			82.6%			74%		

## TAKEEN (CONT.)

1970

1971

1977

1978

1979

DAIRY COUNTRY

## INCOME

Hsp. Earnings UMN-PCS UMN-Subsidy 

## EXPENSES

Sal. & Wages Cost of Care Adm. & Maint. 

	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif
INCOME												
Hsp. Earnings	797,602	77	74,622	922,175	69	124,537	1,033,648	72	111,473	1,148,475	77	114,827
UMN-PCS	160,000	16	10,245	224,154	17	64,154	208,962	15	15,132	208,942	14	20
UMN-Subsidy	74,502	7	50,502	196,286	14	121,784	189,353	13	6,933	137,000	9	52,353
Total	1,032,104	100	135,369	1,342,615	100	310,511	1,451,963	100	89,348	1,495,417	100	63,454

	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif
EXPENSES												
Sal. & Wages	504,131	47	24,856	694,951	50	139,820	709,264	51	14,313	705,375	50	-3,889
PCS	160,000	15		224,154	16		208,962	15		208,942	15	
Nepali	344,131	32		470,797	34		500,302	36		495,433	35	
Cost of Care	445,837	42	46,911	533,733	38	87,836	567,714	41	33,981	619,289	43	51,575
Drugs	255,511	24		325,798	23		294,806	22		361,832	25	477,020
Other	190,296	18		207,935	15		272,908	20		252,466	18	296,392
Adm. & Maint.	143,368	11	14,135	164,396	12	51,028	118,856	8	-45,540	147,922	7	-20,934
Total	1,433,036	100	85,965	1,393,085	100	329,744	1,499,834	100	2,754	1,422,586	100	26,934

	V%	H-Dif	V%	H-Dif								
BALANCES	-51,232		-70,465		+36,129		+72,831		-70,883			
Hsp. Earned Inc/ Total. Expenses	75%		66.2%		74.1%		80.7%		76.5%			

## OKHALDHUNGA

1970

1971

1972

1973

1974

INCOME

Hsp. Earnings   
 UMN-PCS   
 UMN-Subsidy 

EXPENSES

Sal. & Wages   
 Cost of Care   
 Adm. & Maint. 

INCOME

Hsp. Earnings 37,906  
 UMN-PCS 17,160  
 UMN-Subsidy 18,200  
 Other

Total

	V%	H-Dif	V%	H-Dif	V%	H-Dif	V%	H-Dif
Hsp. Earnings	52	43,102	50	5,196	43,172	45	70	48,549
UMN-PCS	23	19,360	23	2,200	19,360	20	-	9,360
UMN-Subsidy	25	23,100	27	4,900	34,100	35	11,000	42,645
Total	73,266	85,562		12,296	96,632		10,070	100,554

EXPENSES

Sal. & Wages 38,333  
 PCS 17,160  
 Nepali 21,173

Cost of Care 24,022  
 Drugs 19,765  
 Other 4,257

Adm. & Maint. 14,048  
 Total

Sal. & Wages	50	47,959	49	9,626	51,689	56	3,730	53,451
PCS	22	19,360	20		19,360	21		9,360
Nepali	28	28,599	29		32,329	35		44,091
Cost of Care	37	35,397	36	11,375	31,112	34	-4,285	62,179
Drugs	26	31,382	32		27,643	30		46,054
Other	6	4,015	4		3,469	4		16,125
Adm. & Maint.	18	13,569	15	-473	9,027	10	-4,542	38,097
Total	100	96,925	100	20,522	91,828	100	-5,037	153,727

BALANCES

Hsp. Earned Inc./  
 Total Expenses

=3,137		-11,363			+4,804			-53,173
49.6%		44.5%			47.0%			31.6 %

## OKHALDUNGA (Cont)

1975

1976

1977

1978

1979

INCOMEHsp. Earnings UMN-PCS UMN-Subsidy EXPENSESSal. & Wages Cost of Care Adm. & Maint. INCOME

		V%	H-Dif			V%		V%	H-Dif		V%	H-Dif
Hosp. Earnings	78,039	40	29,490			60,375	30	66,343	33	5,368	82,688	34 16,345
UMN-PCS	41,760	22	32,400			41,760	21	35,544	18	-6,216	50,580	21 15,036
UMN-Subsidy	74,502	38	31,857			97,396	49	98,648	49	1,252	107,948	45 9,300
Other												
Total	194,293	100	93,739			199,531	100	200,535	100	1,004	241,222	100 40,687

EXPENSES

Sal. & Wages	76,358	44	22,907			95,525	58	103,780	46	8,255	143,374	65 39,594
PCS	41,760	24				41,760	25	35,544	16		50,586	23
Nepali	34,598	20				53,765	33	68,236	30		92,788	42
Cost of Care	49,771	28	-12,408			41,414	25	84,539	37	43,125	45,223	20
Drugs	27,608	16				25,928	16	58,412	26		30,567	14
Other	22,163	12				15,486	9	26,127	11		14,656	6
Admin. & Maint.	49,269	28	11,172			28,209	17	37,254	17	3,045	32,504	15 4,750

BALANCES

+18,895

+34,383

-25,038

+20,121

Hsp. Earned Inc./

Total Expenses 44.5%

36.6%

29.4%

37.4 %

## SHANTA BHAWAN

1970

1971

1972

1973

1974

## INCOME

Hosp. Exp.



UMN - PCS



UMN -Subsidy



Others



## EXPENSES

Sal. &amp; Wages



Cost of Care



Adm. Maint.



Training



	1970	V%	H-Diff	1971	V%	H-Diff	1972	V%	H-Diff	1973	V%	H-Diff	1974	V%	H-Diff
<b>INCOME</b>															
Hosp. Earnings	1,040,540	59		1,072,977	59	32437	1,348,289	70	275312	1,744,323	84	396034	2,190,441	89	446118
UMN-PCS	236,400	13		204,096	11	-32304	265,808	14	061712	193,758	9	-72050	151,715	6	-42043
UMN SUBSIDY	392,500	23		388,300	21	-4200	272,000	14	-16300	75,000	4	197000	18,000	1	-57000
Other	87,569	5		163,460	9	75891	37,879	2	-125581	59,553	3	21674	86,499	4	26946
<b>Total</b>	<b>1,757,009</b>			<b>1,828,833</b>		<b>71824</b>	<b>1,923,975</b>	<b>100</b>	<b>95143</b>	<b>2,072,634</b>	<b>100</b>	<b>148659</b>	<b>2,447,555</b>	<b>100</b>	<b>374021</b>
<b>EXPENSES</b>															
Sal & Wages	733,874	45		693,926	43	-39948	849,185	46	155259	889,436	44	40251	1,019,194	41	129758
PCS	262,225	16		238,753	15	-23472	265,808	14	27055	193,758	10	-72050	151,715	6	-42043
NEPAL	471,649	29		455,173	28	-16476	545,320	30	90147	695,678	34	150358	807,262	33	111584
Other	-	-		-	-	-	38,060	2	-	-	-	-	60,217	2	-
Cost of care	493,583	30		449,574	27	-44009	517,947	28	68373	693,071	34	175124	879,992	36	186921
Drugs	276,282	17		241,924	15	-34358	243,043	13	1119	473,669	23	230626	531,583	22	57914
Others	217,301	13		207,650	12	-9651	274,904	15	67254	219,042	11	-55862	348,409	14	129367
Adm. & Maint.	298,595	18		367,958	22	69363	420,674	24	52716	423,141	21	2467	495,283	20	72142
Training	112,917	7		127,798	8	14881	41,268	2	86530	18,097	1	-23171	36,522	1	18425
<b>Total</b>	<b>1,638,950</b>	<b>100</b>		<b>1,639,926</b>	<b>100</b>	<b>976</b>	<b>1,829,078</b>	<b>100</b>	<b>189152</b>	<b>2,023,745</b>	<b>100</b>	<b>194667</b>	<b>2,430,991</b>	<b>100</b>	<b>407246</b>
<b>BALANCES</b>	<b>118,059</b>	<b>7</b>		<b>188,908</b>	<b>12</b>		<b>+ 94897</b>	<b>5</b>		<b>48,889</b>	<b>2</b>		<b>+ 16564</b>	<b>0.6</b>	
Earned Income/															
Total Exp.	63			65			74			86					
UMN Total Exp.	38			36			29			13					

SHANTA BHAWAN

	1975	1976	1977	1978	1979											
<b>INCOME</b>																
Hosp. EARNINGS																
UMN-PCS																
UMN-SUBSIDY																
Others																
<b>EXPENSES</b>																
Salary & Wages																
Cost of Care																
Adm. & Maint.																
	1975	V%	H-Diff	1976	V%	H-Diff	1977	V%	H-Diff	1978	V%	H-Diff	1979	V%	H-Diff	
<b>INCOME</b>																
Hosp. Earn.	2,249,835	88		2700,645	86	+450810	2677,140	83	-23505	2637,646	80	-39,494	3225,769	82	588123	310%
UMN-PCS	175,908	7		211,567	7	35659	291,458	9	79891	286,452	9	-5,008	298,445	7	11993	125%
UMN-Subsidy	-	-		121,930	4	-	-	-	-	-	-	-	-	-	-	-
Others	135,669	5		89,810	3	-45859	261,466	8	171656	358,075	11	56,609	418,735	11	60660	-
<b>Total</b>	2,561,412	100		3123,952	100		3230,064	100	106112	3282,173	100	52,109	3948,949	100	666776	224%
<b>EXPENSES</b>																
Sal. & Wages	1,085,671	44		1361,384	45	275713	1458,690	45	97306	1604,109	44	145,419	1886,464	47	282,355	
PCS	175,908	7		211,567	7	35659	291,458	9	79891	2864,452	8	-5,006	298,445	7	11,993	
NEPALI	908,175	36		1149,817	38	241642	1156,916	36	7099	1317,657	36	160,741	1587,564	40	269,907	
Others	1,588	1		-	-	-	316	-	-	-	-	-	455	-	-	-
Cost of Care	885,042	35		1082,307	36	196265	1202,469	38	120162	-	-	-	1614,460	38	94,424	327%
Drugs	512,672	20		676,276	22	163604	628,915	20	47361	1520036	42	317,567	803,547	20	-290771	
Other	373,370	15		406,031	14	32661	573,554	18	167523	1094318	30	465,403	710,913	18	285195	
Adm. & Maint.	476,483	19		546,424	18	69941	487,785	15	-58639	425718	12	147,836	568,901	14	112729	190%
Training	29,428	2		34,618	1	5190	48,601	2	13983	32308	13	31,613	45,682	1	13374	
<b>Total</b>	2,477,623	100		3024,733	100	57110	3224,988	100	200255	3612,625	100	387,637	4015,297	100	402672	244%
<b>Balance</b>	+ 83,189	3		99,219	3		5,076	02		330,452			66,348	2		
<b>Earned Income / Total Exp.</b>																
UMN(Budget-PCS) / Total Exp.	91			89			83						80			
	7			11			9						7			

HSB-43/76. Future of Shanta Bhawan Hospital. It was RESOLVED to accept and adopt the recommendations of the PHP sub-committee, found in Minute No.6 of their meeting, as follows:

- a) The future of SBH is not to be linked with the New Patan Hospital, but will be considered as an issue by itself.
- b) UMN will not build a "new Shanta Bhawan", or otherwise make any major investment in new facilities for SBH.
- c) It is recognised that SBH, besides its functions as a Community Hospital, also does provide necessary services to paying private patients and to the foreign community, services which probably will not be transferred to the new Patan Hospital.
- d) It is a concern of the UMN that these services may be continued; also that the employment of the national staff at SBH may be secured in the future.
- e) This, however, does not mean that UMN is going to continue to run SBH forever, and it is at this time necessary to set a definite time limit for UMN involvement in operating the SBH.
- f) It was noted that the SBH Board has recommended to turn the existing SBH over to the proposed Hospital Association, if and when the H.A. is properly registered, and provided that certain outstanding issues are settled in the satisfactory manner.
- g) UMN will continue to operate the SBH up to the time of the opening of the new Patan Hospital, at which time any one of the following alternatives may be possible; and in the following order of priority:
  - i) To turn the hospital over to the H.A.
  - ii) UMN continue to run SBH, probably at a reduced level.
  - iii) To turn the SBH over to HMG, to be used in such a way as HMG may decide.
  - iv) To turn the SBH over to some other agency.
  - v) To close down the hospital, in phases, or at once.

HSB-16/80. Patan Hospital Project. The Project Director reported that it is hoped that Stage I of the hospital may be completed by early 1983 and ready for use, and it is therefore important to make provision for planning in the interim, to cover such aspects as:

- a) The future of Shanta Bhawan Hospital; ref. HSB-43/76 with previous policy decision.
- b) The functions of the new project and relationship with other health programs.
- c) The planning of equipment for the future running of the hospital as distinct from the structure, and need of an equipment consultant.

It was RESOLVED:

- i) To authorise the Executive Director to appoint a small group (to include the Exec. Director, the HSS, the PHP Director, the SBH Exec. Director, and SBH Nursing Supt.), to act as an interim advisory group to the PHP Director and Equipment Consultant.
- ii) To instruct this advisory group to plan as far as possible for the Joint HMG-UMN Board, or for an interim Board until that is implemented.
- iii) To instruct the advisory group to plan for an open forum for all those interested, and request hospitals in other projects to discuss relevant aspects of planning and send in suggestions.

4

COMMUNITY HEALTH SERVICES

SHANTA BHAWAN HOSPITAL

**I. BACKGROUND INFORMATION**

The Community Health Program is located in the southern part of the Kathmandu Valley and involves 19 village panchayats of the Lalitpur District, of which 5 are located in southern Lalitpur District, outside the Valley itself. It also involves a few villages of the Kathmandu District, and 7 village panchayats in neighboring parts of Bhaktapur District.

Within the Valley, communications are facilitated by motorable roads, and in some places also by regular bus services. The program's six subcentres in the Valley are all within 45 min. reach by car.

Outside the Valley there are no other means of transportation except by foot. Steep hills and deep rivers make communications difficult and sometimes in the rains even impossible. To reach the program's subcenter in this part of the district, 10-12 hours walk is necessary from the end of the motorable road.

The population is mixed ethnically.

Many of the villages within the Valley are predominantly Newari, with a unique language, customs and cultural heritage. Religion is mixed Buddhist/Hindu. Homes lie crowded together in an urban pattern with fields outside the village.

The remainder of the villages are mixed Chhetri, Brahmin, Magar, Tamang, Bhote and Newari. The predominant language is Nepali and religion is Hindu. Their homes are scattered over the village area with fields surrounding each house or groups of houses.

Agriculture is the major occupation, although some householders work in the cities of the valley or in special village industries such as brickmaking, milling or oil pressing. Nearly every village has a primary school. The literacy rate is low.

According to the 1974 census, villages in the Lalitpur District average 2600 population. Villages lying nearest the three large cities in Kathmandu Valley have a higher population, averaging 3,500 to 4,000. The census also recorded 15% of the population to be under 5 years of age.

The infant mortality rate was estimated to be approximately 200 pr. 1000 live births in 1974, and one reckoned that nearly 50% of children would die before they reached their fifth birthday. More recent information suggests an infant mortality rate of approximately 120 pr. 1000 live births. (CHP MCH Evaluation, 1978) The crude birth rate has been estimated to be from 40 to 50 per thousand population (1974).

The total Lalitpur District population based on census in 1971 was 155,000. Of these, town panchayat of Lalitpur had 60000, rural population within the Valley 62,000 and the hill population outside the Valley 33,000. The estimated population in 1977 was 218000, with highest growth in the urban area, giving a total rural population of 135000.

**II. COMMUNITY PARTICIPATION**

The Community Health Program is a district panchayat health development program and is mainly involved in two district panchayats. A health committee has been formed at the level of the district panchayat in Lalitpur and is directed by the district panchayat president. Also in Bhaktapur District, a health committee is actively involved in giving guidance and advice regarding program activities. Integration of nutrition, agriculture, education, water, transportation, communication, and health development is being encouraged. Periodic joint district seminars are held for the volunteer women health aides and panchayat leaders to discuss common goals and ideas and to receive new technical information concerning a broad based health program.

Several villages have formed health committees at the level of the village panchayat, to supervise and advise the health program. In most of the villages, one room of the panchayat house has been designated for health activities, and panchayat members as well as volunteers participate in the weekly structured maternal child health clinics.

Some of the communities through their health committees take an active part in designing their own health program, and local health insurance schemes are being tried out in various ways.

Women volunteer health aides, one or two in each village, are aiding their communities in maintaining and promoting basic health. They act as health motivators, educators, and interpreters of outside health personnel for the villages. These women range in age from 15 years to 50 years, and in educational background from three years of formal education to primary teacher training. After a five week course in Shanta Bhawan in May, 1972 they have been volunteering their time and efforts for their villages. Since Village Health Workers (JAHW) started their work as home visitors in the villages, the role of the women volunteers has more and more become one of a health educator in and around their own homes. Many of them are involved in health/literacy courses with neighboring women in their villages.

Traditional birth-attendants within the Valley have attended yearly simple training courses, and are working in close cooperation with the Community Health Program. Some of them attend the ante-natal clinics in the program subcenters regularly, and receive a part-time salary for this.

Five local compounders have been encouraged by their communities to participate in this program. They have been given loans and supervision in stocking a reliable variety of medicines for their work and serve as private businessmen in their villages. As the primary health care program develops in the district, with Health Posts offering curative services, the local compoundinger's role as the village "doctor" becomes less defined.

### III. HEALTH PROFESSIONAL PARTICIPATION.

Subcentre Resident Staff - In seven different villages in the area health professionals employed by the Community Health Program are in residence, Chapagaon, Badegaon, Bungamati, Asrang, Chitapol, Lubhu and Pharping. This staff has the responsibility for supervising the maternal child health programs in the four to six villages near their residence, continue the in-service education of the volunteer women health aides, keep up relationship with the traditional birth attendants, serve in school health education, manage immunization programs and carry on the tuberculosis control program. The village health workers are responsible for home-visits and special follow-up of TB-patients and malnourished children at the same time as they keep the village health registers.

In two of the subcenters, Asrang and Badegaon, extended health services or health post type activities are being gradually developed in cooperation with local health committees. General clinics run by a Health Assistant are being held in these subcenters daily.

The resident staff are Community Health Nurses/RN's, ANM's and Health Assistants along with Village Health Workers (JAHW's) and locally trained Health Aids. They all work in close cooperation with local volunteers and panchayats, as well as with any government sponsored health program in their area.

Advisory team - An advisory team makes regular visits to the subcenters and to each compoundinger. The team consists of:

- 1) A doctor, who visits general clinics in extended health services and healthposts at regular intervals and contacts the local compounders.

The doctor examines patients with the compounders and the Health Assistants, utilizing this as an opportunity to improve their dispensing standards and clinical skills. The doctor also sees seriously ill patients referred by any of the village resident staff or compounders.

- 2) A public health nurse who gives advice and assistance in matters related to the MCH clinics, and who continues an on-going relationship with the village, the traditional birth attendants and the women health aides.
- 3) A nutritionist who, with an assistant, assesses and helps others to assess community nutrition needs, makes provision for nutrition teaching aids and printed materials, and provides training in nutrition for staff, local health practitioners, and others. The nutritionist supervises staff working primarily in nutrition and is available as consultant in matters concerning nutrition, evaluates the nutrition program, and acts as liaison with other related programs.
- 4) A health educator who develops teaching material and trains and advises subcentre staff and village volunteers in health education methods. The health educator supervises the functional literacy program and assists in arranging in-service training programs for program staff at various levels.

All team members take active part in various training activities, simple investigative work and program evaluation. They also participate in the coordination and integration of the Health Department's Health Education, Smallpox Eradication Program, Tuberculosis Control Program, and Maternal Child Health Family Planning services, which are delivered via CHP to each village. This involves the reporting of output activities to each department and the acquisition of supplies from each department.

Central Administration - A central office provides office space for the advisory teammembers as well as administrative staff.

- 1) A Health Inspector supervises the various Health Post-related activities in the sub-district centers, and is responsible for coordination of CHP activities with the activities of government as well as other agencies. He is also acting as a public relations officer who continues an on-going relationship with the district panchayat and the district and central offices of various government programs, and acts as an assistant to the project superintendent in matters of social and governmental liaison.
- 2) A Project Superintendent is overall responsible for program planning, evaluation and implementation.

#### IV. SERVICE.

##### Maternal Child Health - Family Planning Services

MCH services are regarded as one of the highest priorities of the program. In 23 of the villages, weekly MCH clinics are held in a room of the panchayat house. Resident staff with the women health aides and other volunteers hold simple clinics for ante-natal and post-natal mothers, sick and well babies and offer family planning services. The emphasis is on education towards healthy growth and development of the child, improved hygiene and maternal nutrition. Simple drugs, oral contraceptives, and immunizations are provided. Home visiting follows the clinic.

Most deliveries occur at home with the aid of an indigenous midwife or an older female member of the family. Many of these traditional birthattendants have been identified, and given some simple training through yearly seminars and local follow up. Progress is being made to enlist their help also in the ante-natal/post-natal clinics, and through this also offer opportunity for further in-service training. Resident staff help with home-deliveries when they are called by the local birth attendant (indigenous midwife).

### Extended Health Services

Two of the subcenters in Lalitpur District have been selected for development of Extended Health Services, with the view of becoming government approved and operated Health Posts in the future. Together with the local MCH clinics in the neighboring panchayats, these services are being developed to become an integrated Primary Health Care Unit at the subdistrict center level, offering curative as well as preventive medical care, and calling for maximal community participation through local health committees being deeply involved in economical as well as administrative responsibilities.

### Nutrition

Since malnutrition is one of the primary reasons for the high rate of child morbidity and mortality both locally and nationally, nutrition has been given a priority position in all of the teaching/training programs within the CHP and particularly in the (Integrated Health Services and/or) MCH-related clinics and home-visiting programs. A self help volunteer program has already been initiated in one area.

Emphasis is given to encouraging the fullest use of locally available nutrition foods (including breast milk) and to the recognition and treatment of malnutrition in children and their mothers. Positive deviants are also searched out.

Nutrition teaching materials have been written; some of these materials have been incorporated into training manuals being used by the government and by others. Consultation in nutrition is provided.

"Sarbottam Pitho" (super flour) porridge, which mothers can make themselves, has proved effective in the prevention and treatment of Energy-Protein Malnutrition. The early addition of carotene-rich foods to this supplementary food is encouraged in order to prevent Vitamin A deficiencies. "Dhuto" (rice bran) is being used effectively in clinics in place of B-complex tablets. Pregnant and lactating mothers are encouraged to increase their intake of pulses and green leafy vegetables. The consumption of refined flour products and polished rice and the use of powdered milk for young children are discouraged.

Samples of ordinary and unusual foods have been collected and are used for teaching purposes. Native foods which had never been analysed have been sent for analysis. Cultural information is continually being accumulated and surveys and research are done as and when needed.

### Sanitation.

Technical help is given in site selection for different types of latrines, with recommendations for the building of individual home latrines. Cement slabs have been provided after the pit is finished and properly lined, as an incentive for villagers ready to build their own latrines. Home visits education programs and discussions for schools, panchayat groups and families, emphasize the importance of improved sanitation for health maintenance and prevention of disease. The latrine slab program is becoming increasingly more popular, and some progress is being made in the promotion of local slab production in the villages.

In the hilly regions an inexpensive, locally made top structure for latrines of wood and mud is being promoted and demonstrated.

### Water

Clean and reasonably close drinking water supply is often a need felt strongly by the communities themselves.

For several years, the community health program has assisted in directing village leaders to government and voluntary organizations within the valley for help with improvement of watersources and construction of small watersupplies. Through the last years, the program has taken a more active part in watersupply construction in the hilly regions of Lalitpur District. Pipes and cement are being contributed to villageschemes where the local villagers do all the construction work themselves. Technical advice is also provided when necessary.

Along with these efforts, the importance of pure water supply is being emphasized in education activities with village leaders in school health programs and in the MCH clinic.

During the hot monsoon months, water purificants for use in ponds, wells and storagetanks are provided with directions given for their use.

#### Agriculture and Veterinary Extension

Through the involvement in the southern hilly part of the district, the need for agriculture and veterinary extension work became obvious. High priority felt needs were help with diseases among livestock and improvements in the field of agriculture.

Ward-level volunteers have been given simple training in cooperation with the District Agricultural Office in how to diagnose and treat the most common disease among buffaloes and goats, as well as simple technique for improved farming. The Village Health Workers in these areas have been given additional training to be able to supervise the Ward-level volunteers and become multipurpose health workers in their villages.

With the help of an Agricultural Development Worker, this program will gradually become coordinated with the agricultural extension system developed by government.

#### Referral System.

HMG Health Posts as well as the program's own Extended Health Services, are utilized as referral posts for ordinary, curative treatment. For acute illnesses or necessary diagnostic studies, the staff refers patients to any hospital in the urban area; Patan District Hospital, Shanta Bhawan Hospital, Teku Infectious Disease Hospital, Maternity Hospital, Bir Hospital, Kanti Hospital and the Kalimati Tuberculosis Hospital. The patient brings the referral slip to the Hospital, and brings it back with the report from the hospital upon return to the village.

Referral from Shanta Bhawan Hospital to the clinics in the district is being done from time to time. Patients can be referred for follow up in the MCH clinics, for admission to the village-based nutrition rehabilitation center, and TB cases for continuing treatment and follow up.

Improvement in the efficiency of this two-way referral system is constantly being sought.

#### Tuberculosis Control Program

New open cases of tuberculosis were previously treated via the Madras scheme, based on biweekly injections of streptomycin and doses of isoniazid given to the patients in a clinic situation. Due to suspected primary resistance in the Valley, the treatment scheme has been changed to daily triple treatment with streptomycin, INH and Thiacetazone, monthly medical examinations and sputum examinations are performed. Home follow-up of defaulters and contact follow-up are other parts of the scheme.

### Training

The program is constantly involved in various training activities. The Institute of Medicine has requested assistance in the field-training of Nurses, Health Assistants, Senior Auxiliary Health Worker- and Auxiliary Health Worker-students, and the CHP staff and facilities have been made available for this purpose.

A compounder training program has been organized along a symptom-treatment basis, and manual has been developed to aid in this.

Regular seminars for traditional birth attendants and women health volunteers are being held.

CHP-personnel are often requested as teachers or advisors to various groups and organisations. Various teaching materials such as flash-cards, health/literacy materials and a school health teaching manual have been produced.

### **V. RESEARCH, FEED-BACK AND PROGRAM-EVALUATION.**

With the objective to find practical ways to improve the nutritional status of village children, a study was done in 1973. Weights and heights of children in the under three age group were measured and plotted against international standards, and periodic food surveys were taken during the 12 month period.

Early in the study, it was found that although there was sufficient good quality food in the homes, the children who were undernourished were receiving too few meals and much of their food was in too coarse a form to be properly utilized; this had led to energy-protein deficiencies. Using this knowledge, "Sarbottam Pitho" (super flour), a flour made from roasted and ground cereals and pulse, was developed in the summer of 1973. After analyses were made in three countries "Sarbottam Pitho" was introduced into the CHP as a nutritious flour mothers could make in their own homes from their own home grown foods and which they could use in making porridge or bread as a nutritious supplementary food for young children.

In 1974 a Nutrition Rehabilitation Centre was opened to help meet the need of training mothers of malnourished children in how to more wisely use local food resources. The records kept on the children and their family situations have provided a wealth of information which has already proved beneficial in the planning of nutrition programs. In this Centre as well as in the associated home-based rehabilitation program, "Sarbottam Pitho" porridge has been proven to be effective in the treatment of EPM. In addition to the porridge, mothers are encouraged to feed carotene-rich foods to children six months and older.

The MCH activities were studied and evaluated in 1978. The information obtained suggested that the services in certain areas did not reach the families that needed it most, and that small clinics with close contact between mothers and clinic staff achieved more than the larger ones. This has led to experimentation with other ways of delivering MCH-services - through village health workers and home-visiting women volunteers.

An extensive survey in one of the panchayats in southern Lalitpur has given valuable information about health and general conditions of the hill population in that area.

Regular village contacts, village health committee meetings and a close working relationship with district panchayat administration as well as monthly CHP staff meetings provide program feed-back.

Efforts are regularly being made to evaluate ongoing activities, using out-put data and village-feed-back as well as more special means of evaluation. Through the village health workers, more accurate data for infant mortality and fertility rates along with other vital statistical data, are becoming available.

## VI. FUTURE PLANS.

The general aim for the Community Health Program in Lalitpur is expressed by the following objectives:

- I. To stimulate and help communities to
  - a) identify their own health needs,
  - b) utilize local resources,
  - c) take increasingly more responsibility for their own health care.
- II. To provide supporting health services as close to the people as possible, within an economic frame that the country can afford.

Community based, community operated programs need to belong somewhere within a structure of supporting health services with opportunity for two-way referral, feedback and training. A system for primary health care in the same way needs to be supported by small community operated programs. Experimentation with how to achieve this is being done and experience gained. The Mission can only take part in this experimentation in so far as it accepts the constraints and limitations of government budget, staff and facilities and motivates villagers, communities and health care personnel to work out from this base, creating together a program that functions.

Equally important is the relation between the primary health care units and the base hospital. A similar role of experimentation should be taken in finding ways of making hospital care and community medicine a functional whole.

The Lalitpur Community Health Program has been challenged by this and experience is being gained with successes as well as failures.

As Community Development activities seem to be a growing component of the program, efforts have to be made to integrate such activities with the delivery of health services in a way that health staff is not overloaded with added responsibilities, but maintain a role of being motivators for community development at village level. Finding practical and functional ways of doing this is another challenge for the future.

May 1979  
Sigrun Mogedal  
Superintendent.

16. 12. 79

Eingangungen  
19. DEZ. 1979  
Ende

Lieber Herr Pforres Kriegel!

Herzlichen Dank für Ihren Brief vom 12.12.

Will versuchen heute noch ein paar Stichpunkte zur Health-policy des U.N. aufzuzeigen. Ein Gespräch wäre da allerdings leichter.

Wenn ich an U.N. u. Hospitals denke, kann das immer nur in Gedanken an den "Leben an Shanti Bhawan, an Tansen u. ein wenig App. Patel decken geschehen.

Als ich heute morgens mal wieder das Magazin las, da kan mir sehr in Erinnerung ein Gespräch mit den S.B.H. Mitarbeitern u. Frank Wolke. Da wurde auf einen Einwand hin, daß in den Dörfern S.B.H. nur als das Hospital für die Reichen gelte etwa folgendes gesagt: "Die Armen, können zu gut weg, Christus liebt die Reiche, wir müssen auch für sie da sein - und wäre es so wäre, daß alle anderen können können, dann hätte wir viel zu viel Arbeit, wir sind ja jetzt schon überlastet...." Es gab manche ähnlichen Gespräche und sie waren für uns in C.H.P. immer bitter zu entzagen.

Shanti Bhawan müsse weiter bestehen, auch wenn das Patan Hospital gebaut würde - so heißt es damals, oben die ~~Ex~~ etablierte u. "high society" des Nepals gehen gerne dort hin - ca. 8 U.N. Mitarbeiter. - Das ist stimmt aber, ich weiß auch selber, daß ich zweimal dort als Patientin fuß war, gute med. Versorgung in bekannte als ich krank war.

Doch diese Begründungen schien mir dennoch nie reicht. Ich ging und wußte nicht ob ich hin, weil es unverhältnismäßig war, wie wir selber als Privatpatienten besorgt behandelt wurde, wenn so oft eltern mit ihren Kindern aus unserer Dörfern geruhten bis zuerst gelungen kamen, wenn wir sie nicht endlich dazu aufgerufen hatten.

Die oft gehörte u. wiederholt aus Erfahrungen mit Eltern u. Kindern, die ich selber mit Brief dorthin schickte, war daß S.B.H. eben nicht mehr wie früher für alle da sei, sondern für die Reichen - die Schläfen, die es wußten, wie sie sich von Verkleidet eine "Charity" Behandlung erzwingen konnte. Sicher ist aber nicht alles - aber es ist auch als ein plüchtiger Eindruck von der Werte des C.H.P. aus gesehen.

Die Hosp. Fächer sind ein Stück Prestige - in Kathmandu Valley ist mir fraglich ob es gut ist, in Konkurrenz zu Government Hosp. zu arbeiten. Viele Eltern gingen lieber ins Gov. Maternity Hospital u. ich habe dort selber oft sehr gute Erfahrungen gemacht und auch mit anderen Hospitalen.

Dass U.R.N. Hosp. Fächer besser mit Medizin u. Instrumenten ausgerüstet sind, läßt eine gute Behandlung möglich werden - doch ist es auf die Dauer gut u. fair - wenn die reichen Christen sich eben mehr Mittel verschaffen können, um einen besseren Service anzubieten??

Die These, daß Hosp. Fächer "self-supporting" sein sollen, war zu meiner Zeit sehr wichtig gewesen. Mit großer Dank u. Stolz wurde davon berichtet, daß S.B.H. sogar mehr Einnahmen als Übergaben in einem Jahr habe - natürlich von oben schütteten der

dort)

Chirurgen, die ja nicht bezahlt werden müsste, abgesehen. Dies waren aber immer Totsch. Dies bringt diese Kreislauf - mehr Privatpatienten, mehr Zeit u. Aufwand für sie - weniger Zeit u. Interesse für die anderen erst richtig in Gang.

Der Betrieb war zu groß, zu unpersonal geworden - Kälte, Unfranklizitheit u. Lieblosigkeit kamen die Räume gewinnen. Dies fiel mir in S. B. H. u. auch in den 2 WOCHEN in Tansen Hospital sehr auf.

Die Hektik des Großbetriebs war für den Sinn des U. N. - für das reibare, spirituelle christliche Zeugnis oft ein Hindernis - auch das Überarbeitet - und dadurch gereist sei der Arzte u. Schwestern ...

- Welcher Unterschied dazu obz Atmosphäre bei Mutter Theresa in Calcutta!?

In Tansen (der war allerdings schon gleich anfangs wieder Zeit in Nepal u. nachdem war sie ja nicht mehr dabei seitdem) klagte die U.N.N. Schwestern, Nepali-Schwestern seien nicht verantwortlich - auf die Freizeit waren sie nicht zu den "Sisters-meetings" kommt, ließ es, die sprachen nicht gern Englisch. Gerade in Tansen legten den als alle viel Wert auf reibliche freie Zeit zu Sprachstudien. In C.H.P. waren zu den alle meetings in Nepali. Mir schien, in Tansen waren zu viele ausländische Mitarbeiter, da konnten die Nepali-Mitarbeiter gar nicht richtig in die Verantwortung hineinwachsen, weil sie nur und nicht gegeben in zweckmässtig wurde.

In Atp. Pipal gab es 1967 als 126 das erste mal dort war eine horrende kleine Dispensary - recht "primitiv" doch eine Fülle von Patienten u. die Atmosphäre von Liebe u. Zuwendung, die mich ebenfalls sehr beeindruckt hat. Vor dem Einfallserdruck mit einfachen Dingen umzugehen, konnte ich ebenfalls viel für tun. - als ich 1972 wieder dort war, hatte

in ein wichtiges Hosp.ital - u. alle die Probleme  
dazu - zu wenig Patienten, weil es zu teuer war.  
Ich war ganz entsetzt über die Preise, die Dr. ??  
damals machte. Wieder ein "self-supporting" Hosp.ital  
mit allen Folgen.

Ich kann ke fort fahren - Sie wissen öffentlich,  
daß ich nicht nur kritisieren möchte. Dazu ist  
mir U. T. N. u. Nepal auch viel zu lieb. Ich  
würde auch zu geben, daß meine Interesse etwas  
stark von der C.H.P. Sicht geprägt sind. -

Doch folgender Standt mir wichtig:

Wenn Medizin in westliche Stil u. Standard  
getrieben werden soll, dann sind "self-  
supporting" Hosp.itals nicht die richtige Weise für  
eine christliche Arbeit. Unser Stil ist zu teuer  
für die armen. Denen sollte doch unsere Zuwendung u.  
Hilfe immer erreichbar bleiben.

Wenn Hosp.äler wichtig sind als Institutionen für  
Schulen (Nurses, A.H.W. . . .), dann sollte doch  
auch ein Standard von Medizin geübt werden, wie es  
dann auch von <sup>der</sup> Regierung in ihren Institutionen möglich  
ist. In der oben erwähnten Diskussion sagte  
z. B. Dr. Dickinson: "Ich kann nicht in eine Government  
Hosp.ital arbeiten, das zu mir zu gut ausgebildet.  
Ich bin bereit, die schwierige Fälle, die wir als  
Spezialist überwiesen werden, zu behandeln u. Ärzte  
anzuleiten." Ist der ein Grund für den Fortbestand  
von S.B.H.? Dieser darf jedoch auch keinen "wall for  
life" sein!

Wenn in den U.T.N. Hosp.äler mehr investiert wird  
als in die Regierungs hosp.äler, dann wird es später  
auch schwerer, sie zu über geben. Sondern es, dann

ist es vielleicht bald nicht möglich den Staat zu erholen - und der Vorwurf, daß es bei der U.N. besser war ist nicht bei den Head, aber vielleicht liegt dann die Schuld nicht nur auf einer Seite.

Wenn unter (f) in den Schriften "The potential role of U.N. as a prophetic voice in Nepal" steht, dann wäre ich nur eine Möglichkeit dazu: Die U.N. findet Wege und jetzt schon ganz in die Beobachtung, finanzielle u. personelle Möglichkeiten einzuordnen, die später auch der Regierung zur Verfügung stehen. Vielleicht liegt das ein Opfer für manche Spezialisten - aber einen Weg zu beraten, der auch in Zukunft denkbare und gangbare ist, könnte ein sinnvoller Beitrag sein.

Als ich neulich von oben Straiks in Tansen u. S.B.H. hörte, habe ich das Gefühl, daß manche Gründe u. Forderungen in der jetzigen Struktur von U.N. brechen. Früher konnen dann auch vor den strahlenden Gruppe Angste, Verzweiflung, aufgesciuste u. hoffliche Reaktionen nur wie lange waren wohl manche Gefühle entstanden?

In S.B.H. gibt (oder gab es zu einer Zeit) eine sehr fröhliche Nepali Schwestern. Von Ruth Justol in Herst- u. Urlaub war, dann war sie Nursing Superintendent, kann sie zurück, wußte sie über Poste wieder verlassen. Kurz bevor ich ging war wieder soeben ein Wechsel vollzogen worden. Als ich sie fragte, "Was bist du jetzt tan?" - sagte sie, an bester Punkt nun jetzt erst Ruth ja wieder zurück.

Es tut mir leid, daß man alle fast nur Negatives zu lesen ist - doch in Blick u. Gedanken an die spätere ist dieses auch jetzt noch für mich nicht anders.

P.s. Ich habe gerade überrascht aufgerufen und Sie waren nicht da. Ich habe Ihnen, und Dr. Lise Nielske, eine Nachricht mitgebracht. Ich hoffe Sie werden sie interessant finden.

geworden. Dabei setzten sich viele Mutterberater mit viel Hingabe aufopfernd ein - doch der Blick ist vielleicht nicht mehr frei, wenn man erst in einer solchen Institution drin steckt. Was von C.H.P. aus waren diese Dinge immer mehr zu sehen u. zu fühlen, weil wir ja ständig mit älteren entlassenen Frauen konfrontiert waren. Kinderen zu beitreten und neu sehr selten ist der zu Frieden - die gab es nun auch - nur ich habe wenige getroffen.

Die Name für die geplante "Commission" fällt mir leider wenig ein.

Dr. Maria Bongeans hätte sicher Wissen u. Erfahrung genug, wäre aber sicher an U.M.N. als frühere Teilerin des C.H.P. obsolet nicht willkommen. Sie arbeitet jetzt in Bevölkerung mit Regierungen in vielen Ländern in Planung von sozialen Health Services.

Wie wäre es, wenn man jemals aus Tübingen oder aus der C.R.C. vorschläge würde?

So, dies ist ein langer Schreib geworden, Sie und Sie vielleicht, an eine Stunde von Tübingen von mir aus der C.R.C. vorschläge würde?

Nach Berlin wurde ich im April ziehen für 18 Monate. Bis dahin bin ich noch hier in Baden-Baden.

Herrliche Grüße,  
ein gesegnetes Weihnachtsfest,

Ihre

Maria Schatzke.

Dr. Carl Friedericks  
United Mission to Nepal  
P. O. Box 126

29. 11. 77

Kathmandu/Nepal-

Einschreiben/Registered

Dear Carl,

you will be wondering what happened to the dental equipment. Well, I am sorry to have to tell you, that your letter came too late. Before your letter arrived, two Turkish dentist turned up and took absolutely everything. So, all is gone!

Ellen will have gone as well, when this letter arrives in Nepal. I just hope that she will have a good journey home and that her future will be not just as exciting as these last three years.

Melody's letters sound quite exciting. She seems to be very happy in Tansen. What a shame you missed her parents.

I wish you all a very blessed Advent-season and a successful 1978. May the Lord bless you.

Yours,

*D. Friederici*

(Dorothea H. Friederici)



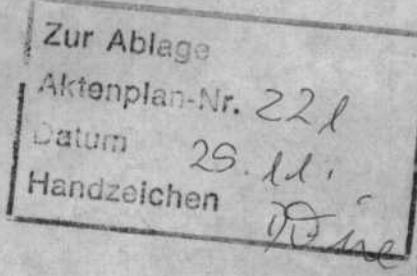
## THE UNITED MISSION TO NEPAL

Executive Secretary: Mr. G. M. Ruff  
Treasurer: Mr. F. Clarkson

Telephone: 12179 or 14580  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
Mailing address:  
POST BOX 126,  
KATHMANDU, NEPAL

Miss Dorothea H. Friederici  
Gossner Mission,  
1 Berlin 41  
Handjerystraße  
Berlin

Dear Dorothea,



3rd. October, 1977

CF/BW

Thankyou for your good letter of August 9th., 1977 with the word about the dental equipment for which may be available. I have delayed partly because I heard you would be away.

Yes, we are interested in good dental equipment, Tansen is now well equiped but Shanta Bhawan needs new equipment for expansion and replacement.

Could you please send details? Please write to Gordon as I will be away in October.

I hope this finds you well and happy.

Sincerely,

*Mr. C. W. Friedericks*  
C. W. Friedericks  
Health Services Secretary.

c.c. Mr. Gordon Ruff.  
Dr. Dudley Henderson.

BY AIR MAIL

PAR AVION

AEROGRAMME

हवाई पत्र



EINGEGANGEN

10. Mr. Miss Dorothea H. Friederici

Gossner Mission

1 Berlin 41

Handjerystraße

Berlin.

तीसी गोड Third fold

पत्राउनेको नाम र ठेगाना । Sender's name and address:—

UNITED MISSION TO NEPAL

Post Office Box No. 126,

Kathmandu, Nepal.

प्राप्ति कर्ता को नाममा लापिदा राखिए तरिका यसले गरिन्दै।  
IF ANYTHING IS ENCLOSED THIS LETTER WILL BE SENT BY ORDINARY MAIL.

टीले कटि खाल्दैँग । To open cut here

Zur Ablage  
Aktenplan-Nr. 221  
Datum 16.9.  
Handzeichen

August 9, 1977  
frie/sz

Mr.  
Carl W. Friedericks  
UMN  
Post Box 126  
  
Kathmandu  
  
Nepal

Dear Carl,

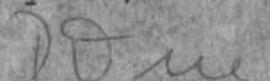
yesterday I got a surprising telephonecall of one of my cousins. Her husband died in a traffic accident a few months ago. He was a well known dentist in a small place in Northern Germany. My cousin asked me if the "Mission" is interested in having all the dentist equipment her husband left. This would include all the instruments as well as chair and tables and so and so on.

I remember having read that a new dentist should take up work in Tansen soon, and I wonder if you have his equipment already. If not, are you interested in having the offered things? My cousin mentioned that she is not really interested in getting money. In the other hand I feel if in the budget for this dentist' work a certain amount is provided for that she should get it. But money is not the main concern. My cousin's concern ist that the good equipment should be made some good use of.

About transportation, import and so on and so on you would have to write as well. My cousin certainly is interested to hear rather soon as she wants to clear up everything. So please do answer as soon as possible, and let me know if UMN is interested in these things.

Hoping that you and Betty Anne are well and sending you many greetings, I am,

yours,



Dorothea H. Friederici

THE UNITED MISSION TO NEPAL

Med.

Executive Secretary: Mr. G. M. Ruff

Treasurer: Mr. F. Clarkson

Telephone: 12179 or 15573

Telegrams: UMNEPAL

Location: 1/29 Thapathali

Mailing address:

POST BOX 126,  
KATHMANDU, NEPAL

Zur Ablage

Aktenplan-Nr. 222

-atum

Handzeichen

1 June 1977

ERSTEN SÄNGEN

- 7. JUNI 1977

Erlledigt .....

Zur Ablage

Aktenplan-Nr. 221

-atum 4.8.77

Handzeichen

The Secretary

Jossner Mission  
1 Berlin 41  
Handjerystrasse 19-20  
West Germany.

Attention Miss D. Friedericie.

Dear Madam,

Thank you for your immediate response dated 25 May, 1977 with photocopy of air way bill enclosed for Miss E. Muxfeldt's luggage.

We are pleased to report that last week Indian Airlines Kathmandu produced the luggage in good condition. There was no information available as to cause of delay.

Your ready assistance in this matter is very much appreciated.

Yours faithfully,

Francis Sauer.

FRANCIS SAUER  
DIRECTOR, GENERAL SERVICES  
UNITED MISSION TO NEPAL



PAR AVION  
AEROGRAMME  
हवाई पत्र



The Secretary

Jossner Mission, 1 Berlin 41  
Hanjerystrasse 19-20,  
West Germany.

Attention Miss D. Freiderici.

रामो मोड़ Third fold

पठाउनेको नाम र ठेगाना । Sender's name and address :—

THE UNITED MISSION TO NEPAL

Post Box No. 126,  
1/29 Thapathali,  
Kathmandu, Nepal.

पठाउनेमन्त्र कही खाम्चारा, साधारा, शोकबाट, चलान, गामिन्दू ।  
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Wk 3.3.77  
Zur Ablage  
Aktenplatz-Nr. 331 File  
Datum 14.7.77

Patan Hospital Project  
United Mission to Nepal  
P.O. Box 126  
Kathmandu NEPAL  
30th Jan 1977

Med

Dear Dorothy ~~Hartzeichen~~

A happy and a blessed New Year to you

Many thanks for your letter of 29th Dec., it was good to hear from you. Yes we are back in Kathmandu in fact in the house we lived in before going to Pokhara. It is cold here but not as cold as where you are.

At the moment I'm busy designing the Hospital and the Staff Quarters and have completely altered the layout prepared by the American Hospital Planner last Nov/Dec. He just wouldn't listen to what was said and of course completely missed the need of the people here. I still think that there needs to be more thought given to the wards which are planned as 1 and 2 Beds... in a country that suffers from the fear of being alone. Most of the alterations have been made to make it simpler and to suit the Nepali staff here. I can well understand your feelings that the UMN ought to be involved in work in the hills and if it were a true Christian Organisation it would be. However being a small minor aid agency totally under the domination of HMGNepal we have to do what they say no matter how many Committees the UMN have. In all this God still gets His Gospel over despite the workings of UMN. We are looking forward very much to our furlough and hope to get some spiritual refreshment that we miss here. It is also good to be going back to Scotland where the Kirk's Missionary body cares more about people than Administration.

I'm not certain what the plans are for a visit to EZE are (UMN haven't had a Committee meeting on it yet) but we are very thankful for your offer XXXXX to put us all up. We will be writing to you when we get more details.

There are two things that I would like you to do for us if possible. The first is to let me know the date and details of purchase (and Warranty) of the calculator you kindly bought for me. Unfortunately it has just gone wrong and refuses to function .. I think it is just one of the buttons that have failed. I have written to Teaxxx UK Texas UK about it and will wait until we get back to get it repaired. The other request is for some of those (one set of each) glorious pictures your Mission has had made printed that is if you still have any left. If you could send them to our furlough address where I hope to use them for deputation and at the same time let me know the cost so we can re-emburse you on it. Our Address from the end of March will be

9 Blackford Glen Road  
Edinburgh EH16 6AD  
Scotland UK

Shirley and the children send their love

Sincerely  
Monty

BY AIR MAIL

PAR AVION

AEROPGRAMME

हवाई पत्र

- 4 FEB. 1977



Erfodigt

Fr. Dorothea H. Friederici  
Gossner Mission

I BERLIN 41

Handjery straße 12-20  
WEST Germany

तेजो मात्र Third fold

पठाउनेको नाम र ठेगाना | Sender's name and address —

Tharuwa

P. O. Box 126

Rathmandu

Nepal

पठाउनेको कठि खालीलाई समाप्तया ढाक्काट बलान गरिन्नै ।

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Open at Erfodigt! To open cut here ←

Red

Zur Ablage	
Aktenplan-Nr.	221
Datum	12.12.77
Handzeichen	D.H.

December 29, 1976  
frie/sz

Registered

Mr.  
Martyn Thomas  
P.O.Box 126

Kathmandu

Nepal

Dear Thomas family,

thank you very much for Martyn's letter of October 12th. It sure brought some news. I wonder if you are living in Kathmandu again or still in Pokhra.

You mentioned that you may be coming to Germany in 1977. I am very much interested to hear from you when. Can you tell me the month because I would like to be free when you come. My mother's house is not too far from Bonn and if Martyn has to go to EZE Shirley and the children can stay in my flat at mother's house. I have a three rooms flat waiting for guests.

The new Paton Hospital is still a very much doubted thing for me. I am still not in favor of it but on the other hand it is not my concern. I hope Martyn will be happy with his new job.

I am looking forward to hear from you soon and I hope that 1977 will be very much more happy to you all. May the Lord bless you!

yours,

*Dorothea*  
Dorothea H. Friederici

Building Department  
United Mission to Nepal  
P.O. Box 126  
Kathmandu Nepal  
12 October 1976

Dear Dorothy,

It has been a long time since you heard from us so I thought it better bring you up to date with events over the last few months. After quite a lot of work we got the parsi house in a comfortable with new plywood ceiling, partitions, concrete floors, white distemper & green paint. We have pictures on the wall & guess what, we're being moved again back to Kathmandu. To quote a favorite wartime phrase "Is your journey really necessary?" I've been appointed "Design Engineer/Construction Engineer" for the new Patan Hospital and it looks as if the Shanta Chowan replacement is really underway. We've already done quite a lot of travelling to Kathmandu for the new hospital briefing meetings and on one of the trips I got knocked off the m/c by a buffalo injuring my hand & knee. My left hand is still giving me trouble so I don't do the last few trips by air. (after all the money U.M.N. waste especially on various committees I think they can afford a few air trips). The money for the land has been paid to H.M.G. and a Nepali architect has been hired to assist with the design of the hospital complex. U.M.N. is expecting a US American Hospital Planner out in November for 6 weeks to help with the basic plan so they wanted me to spend the week in Kath & travel home for weekends. This wasn't really on as neither Shirley or I liked the idea of the family being left alone in Kath as it is isolated so we decided that if it was needed it would more ever though, it would mean packing up now & in six months time. We now gather that H.Q. wanted us to move but were reluctant to ask us after the last fiasco. We started packing only to find that they hadn't got round to organising transport for us so we're sitting tight & letting the Admin. do all the running around this time. In the meantime I'm supposed to hand over the jobs I have to others. Odd of course isn't really interested in doing any thing about helping because B.T.O. isn't involved.

My personal opinion on all this restructuring is that the U.M.N. Board was well & truly conned by the committee orientated people into making a highly inefficient & wasteful system to say nothing of insulting the field missionaries most of whom would well be trusted to do a professional job. U.M.N. Admin has now 12% of the missionaries working in HQ there are various committees mostly

pontificating on trivitaries and force people to do any work. Sounds as if I  
 need to go on furlough, doesn't it?

We're reasonably well, Cherry is now a talkative 3 year old but a little  
 unsettled - thinks that she is at an age when she needs a lot of reassurance.  
 Peter is a big lad but with two talkative females in the house he  
 hasn't got round to saying much. He seems to have better powers of concentration  
 than his sister & thoroughly enjoys playing with my tools.

Well how are you getting on - fit & well we hope. Maybe we will  
 see you next year if we can arrange a trip to Germany. I may have  
 to make a trip to E.Z.E. over the new Paten hospital project. If this happens  
 we may all try to come.

The Dusai festival is over but the monsoon still continues & there are  
 still a lot of crops to get in. The tourist industry is picking up and  
 we are driving to various places when they turn up last outside the house.

All the very best to you & may the Lord bless you.

Yours Martin, Shirley, Cherry & Peter

← पहिली मोड First fold

BY AIR MAIL  
PAR AVION  
AEROGRAMME  
हवाई पत्र



F.R.D. Friederici

1 BERLIN - 41

Büsingstrasse 17

Dear people  
West Germany

तीसरो मोड Third fold

प्राप्तकर्ता का नाम ए ठेगाना | Sender's name and address

Thomas

P.O. Box 176

Kathmandu

Nepal

← तीसरो मोड Second fold →

यसपत्रमि र कोरि आपामा सामादा गोक्कर्द चलान गाउँ  
If ANYTHING IS ENCLOSED THIS LETTER WILL BE SENT BY ORDINARY MAIL

Mr. & Mrs.  
Martyn Thomas  
Pokhara  
P. O. Box 126  
Kathmandu/Nepal

26. 4. 76

Zur Ablage  
Aktenplan-Nr. 221  
Datum 30. 4. 76  
Handzeichen DDW

Dear Shirley and Dear Martyn,

it seems to be ages ago that I visited you in Pokhara. But I do want to say thank you for your kindness. I enjoyed staying with you and meeting you, even so I was a bit shocked about the UMN building department situation. You must have heard that I tried to bring it up at the Board-meeting, but naturally without any success. - Anyway, it was good to see you and your lovely children and I do hope that soon the time will come when they do not disturb you anymore at night. - I am sorry there was no time in Kathmandu to really meet Martyn, but time never seems to be long enough. Why did the Lord not put 26 hours into the day when he created the world?

As you know we left Kathmandu the day after the Board-meeting finished. Mary Karthak and Martha Mukhia naturally were very excited- Quite a number of people came to see them off. When we arrived in New Delhi they became quite dizzy by all the traffic. And the next day, when we met my Indian friends - Sikhs - they found to their great surprise, that Indians can be very nice people, even non-christians! - After arriving in Germany Mary took refuge to her bed for two days not feeling well, but I think it was really just being overcovered with all this new impressions. After she recovered, Martha did not feel well. - But now both are in great form. They seem to enjoy everything, eat all the German food without difficulties (but do not drink our good Bier or Wine yet). - Just now we are in North-Germany, near the sea-side, visiting some of the congregations here. The other day we had a trip to one of the islands. You should have seen their faces when we went on the boat! They were afraid! And then, on the island the icy wind blow and they feared to be blown into the cold deep sea. - But now you should hear them telling about that trip! It was just plain pleasure! - - - They for the first time in their lives see trees without leaves becoming green in these spring-days, they see Dafodiles and Tulips and are very much surprised to find churches being 700 or more years old. They did not realise that everybody can read and write, even the older ladies, and that there are motor-roads wherever one wants to go. - Yesterday we visited a big farm where they just were milking the big black-and-white cows - by machines! And imagine, 50 to 60 Mana milk per cow! - And there are now hills and mountains in this part of the country, and, and, and, and.....! Both of them take notes and their notebooks are almost full. There are windmills here and I don't know what. - But I think they enjoy most the meeting with so many Christians who now about Nepal, who prayed for them and who are now eager to meet them.

Well, enough for today. I very much hope that you will come to Berlin when you come back to Europe. But I hope even more, that the time of misery and disappointment will be over soon. God bless you four.

Yours,

D. O. D.



## THE UNITED MISSION TO NEPAL

Executive Secretary: Mr. G. M. Ruff  
Treasurer: Mr. F. Clarkson

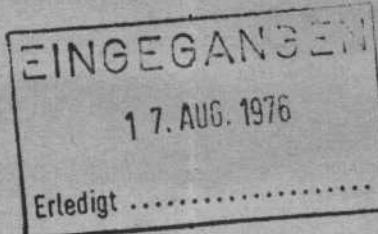
Telephone: 12179 or 14580  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
Mailing address:  
POST BOX 126,  
KATHMANDU, NEPAL

Your Ref: frie/sz  
Our Ref: CWF/EK

11th August 1976

Miss D.H. Friederici,  
Gossner Mission,  
Handjerystrasse 19-20,  
1 Berlin 41, Germany,

Dear Dorothea,



thank you for sending the medical report for Melody Koch. I am very happy to practise on my very inadequate German, but it looks as though she is quite fit for service here. I have only one small reservation and that is the varicosities of her right leg. Very often we can let these go and they cause no difficulty. However, for people who might be exposed to the difficult situations in our hill stations in the rural work and particularly in the rainy season, it might be a good idea to have a specific recommendation as to whether she should have the condition treated. There is more danger here than there would be in Germany because the poor circulation resulting from the condition together with the warm humid weather of our rainy season could prepare the way for a difficult and possibly serious infection of her leg. It would be much better to treat this now in Germany than to perhaps have complications out here.

One very slight question I have is that her blood pressure is 130/90. 90 is a border-line diastolic pressure and could very well mean nothing. It might be advisable however for her to have repeated checks on this. If the diastolic pressure continues this high or higher, then I would suggest that she seek and follow the advice of a physician specially interested in high blood pressure.

We certainly do appreciate Lilly. It is like old times to be with her again. She looks as fine and fit as ever and has not lost one bit of her sparkle. Thank you for sending her back.

Thank you for the magazine. The articles are good and I presume you wrote them yourself. The pictures of course are very interesting.

I certainly do not hope and have no intention that the arrival of Melody Koch will be delayed. I simply want to be sure that everything is for the best for her.

Auf Wiedersehen!

  
Carl W. Friedericks

Zur Ablage

Aktenplan-Nr. 221

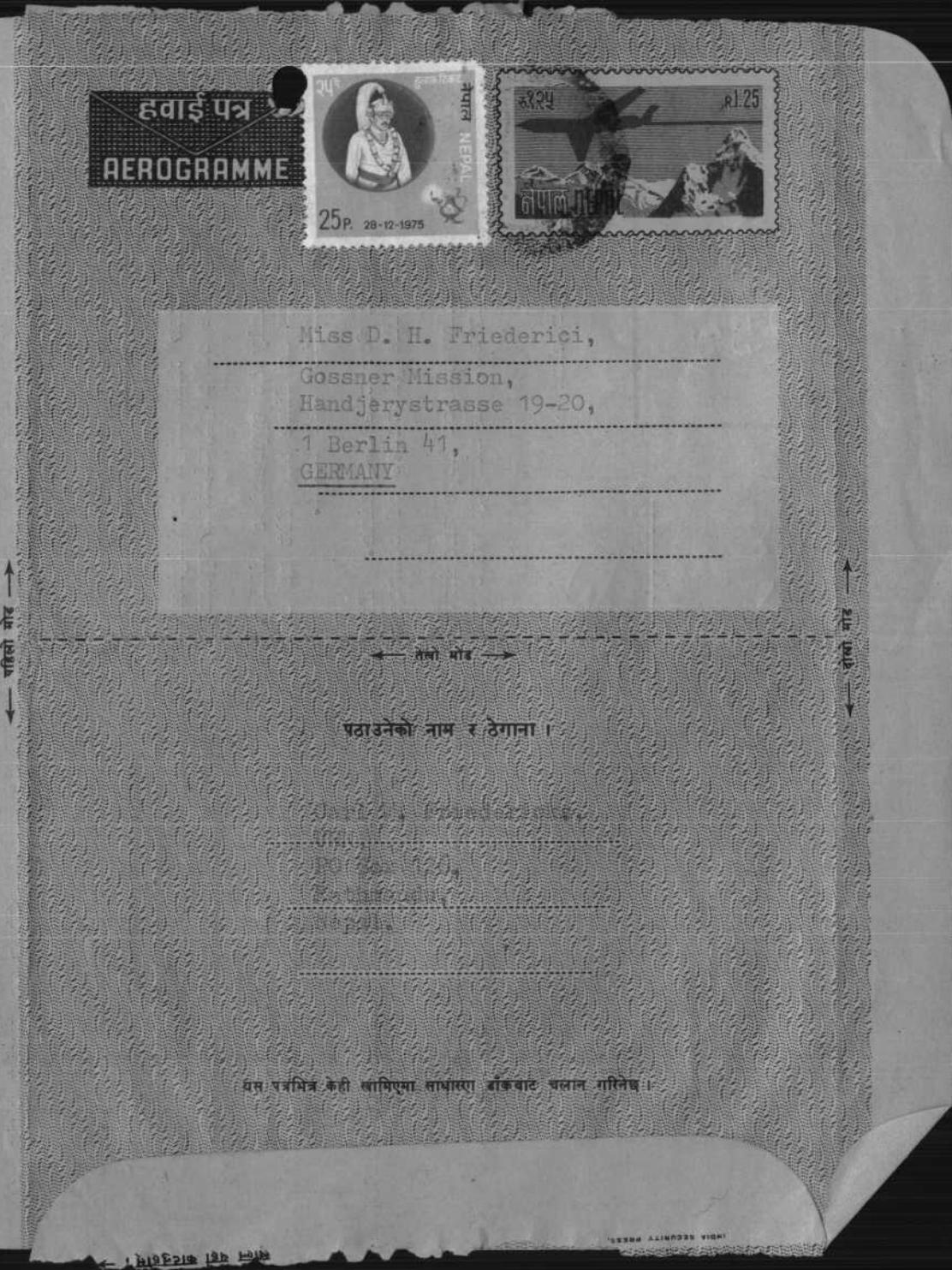
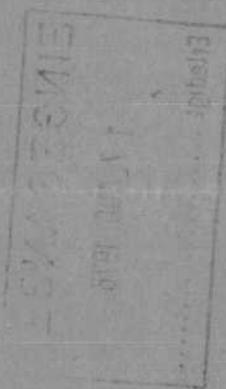
Datum 19. 1.77

Handzeichen

P.

WV 26. 10. 76

7 Fri.



Zur Ablage
Aktenplatz-Nr. 221
Datum 21.7.76
Handzeichen <i>D. Friede</i>

July 19, 1976  
frie/sz

Dr. Carl Fredericks  
UMN  
P.O.B. 126

Kathmandu

Nepal

Dear Carl,

as you know we are planning to send Miss Melody Koch to work with UMN. We hope that she will be able to attend the February Language School. Betty Young wrote that Melody most probably will be working as a Community Health Educator. We would be very grateful if you could send us a job description so that Melody at least would have some idea of what she will have to do. - You might be interested to know that Dr. David Morley is willing to have Melody Koch working with him this winter. So she will have some introduction into Community Health through him.

With great surprise I heard from Monika Schutzka that the Community Health Programme in Sanogaon will not be continued after Monika's leave. I would be very much interested to hear from you why this decision was taken. As you know I am a Community Health Worker myself, and when I visited Monika last April I thought that this was a most promising programme, and now I am surprised to hear about this close up decision. Could you tell me a word or two about this?

This much for now. I send a copy of this letter to Betty Young because I am not sure if I should have asked her for the job description or if I am at the right address with you. Please give my greetings to Betty Anne. I hope all of you are well, and send you many Namastes,

yours,

*D. Friede*  
Dorothea H. Friederici

cc: Miss Betty Young, UMN

*Luol*

Miss Ruth Overvold  
Shanta Bhawan Hospital

Kathmandu/Nepal

26. 4. 76

Zur Ablage
Aktenplan-Nr. 221
Datum 30.6.76
Handzeichen <i>Doro</i>

Dear Ruth,

this is just a short line to say 'thank you' again. I was so grateful to have had the little room in the guest-house. It was ideal! - I had to visit so many people and the independence this room gave me, was just what I needed! - And it is a lovely little house with so nice rooms. - Please also give my thanks to the lady who is incharge of the kitchen. I enjoyed the breakfasts I had in the dining room.

Mary Karthak and Martha Mukhia are doing fine. Mary first fell sick for two days, I suppose it was a kind of a refuge because of all the new impressions. After she recovered, Martha did not feel too well for two or three days. But now they are in great form! Just now we are visiting some congregations in north Germany near the sea-side. Last Saturday we went by boat to one of the islands. You should have seen their faces! - I think they quite enjoy their stay here. We laugh and sing a lot.

Greetings to you and good wishes and thanks,

yours,

*Doro*

(Dorothea Friederici)

Med.

Registered

Miss Dulcie Ventham  
United Mission Hospital

26. 4. 76

Tansen/ West-Nepal

Dear Dulcie,

Zur Ablage  
Aktenplan-Nr. 221  
Datum 30.6.76  
Handzeichen D. D. Friederici

it seems to be ages ago that I visited Tansen. So many things happened since. But I do want to say thank you for all your kindnis, for taking me round 'the projects' and for the very nice evening I had in your flat with all the other friends. It was very good of you to arrange that.

I am sure you heard about the Board-meeting. It was a good meeting! There were quite a number of people who realy asked good questions and we did some work. Naturally not everybody was happy about those questions, but as there were so many people going into the same direction it was not possible to forget to answer them. I hope things will continue that way.

Our journey home to Germany went without any difficulties. Mary Karthak and Martha Mukhia were quite shocked by all the traffic in New Delhi, but when we came to Germany they took refuge to their beds for two days, feeling sick. But now they are in great form and seem to enjoy everythink, most of all the fellowship with so many people whom they did not know before. I just hope that the comming weeks will be just as good for them.

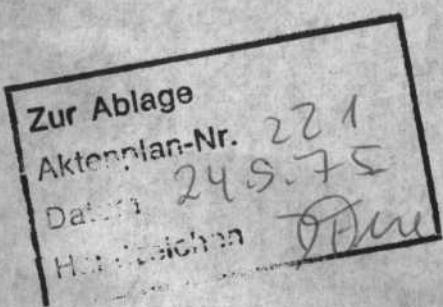
Please give my greetings to all friends. I hope Margret Gould is better again. Greetings also and thanks to Gladies for having me in the guest-house. I am glad to have visited Tansen und just hope that you all will have the strenghs to keep up with the speed your projects are growing. I do hope your project-director-problem will be solved soon and you will find the right person to follow Bill.

Greetings to you and best withes. Thanks again and God bless you,

Yours,

D. D. Friederici

(Dorothea H. Friederici)



22. September 1975  
frie/sz

Frau  
Dr. Liane Nitschke  
Shanta Bhawan Hospital  
P.B. 252

Kathmandu / Nepal

Liebe Liane!

Vor einigen Tagen ging ein neues Heft "Gossner Mission" in die Druckerei. Dieses neue Heft hat Nepal zum Thema. Ich habe darin auch Deinen letzten Rundbrief vom 21.6. ausschnittweise zitiert. Ich hoffe, Du hast nichts dagegen. Ich werde Dir ein Heft schicken, sobald es aus der Druckerei ist.

Ich bin froh, dass ich Deine Rundbriefe bekomme und so ab und zu von Dir höre. Hoffentlich geht es Dir weiterhin gut. Ich wünsche Dir jedenfalls viel Kraft und Freude für Deine Arbeit und das Leben in Nepal.

Bei dieser Gelegenheit darf ich auch mal ganz offiziell "danke" sagen für Deine Hilfe, die Du den Gossner-Leuten gibst. Besonders Ellen und ihr Uwe wussten davon zu berichten.

Gestern telefonierte ich mit Deiner Schwester weil eine Gemeinde hier ein Nepal-Projekt hat. Sie, Deine Schwester, klang ganz fröhlich. - Dein Film ist noch hier. Soll ich ihn im März mit nach Nepal bringen? Oder soll er bei mir bleiben bis Du kommst?

Sei gegrüßt! Ich denke sehr viel öfter an Dich als ich schreibe.

Deine

Dorothea H. Friederici

Liane Nitschke  
Shanta Bhawan Hospital  
Postbox 252  
Kathmandu/Nepal

21.6.1975



Liebe Freunde,

bis auf die regelmäßigen Briefe der engsten Familienangehörigen kommt kaum noch Post aus Deutschland. Seid Ihr auch alle so beschäftigt, oder habt Ihr mich schon abgeschrieben?

Heute endlich will ich eine unfreiwillige Arbeitspause benutzen den längst fälligen Rundbrief zu schreiben. Seit einer Woche bin ich krank. Vor ca. 14 Tagen gab es so viel zu tun, daß die Arbeit trotz größter Kraftanstrengung mit vielen Überstunden und anhaltender Hetzerei nicht mehr zu schaffen war. Der Darm begann mal wieder zu streiken, und da nichts anderes half, entschloß ich mich zu einer Amöbenbehandlung, einer echten Pferdekur. Danach ging es mir ein paar Tage besser, und plötzlich waren die Kräfte am Ende. Bei der erneuten Stuhluntersuchung fanden sich so viele Amöben, wie selten. Ich wurde also ins Bett gesteckt und schlief fast ununterbrochen 48 Stunden mit wenigen Unterbrechungen, die meistens auf der Toilette abgesessen wurden. Das zur Behandlung notwendige "Flagyl" (Metronidazol) scheint den Magen für jede weitere Nahrung zu blockieren und hinterläßt im Mund für Stunden einen bitteren - metallischen Geschmack, praktisch bis zur nächsten Einnahme. Ich bin trotzdem bei der 110ten Tablette angelangt und komme mir vor wie ein Held. Jedenfalls geht es schon wieder viel besser, und ich hoffe, in der nächsten Woche wieder voll arbeiten zu können. Leider kostete die Amöbenruhr nochmals drei Kilogramm des im Heimurlaub zugelegten und in Nepal sorgsam gehüteten 10 kg Körpergewichts, von denen nun nur noch 4 kg übrig sind. Meine Patienten kann ich wieder besser verstehen, wenn sie sich weigern das "Flagyl" einzunehmen und oft mit Brechattaken reagieren. Neulich erklärte mir eine tibetische Mutter, nach dreitägiger Behandlung ginge es ihrem Kind noch nicht besser. Auf meine Frage, ob es denn die Medizin genommen hätte, kam die Antwort, es habe sich strikt geweigert, und so habe sie es selbst gegessen, sie stille ja das Kind!

Während meiner Abwesenheit haben sich Dr. Suri - ein junger Nepalikollege - und Dr. Brown aus Australien (beide sind seit ca. 6 Wochen bei uns) rührend bemüht, die kranken Kinder zu betreuen, und ich konnte telephonisch ein paar Ratschläge geben. Die auch sonst rührende Anteilnahme von allen Seiten tat recht gut!

Seit ca. 3 Wochen - da die Arbeit nicht mehr zu schaffen war - hat man mir die Ambulanz abgenommen. Ich bin nun nur noch für die Kinderstation und die Privatpatienten zuständig. Wir bemühen uns, auf der Station täglich bis zu 12 Kinder zu entlassen, und haben doch immer 40 bis 49 z.T. schwerkranke Patienten, bei 40 Bettchen. Die Schwestern arbeiten mit großem Einsatz und konnten es oft doch kaum schaffen. Die Wäsche reicht schon längst nicht mehr. Daran, daß die Kinder auf Gummiunterlagen liegen, die schnell gereinigt werden können, habe ich mich längst gewöhnt. Viele unserer Patienten sind wieder stark untergewiechtig (das Kleinste wog mit 9 Monaten 2,5 kg, das Größte mit 7 Jahren ca. 12 kg). Bisher haben wir noch keines von ihnen verloren, obwohl die Behandlung oft sehr kostspielig und langwierig ist. Magen-Darmerkrankungen, Tuberkulose und Masernkomplikationen stehen wieder weit vorne bei den Erkrankungen und natürlich auch der Parasitenbefall. Vor einiger Zeit schied ein

5jähriges Mädchen nach einer Kur so viele Spulwürmer aus, daß die ganze Toilette bis oben hin mit ihnen angefüllt war, und prompt verstopfte. Gesund nach Hause ging auch ein kleiner Tamang-junge von 10 Monaten. Die Eltern waren 2 Tage lang gelaufen, um uns das schwerkranke Kind zur Behandlung zu bringen. Die Mutter wurde mit 7 Jahren verheiratet. Sie war aber kinderlos, und so nahm der Mann eine zweite Frau die kurz nach ihrem Töchterchen starb. Er heiratete zum 3. Male und bald darauf wurde die erste Frau mit 41 Jahren schwanger (nach 34 Ehejahren!) und bekam den Sohn, der nun unser Patient wurde. Wir hatten schwer zu kämpfen, da die Mutter aus lauter Angst verständlicherweise alles falsch machte, was nur falsch zu machen war. Sie gab nichts mehr zu trinken, wenn das Kind Durchfall hatte, um den aufzuhalten, schüttelte später buchstäblich in das bewußtlose Kind Wasser, was zur Lungenentzündung führte und wickelte dann den fieberrnden Sohn in viele Decken und Tücher bei Außentemperaturen von über 30 Celsius. Der kleine Kerkel überlebte das alles - auch zu meinem großen Erstaunen - und wir atmeten erleichtert auf, als sich die glückliche Familie mit dem strahlenden Patienten und dem halben Dorf, das zur Betreuung mitgekommen war, verabschiedete. Leider nimmt das Tauziehen zwischen Mutter und Doktor nicht immer ein so gutes Ende. Vor einigen Tagen ging auch Opsara (der Name bedeutet himmlische Schönheit oder Engel) nach Hause und hinterließ wirklich eine Lücke auf der Station. Sie war ein Jahr alt, als sie zu uns kam und wog 5 Kg, die Mutter war drei Tage zuvor gestorben. Opsara erholte sich bald und verstand es fast immer, ob mit mörderischem Geschrei oder charmantem Lächeln, sich Süßigkeiten von mir zu erbetteln. Auf meine besorgte Feststellung, daß sie schon wieder erbrochen habe, kam von den Schwestern immer wieder die Antwort mit demselben Gleichmut: "Sie hat auch wieder viel zu viel gegessen!". Kurze Zeit, nachdem sich der kleine Junge in dem Bettchen nebenan erholt hatte, starb seine Mutter plötzlich an einer tuberkulösen Bauchfellentzündung. Ja, wie immer könnte man viele solche Beispiele bringen. Ich möchte nur kurz noch Laxmi erwähnen, die 2-jährig mit schwerem Kwashiokor (Eiweißmangel) kam; die beiden Brüder waren jeweils im Alter von 2 Jahren gestorben und zwar mit der gleichen Symptomatik. In ihrer Unwissenheit hatte die Mutter immer wieder dieselben Fehler gemacht und kam nun in letzter Verzweiflung zu uns. Es scheint, daß wir wirklich nicht ermessen können, was die langsame Besserung des Kindes für sie bedeutet.

In meinem letzten Rundbrief berichtete ich von unserem Vorhaben, eine "Under 5 Clinik" aufzubauen. Voller Freude kann ich nun mitteilen, daß sie vor einer Woche feierlich eröffnet wurde. "Brot für die Welt" hat, wie gehofft, die Finanzierung des Baues übernommen, und Ram Moham macht seine Sache noch besser, als wir es ihm zugetraut hatten. Er ist sich ganz der Würde seiner leitenden Position bewußt, arbeitet tüchtig und trägt stolz die Verantwortung. Vorgestern wurden schon 85 Kinder gebracht. Hoffentlich können wir die Klinik auch weiterhin "free of Charge" halten, d.h., daß für die einfachen dort ausgegebenen Medikamente und Impfungen nichts bezahlt zu werden braucht. So etwas spricht sich immer schnell herum, und es sind wieder viele arme Patienten die gebracht werden. Von einem weiteren freudigen Ereignis kann ich heute berichten. Dank einer großzügigen Privatspende aus Deutschland ist vor kurzem der erste Masernimpfstoff eingetroffen. Er kam aus England, wo er am billigsten zu haben war, (ca. 800,--DM für 1300 Dosen). Eine große Impfaktion konnten wir wegen des Personalmangels z.Z. noch nicht durchführen, impfen aber alle schwerkranken Kinder, für die die Masernerkrankung immer eine ernste

Lebensbedrohung bedeutet. Der Impfstoff ist ein Jahr lang haltbar und soll gleich nach dem Monsun in den Dörfern verimpft werden.

Privates gibt es eigentlich kaum zu berichten, da neben durchschnittlich 12 Arbeitsstunden nicht viel Zeit bleibt. Noch immer genieße ich jeden Tag in meinem schönen Haus mit dem Garten, indem z.Z. fast alles blüht. Die Natur schien richtig aufzutunten, als vor einer Woche plötzlich der Monsun einsetzte und die staubig heiße Zeit ablöste.

Wie versprochen, möchte ich noch kurz die Krönung des jetzigen Königs Bihendra am 24.2.1975 erwähnen. Es war ein wirklich beeindruckendes Ereignis. Etwas kritisch hatte ich in der Zeitung gelesen, daß die Krönung die Verbundenheit des Königs mit dem Volk demonstrieren sollte, mußte aber zugeben das es genauso aussah. Die Stadt war sauber (wie ich sie nie zuvor und leider auch hinterher nie gesehen habe) und in allen Farben geschmückt. An den Abenden gingen wir - wie wohl alle Bewohner des Tales - stundenlang durch das mit vielen Lichtern festlich erleuchtete Kathmandu. Die Atmosphäre war unbeschreiblich. Jeder freute sich und genoß all das Schöne. Am Krönungstag selbst sah ich zusammen mit ein paar Bekannten den Festzug, allerdings ohne König. Wir freuten uns über die vielen Menschen, die diszipliniert und voller Erwartung waren. Auch die Ärmsten unter ihnen waren in gewaschener und gepflegter Kleidung gekommen.

Während meines Urlaubs im März hatte ich wieder Gelegenheit, Nepal von einer mir noch unbekannten Seite kennzulernen. Für eine Woche ging ich nach Butwal (Terai) ins technische Institut der UMN und von dort aus nach Tansen an eines unserer Krankenhäuser. Überall wurde ich mit großer Herzlichkeit aufgenommen und herumgeführt. Auf Helmut Scheuer's alter Militärmaschine gab es sogar einen Ausflug nach Lumbini, dem Geburtsort Buddhas. Auch das war eine gute Sache, obwohl mich unbarmherzige Rückenschmerzen in den darauffolgenden Nächten kaum schlafen ließen. Aus einem Treck im Westen des Landes wurde leider nichts, die Maschinen nach Jumla waren ausgebucht. So entschlossen wir uns (Andreas Vossberg, unser Prothesenmeister und ich), von Pokara in ca. einer Woche nach Gorkha zu trecken. Die Tour war schön und weniger anstrengend, die Landschaft Nepals beeindruckt immer wieder neu. Unterwegs gab es viele Patienten zu behandeln, die besonders an Kopf- und Bauchschmerzen litten. Wurmmittel wurden wieder in großen Mengen verteilt. Wir lebten recht gut von Nepalnahrung, nur an den Reisschnaps (Rakshi) werde ich mich wohl niemals gewöhnen können. Nachts schliefen wir fest und gut auf dem festen Lehmboden der Nepalihütten, die oft doch bis in die späte Nacht hinein von männlichen Nepali umgeben waren, deren Gesprächsthemen kein Ende nehmen wollte. Ja, wir Ausländer sind noch immer eine große Attraktion, besonders, wenn man ein paar Worte in ihrer Sprache erwidert, kann man sich vor Einladungen kaum retten. Die letzten Urlaubstage verbrachte ich in Amp Pipal, in dem letzten Krankenhaus der UMN, das ich noch nicht kannte. Diesmal blieb genügend Zeit zum Entspannen und das wunderschöne Panorama der Schneeberge zu genießen. Ich bin noch immer gern in Nepal, nur müßte man manchmal in einem solchen Land die nervlichen und körperlichen Kräfte eines Weltraumastronauten haben, um allem gerecht werden zu können.

Für alle Hilfe von Euch, sei es durch Post, Medikamente oder finanzielle Unterstützung, möcht ich wieder im Namen unserer Mitarbeiter und Patienten vielmals danken und Euch alle herzlich grüßen aus dem monsunfeuchten Nepal,

Eure Liane

*Re d.*

September 22, 1975  
frie/sz

Mr. and Mrs. Spivey  
P.O. Box 252

Kathmandu / Nepal

Zur Ablage  
Aktenplan-Nr. 221  
Datum 24.9.75  
Handzeichen 10m

Dear Spiveys,

two of your letters are in front of me. Both should have been answered much earlier. I am sorry I did not do so.

It is good to know that you will stay on in Nepal. I hope Paul's teaching programme at the university is going on well. What an exciting thing to have happened. I am very happy about it and do hope all goes well.

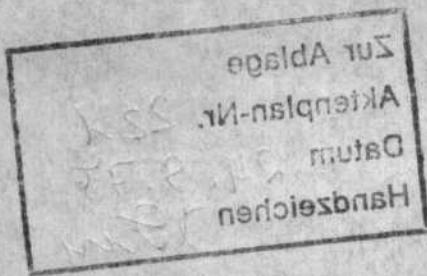
May I just ask a few questions?

Somehow I heard that you had to leave Padma Sadan. Is that true? Where do you live now?

Is the student programm still going on? What is the financial situation? Is Prakash still with you? Do the Rais still live in Padma Sadan?

Philip now should have had enough experience of having arms or leg ~~sin~~ in plaster. What a boy! It is good to know that otherwise he and Anna are well. I remember you all so often.

Sheela again failed her exam. I do not know the results of the September re-sitting but doubt that she passed, as she had failed in three of four subjects. This seems to be the end of her scholarship. I am sorry I would be very grateful if you soon could let me know what should happen next. I want to help Sheela, but somehow are not very happy. Do you know anything about what she is doing? Neither Sandy nor I get letters from her and she never follows any invitation either from Sandy nor from me or her other German friends. I am disappointed and wonder what has happened to the girl.



Who is the young man who went to Vellore? Do I know him?

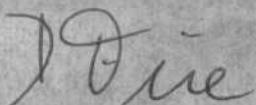
I had a lovely holiday with Sandy in Scotland. The weather was glorious and with all the sunshine we have this year it is difficult to remember what the monsoon is like.

I am planning to be in Nepal for the next boardmeeting and am looking forward to meet you all again.

By the way, any idea where my Kumjung picture is? I so much would like to have it. Should I write to Kumjung and ask for a new one or is mine still alive?

Greetings to all of you,

y o u r s

  
Dorothea H. Friederici

WV

8.5.75

Spivey

Dear Dorothea

Zur Ablage

Aktenplan-Nr. 22

FINGEGANGEN  
Sat. 26th July.

6. AUG 1975

Last night I removed from Philip's arm the plaster cast which he has had to wear for the last three weeks after fracturing his arm; this was in preparation for swimming today but, ~~Handzeichen~~ has been impossible to go swimming in the continuous heavy rain so he must wait for tomorrow. However it is not so surprising that we should have such rain as we are virtually in the middle of the main rainy month of the monsoon and it is just what is needed for the rice to grow good and strong in the fields which are now knee deep in mud, water and hookworms!

Despite plenty of rain during the first week in July we enjoyed the first week of the children's school holiday at Pokhara (in West Nepal, a 5 hour bus journey from Kathmandu) staying in the house of one of our UMN colleagues who works at a boys boarding school just outside the town. At the school there is a farm which provided the children with plenty of enjoyment holding baby animals of various kinds. It was such a lovely contrast to living in Kathmandu; there were no telephones or vehicles to disturb us or mask the more peaceful sounds of animals, birds and a few children playing.

It was the day after our return from Pokhara that Philip fractured his arm leaving Anna to enjoy the delights of the swimming pool. They have both been back at school for a week now and Anna is progressing well with the basics whilst Philip is moving onto more sophisticated work. Claire is at present holding only one treasurership which means that she is able to spend more time with the girl who is helping us in our home temporarily whilst our normal helper (called Bhawani) takes time to recover from the birth of her firstborn son. We are really appreciating (in her absence) just how much of a help she is and we shall look forward to welcoming her back to us.

Recently the students of Nepal have been on strike from their classes and consequently we have been quite busy in our open lounge. It has also been good to welcome back some of the 'old lags' who are on vacation from colleges in India. The nursing school at Shanta Bhawan has somehow managed to complete their semester (term) and so Claire and I have completed the courses which we were teaching there. These girls all have opportunities to attend bible studies and other Christian meetings. The Pharmacy course at the University has been held up by the strike though it looks as if we shall begin teaching from tomorrow in an attempt to finish a very long first semester!

Still on Pharmacy news I am very pleased that one of my assistants in the department has at last got a place to study at Vellore Christian Medical college in South India (we have been trying for two years). He is on a course lasting two years and comes from a poor family in Kathmandu. He is though a very bright likeable character and a Hindu (nominally).

The Nepali congregation in Kathmandu has faced it's problems recently (as I said in our latest circular letter) and still needs our prayers. We need to pray for the annual conference in early October that it will prove to be a time of real learning and fellowship and not just a time of noise and froth and bubble. We are coming to a crisis point in terms of our own attendance at the Nepali church because Philip and Anna are at the age when they would appreciate a Sunday School and there is a good one attached to the protestant congregation (an expatriate with an American pastor). We would appreciate your prayers that we will decide correctly and for the right motives.

We still have many friends in the foreign community in general and would appreciate your prayers for our daily contact and friendship with them. July 30th

Hello Ds, sorry to be so long in writing. Do you have a closely? holiday in Scotland with Sandy? or is it still to come? We had the summer in U.K. has been glorious. We are about to grow webbed feet here. It's Gessner Mission

lots of love to you from us all.

Paul & Claire.



AEROGRAMME

Miss J. Friede  
Gomer Mission

1 BERLIN 41

Handjerystrasse 19-20  
GERMANY

प्राप्ति नाम र लेखना।

Spield  
Box 252  
Kathmandu  
Nepal

प्राप्ति नाम र लेखना।

the rainiest monsoon we have experienced in 7 yrs! P. & A. are delighted with all the puddles & mud! swimming in the rain — they are in the minority! I'm drinking some coffee whilst writing this & thinking of the nos. of times we drank coffee together in this same room.

We start rehearsing this week for the new H.A.M.S. production of "12th. Night". Paul is to play Feste — the clown & I'm doing all the make-up. It is really fun — we enjoy the society of the folk in the drama group.

P. & A. are thriving — very lively & noisy but very happy. A. is much more fulfilled since she started to school (April) & Philip has matured a lot. He enjoys stamp collecting, bicycling, rappelling & tree climbing — the howler monkeys now contain a tree-house he made with Ram broad & Mission has a rope-ladder to get up into it.

Miss D. Friederici  
Wupperstrasse 11,  
567 Opladen  
WEST GERMANY

Spivey

SHANTA BHAWAN HOSPITAL, G.P.O. BOX 252, KATHMANDU, NEPAL.

May, 1975.

Zur Ablage

Aktenplan-Nr. 221

Datum 17.9.75

Dear Dorothea

It is blowing up ~~Handzeichnung~~ a refreshing storm outside with the characteristic strong wind accompanied by thunder and lightening. Yes, we too get some April showers and they are very welcome to lay the dust after the two or three dry months which precede April. I suppose you must have come to the conclusion that our ink had also dried up in view of the long silence from the Spivey camp.

However, you will be glad to know that we have not been idle in our silence! It has been a terrific three months to begin 1975 with, full of variation and interest. In beginning, I should really go back into late 1974 when the Dean of the Institute of Medicine (a section of the University) suggested that he would like to begin a course to train pharmacists for government hospitals and would I be interested in helping him?! Within five days we had met with other personnel involved and I was asked to prepare a syllabus for a two and a half year course. Within three months the course began with an intake of fourteen students. It was truly a provision of God that just a month beforehand VSO had assigned a pharmacist from the UK to Nepal, otherwise I could not have coped with getting the course underway as I was already working without one of my regular assistants who was on six weeks' study leave. It is staggering to me that all of this has come about so quickly. I am hoping that I might get more qualified help which will enable me to spend more than the two hours lecture time a week at the 'campus' which is unfortunately right across the city. One thing I am really thankful for is the six years we have spent here getting experience and understanding of Nepal and the way it ticks. It seemed relatively normal when one day I turned up to my lecture to find that I could not lecture that day as there was a quiz contest in progress. And I don't think that I even flinched when during my first lecture a lorry rumbled close by the windowless spaces in my half-finished classroom. In fact it is rather like lecturing on a building site! But the students are great fun and I thoroughly enjoy teaching them. Theoretically I must teach them in English but they are very happy when I break into Nepali from time to time to explain the difficult parts. I now thank God for the time and effort spent in language study during the first term of service. This aspect of my work is obviously going to occupy in increasing amount of time and interest and bring me into a whole new world of friendships and relationships. Praise the Lord for this invitation and opportunity to serve Nepal.

From the tone of the preceding paragraph you will now be asking what has happened to Bangladesh. It is only recently that we have become convinced that we should stay in Nepal and not take up the invitation to move to work in Dacca, within the HEED programme. We have remained willing to move on the condition of adequate replacement for us here in Nepal, but it has seemed that the many possibilities of replacement have never come to fruition. This was something of a puzzle and it would have been easy to have concluded that we must not move; and yet to conclude for that reason seemed negative and wrong. However, the sudden development of the pharmacy course has left us in no doubt that we have been given a very positive reason for staying in Nepal and at the invitation of Nepal to do a job for the Country. This decision will be a great disappointment to the HEED programme as we have been due to go there for the last six months but have been unable to move. Please pray that the Lord will soon provide them with an Administrator to share the work load in the central offices.

A highlight of January was the UMN Workers Conference which was held this year in the boarding school in Pokhara. This meant that instead of having to rush across Kathmandu between meetings for meals, we all slept, ate, met, and enjoyed fellowship together on the one campus (an "in" word in Nepal!) Revd. John Stott was the guest speaker and his ministry and fellowship were appreciated by all of us regardless of theological conviction and viewpoint. He stimulated a lot of thought and discussion on the ways

and means of communicating the truth of Christ, bearing in mind the culture in which we live here in Nepal. I think also it is an issue which the Church of God in the UK must think about more closely. What are we communicating? Is it our own experiences rather than the good news of Jesus Christ? Very often (though not always) the most effective basis for communication is friendship (and by that I mean pure friendship not 'friendship with a motive') and yet we shy away from the friendships outside of our church fellowship either because our whole time is spent within the church or because we are afraid of 'the world'. Is our faith so weak as to be crushed when already we are told that Jesus has gained the victory over the Prince of this world. Let us have the confidence in God to work through us as he has created us, in the situations in which we find ourselves, in the same natural way as He worked through Christ yet also with the same basis of close communion with God ... ... here endeth the sermon!

The Coronation of King Birendra was a highlight of February and probably you saw the BBC film of the occasion including the visit of Prince Charles. Kathmandu looked beautiful by the time of the Coronation with all the buildings redecorated and illuminated at night. I hope that you were able to appreciate something of this on the TV. The day itself was a most enjoyable and festive time with everybody in a cheerful and celebratory mood. To celebrate the Coronation various sports tournaments were held and I was twice in the winning team for hockey (the Veterans XI!) and basketball (this was a United Mission team ... we have some young language students from across the Atlantic!!).

Also during February and March Claire and I were drawn into the local Amateur Dramatic Society's production of 'The Crucible' by Arthur Miller. We found this a tiring but rewarding experience especially when we were asked to do a Royal Command performance and were privileged to meet the King afterwards on stage. Claire enjoyed making me up as an old man!

Philip and Anna have meanwhile played host and hostess (with a little help from us!) to numerous visitors. They truly are a help as they grow up. Anna is now into her second week as a schoolgirl and is about to gain her first star on the chart! Philip, now six, takes very seriously his responsibilities in seeing that his sister behaves properly in school. Both of them are enjoying the start of the swimming season and Anna can now boast of swimming half a length of the hotel swimming pool. Philip behaves as if he might sprout fins at any time.

It was with sadness that we had to sell our car recently due to impossible running costs and also because it would be less in use now that Anna is at school (transport to playgroup was a big factor). In its place we have bought an Indian made scooter (similar to a Vespa) which Claire is learning to ride. It is customary in Asia for whole families to travel on a scooter, and whilst we have proved the feasibility of this we hope rather to travel two on the Honda 70 (which I already had) and two on the scooter. Your prayers for continued travelling safety are most welcome.

To sum up this rather long letter please give thanks for the opening to work at the Institute of Medicine Campus of the University and remember us in our friendships with staff and students. Also thank God for the smoothness of the Coronation and continue to pray for our King Birendra. Remember the personnel need in Dacca created by our decision to remain in Nepal. Pray for us that we will gain a true understanding of the culture of Nepal and how we can live and work and communicate the Truth within this culture. Pray for safety in travelling about the roads of Kathmandu (there is some hair-raising driving!) and for the children as they enjoy their life growing up in Nepal.

Yours very sincerely and in Christ,

Paul & Claire

Paul and Claire Spivey.

From: 2 John Lopes Road, Eynsham, Oxon. OX8 1JP.

# Education

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## TRAINING AND SCHOLARSHIP PROGRAM

### Annual Report 1983

#### Summary Report :

The Training and Scholarship Program has continued to operate from 1967 onwards providing leadership training and educational opportunities to deserving young people for higher education in various fields of education especially in technical education. The Program also looks for various ways to raise funds from the Member-Bodies, regular donors and friends of UIN from overseas for this purpose.

Scholarship for study are awarded to :

- A. UIN in-service employees, or in-service employees of UIN related institution.
- B. Under-privileged or minority social groups, remote area people and women and girls. The candidates should be academically well enough to pursue their studies. Normally, the scholarships are granted for studies in Nepal but the Committee will consider application for studies in India if such a training cannot be taken in Nepal. Scholarship for overseas training is granted only on Project funding.

#### Project Activities :

The TSC Committee consists of 11 members to select new students for scholarship awards. The Committee has met 2 times this year in April and September. A total number of 41 scholarships including 27 general and 15 in-service had been granted in those meetings besides 10 general scholarships which were cancelled because they were receiving help elsewhere.

At present, there are 80 students who are receiving scholarship help from the Program. Out of 20 in-service students, 8 are studying in India for Nursing Administration, Business Administration and Nonformal Education. The rest of the students are studying in various educational centres like Kathmandu, Pokhara, Tansen, Rampur, Paklihawa, Sunder Bazaar, and Hetauda.

29 students have graduated this year with certificates and degrees in Engineering, Education, Science, Business and Nursing. 6 in-service students finished their studies this year and 2 nurses and 1 public health personnel finished their graduate level studies and are engaged in leadership positions in 2 different UIN projects this year.

The Administrator of the TSP organised meetings with the students regularly to encourage the students to put up good work and counsel them in their difficulties.

#### Interrelationships with other Projects/Institutions :

The Administrator of the TSP visits the UIN Projects to discuss their need of in-service training or the requests from the Committee and the projects. This has been found very helpful for the Projects to understand the Committee's rules regarding general as well as in-service scholarships. The Committee Chairman's frequent visits to the UIN Projects strengthen this relationship even more.

The Administrator keeps a good working relationship with Campus authorities of the various campuses like Ishendra Ratna Campus, Engineering Campus Pulchowk, Engineering Campus Thapathali, Mahaboudha Nurse Campus, UIN Nursing Campus, IOM Maharajganj and many others where we have students studying in regard to their performance, behaviour and results.

The Administrator of TSP is a representative to the Advanced Training Coordinating Committee, Butwal in matters of advanced training needs for EDB Projects in Butwal.

#### 4. Research/Evaluation.

Evaluation work on the students who finished their studies with scholarship assistance has been done during the year, and a report will be presented in 1984 regarding its usefulness, work performance and other aspects after the completion of training. Evaluation work will be continued on more students in the coming years.

29

## TRAINING AND SCHOLARSHIP PROGRAM

Plans for 1984 - 85

**1. Program Description :**

The Training & Scholarship Committee helps students who have already passed their SLC but have no way of continuing their education in the college level without a scholarship. Those persons coming from the far remote areas of the country will be given preference special consideration given to orphans, girls, and disabled.

TSC also grant in-service scholarships to the employees of UIN Projects or employees working in the UIN related projects or institutions who send them for training to take up leadership positions in the UIN Projects or UIN related projects or institutions afterwards.

**2. Program Objectives :**

The first objective of the TSC in 1984 - 85 is to continue to give more emphasis for in-service training to the UIN employees working in the hospitals, projects and institutions. So that they will be able to hold more responsible positions in the projects relieving the expatriates staff to work in other projects and programs. The second objective of the TSC for 1984 - 85 is to grant scholarships to young people who want to further their education according to the country's need for manpower and for the all round development of the country in the area of Medicine, Education, Agriculture, Forestry, Engineering, Technology and Science, Commerce and business.

More funds will be sought in 1984 - 85 to meet the growing demands of in-service requests from the projects as well as HQ administration.

**3. Program Activities :**

During 1984 - 85, there will be at least two meetings to select the new students for scholarships and at least 60 students will be awarded scholarships to study in the college. 41 students are expected to graduate during 1984 with certificates and degrees in various fields.

A students' library is kept open for students in the TSC office to give library facilities to the students. Student meetings will be organised from time to time in the UIN Headquarters for counselling and guidance as part of TSC work schedule. The TSC Administrator will continually visit the projects for their need for in-service training for the better performance of the staffs in their jobs. He will also visit the educational institutions and centres in Nepal as well as in India where the students are studying. He will also visit the authorities of educational institutions and keep good rapport with them.

**4. Evaluation/Research :**

Evaluation by way of questionnaires will be sent to more students and the results will be analysed to produce a report according to the information received.

Research into new ways to get correct informations about the students' need for scholarship will be sought.

**5. Personnel/Training :**

Training for the office personnel will be made available from ~~the~~ the Treasurer for keeping good accounting.

TRAINING AND SCHOLARSHIP PROGRAM

Budget for 1984/85

	<u>Estimated Actuals 1983</u>	<u>Approved Budget 1984</u>	<u>Approved Budget 1984/85</u>	<u>Inc/Dec. over '83 actuals</u>
<b>Receipts:</b>				
Grants for general and in-service scholarships	488,011.	550,650.	657,115.	+ 169,104.
<b>Payments:</b>				
General program	215,672.	200,000.	250,000.	+ 34,328.
In-service program	286,994.	280,000.	350,000.	+ 63,006.
Salaries	37,667.	35,450.	40,770.	+ 3,103.
Administration	3,670.	3,500.	4,025.	+ 355.
Miscellaneous	340.	10,000.	2,000.	+ 1,660
Rent	5,450.	5,800.	6,670.	+ 1,220.
Travel	512.	1,500.	1,500.	+ 988.
Utilities	427.	300.	450.	+ 23.
Repairs & maintenance	-	200.	200.	+ 200.
Small capital items	-	-	1,500.	+ 1,500/
	550,732.	550,650.	657,115.	+ 106,383.

## DILLI RAJ DEVKOTA

Dilli Raj is currently the Business Manager of the United Mission to Nepal's Rural Development Centre in Pokhara. He is 26 years old and a native of the Pokhara area.

As the youngest son of the less favoured wife of a well known local Hindu pundit, Dilli Raj has had a difficult time to make his way in the world. Up to the age of 18 he lived at home and was supported minimally by his father. At age 18 Dilli Raj's marriage was arranged by his father. Suddenly, faced with new responsibilities, he cancelled immediate plans for further study and found work with the Gandaki Boarding School, then operated by the UMN. On the basis of his commerce studies in high school Dilli Raj was given a job in the Accountants' Office. The School Accountant came to recognize Dilli Raj's potential and agreed to adjust his working hours so that he could attend classes at the local university. By working daily from 5 am to 6 pm Dilli Raj was able in four years to complete his Bachelor of Commerce. At the same time he worked his way up to a senior post in the Accountants' Office.

At the time of completing his studies, the boarding school underwent major changes as the administration passed from UMN expatriates to local staff. As part of this turmoil attempts were made to cut Dilli Raj's modest salary. Discouraged by his prospects at the school, Dilli Raj resigned and planned to seek another job in Kathmandu. However, during this transition period a post as Office Manager became available in the <sup>UMN</sup> ~~Rural Development Centre~~, <sup>in Pokhara</sup> He applied and was accepted for this post in April 1981, where he has been working up to now.

Dilli Raj's main interests are in accounting and auditing.

He hopes someday to achieve a professional qualification in this

area but, at present, such qualifications must be obtained outside Nepal. The cost of such study, even if done by correspondence, is beyond Dilli's personal means. It will only be possible if he finds scholarship assistance.

Dilli Raj has two children, a son 6 and a daughter 4. He lives near Pokhara in a small house he has built with his earnings. He owns only a small plot of land where he grows sufficient crops to feed his family for one month/year.

United Mission To Nepal

An Introduction To Long-Term Planning

April 1983

The planning process is precisely what it says, a process. Three aspects make up this exercise. The first is the Plans and Budgets for the coming year. This is an exercise which begins in the first half of the year. First it occurs in Projects and Programs as people plan through their Planning & Management Committees for the coming year.

Then it goes to the Functional Board Meetings in Jan/Feb for their acceptance of Plans and Budgets for the following year. Then it goes to the Coordinating Committee for comment and coordination. This is then presented to the Finance and Executive Committees for their action in March/April.

The second part of the planning process is the accepting of the Annual Reports and Statements for the preceding year. This occurs in the September meetings of the Functional Boards. This in turn is forwarded to the November meeting of the Executive Committee and Finance Committee. These are then presented to the Board for consideration and appropriate action at its March/April meeting. It is expected that this study will assist in evaluation of ongoing programs, and give direction in the planning process.

The third part of the process is the Long Term Plans Document. This is a document that hopefully can be considered at the September meeting of the Functional Boards and then affirmed again in the following February meeting. We are attempting to standardize our reporting forms so as to simplify the reporting of Projects and Programs. In terms of Annual Reports and Statements, as the Plans and Budgets for the forthcoming year, great progress has been made. But the area where we need time and experience is in the Long Term Plan documents.

The nine areas in the Long Term Plans are as follows. Basically they relate in format to the other two planning documents as well:

1. Background
2. Project Description
3. Project Objectives
4. Project Strategy
5. Interrelationship with other projects
6. Community Involvement
7. Research and Development
8. Evaluation
9. Personnel and Training

The Long Term Plans are to be reviewed each year. So we will not have, every three or five years, a new plan, but rather a constant evaluating of the process that looks back, looks at the immediate future, and then looks into the future in long-term points of view.

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God is here.

He is present in Nepal.

God has called us to be His servants here.

We respond in faith, willing to accept our vulnerability.

The following we therefore declare as our statement of mission:

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STATEMENT OF MISSION : PURPOSES

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The United Mission to Nepal purposes to make a common witness for Christ by:

- reflecting the values of the Kingdom of God in models of community and in personal relationships in redemptive activity and justice
- assisting and learning from the people of Nepal through relevant training in leadership and practical skills
- a sensitive and servant relationship within the Body of Christ

PURPOSE : PERSON

We would participate in the development of persons in the following ways:

- by our commitment to the development of persons in their skills, character, leadership and in their relationship to Christ
- by encouraging responsible participation in personal roles as members in a family and local community; as citizens in a nation; and as seekers after justice and righteousness
- by discovering and channelling potential in neglected peoples

PURPOSE : COMMUNITY

We would participate in community development in the following ways:

- by listening, observing and facilitating communications
- by stimulating community decision-making processes
- by participating in an integrated way, alert to the danger of creating dependency and the need to give priority to the neglected

PURPOSE : NATION

As under our general agreement with His Majesty's Government of Nepal we would participate in the development of Nepal, affirming the Nation's social and cultural identity, and by focusing on selected issues including:

- equity and justice
- poverty and its causes
- ecology
- village and cottage economy

PURPOSE : CHURCH

We would participate in the life of the church of Nepal in the following ways:

- by maintaining our identification and integrity as a Christian Mission in all our relationships
- by faithfulness to distinctive Christian life styles and priorities in fulfilling the purposes stated above for individuals, community and nation
- by our personal participation as individual members of the local congregation for fellowship, worship and mutual encouragement while recognizing our restraints under our general agreement with His Majesty's Government of Nepal

Aug 82

## EDUCATION BOARD

### Introduction to Long-term Planning Document

The United Mission has been involved in Education projects in Nepal since 1956. These 25 years of experience have seen a changing pattern in our work. In the first place we concentrated on establishing schools, hoping to provide opportunity for education which would train the needed work force for growing Nepal. Schools were basically of two types, city boarding schools, and village day schools. Both types of school continue to this day, though not under UMN management, and both have proved their value. As His Majesty's Government of Nepal nationalised all schools in the first half of the last decade we found our role changing from an administrator of schools to a seconding agency, placing teachers in schools, some of which we used to run, and some of which were new schools for UMN to work in. During the seventies also the work of the Scholarship Committee and the Student Financial Assistance Fund grew dramatically, as did the work of various service functions such as the Non Formal Education Office, Material Development Program, and others. The opening of the 1980's saw the commencement of the Jumla Project, involving a multi-disciplinary approach to education and to wider community development. The Language and Orientation Program has developed out of recognition in its size and in its professionalism.

These changes have not been haphazard. They have come as a result of a readiness to respond to changing situations and a desire to learn from and build on past experience. These changes have brought us to a position where we are recognising the importance of, and working on, a much broader front. We have recognised the value of quality schools, but seen their limitation in reaching a significant number of the population, especially the poor. We have moved into Non Formal Education as a means of making some impact in the world of the village community where academic qualifications are less useful and less easily obtained. The scholarship program both at campus and school level is becoming more diverse and more relevant to the cross-section of needs that meet us in Nepal. Our Language Program is now geared to giving more and better opportunity for language learning in a greater variety of ways.

As our response to need has grown so it has become more important to have clear guidelines in our various projects and programs. To meet this need, this Long Term Planning Document has been produced. These documents are the result of careful study and planning at both project and administration levels in UMN. Those involved in the various projects took the approved statements of Purpose and Aim, and produced their draft documents as an expression of the particular purpose and aims of their project and the strategy by which they would seek to carry out those purposes and aims. The draft documents were studied at two meetings of the Education Board, amended where necessary, and approved. They now stand as a document that can be used both as a basic tool in planning (in particular in producing annual plans and budgets), and also as a yardstick with which to evaluate the work done during the past year.

There are more questions yet to be answered. There will be more and different challenges facing us. The challenge to UMN to once again run our own schools will have to be met and answered one way or the other. The need to develop more appropriate forms of education is still with us. Our long term plans will lead us into these areas of debate by defining the path as far as they are able. Where they are not able then we will need to modify or extend the directions laid down in them. Above all we will need the direction and wisdom and enabling power given by God the Holy Spirit as we undertake His work.

Richard Clark  
March 1982

## LONG TERM PLANS.

1. Background. In 1957, because of a concern to provide quality education for girls in Nepal, the UMN started Mahendra Bhawan School. The school was taken over by HMG in 1973 under the New Education Plan and in 1981, in accordance with a further directive from HMG, it became a private school. Because of the UMN's historical involvement in the school and because of its concern for educational opportunities for girls in Nepal, the UMN has maintained involvement in Mahendra Bhawan up to the present day.

2. Project Description. Mahendra Bhawan School is a Nepali-medium boarding school for girls, having about 860 students (in 1981) in Classes 1 - 10. Almost 25% of the students are boarders. The UMN seconds workers both to the school and the hostel, and also assists in the giving of scholarships and the finding of sponsors.

3. Project Objectives. UMN workers seek to encourage a standard which will enable Mahendra Bhawan to fulfil the role of a model school. The UMN seeks to assist in the upgrading of teaching standards through the secondment of teachers and through non-formal training of national staff at the school. It also desires to influence the students themselves both in their academic life and in non-academic areas by providing hostel workers and scholarships. It supports the general programme of the school by seconding a person as school nurse, and by appointing a UMN representative to the school's Management Committee.

4. Strategy. The efforts of the UMN are by means of the present, on-going programme of the school itself. The seconded staff may initiate in-service programmes.

5. Interrelationships. Much of the scholarship assistance will be handled by the SFAF. UMN also seeks to contribute to the over-all management of the school through its representative on the Management Committee.

6. Community Involvement. As planned and carried out in the school program.

7. Research and development. As deemed appropriate.

8. Evaluation. An evaluation of the effectiveness of UMN in the educational programme at Mahendra Bhawan will take place annually at the Education Board. Individual workers' contributions will be assessed at each one's annual interview.

9. Personnel and Training. There are five approved posts expatriates at Mahendra Bhawan School.

## Posts:

- 1 English teacher
- 1 Primary teacher
- 1 Maths teacher
- 1 Hostel worker
- 1 School nurse

PURPOSE : PERSON, COMMUNITY, NATION, CHURCH

Aims:

1. Formal Education. To work in cooperation with His Majesty's Government of Nepal at national and local levels in primary, lower secondary, secondary, and teacher-training institutions in defined geographical areas; in vocational, technical, special and general education, seeking to provide education that is appropriate to the culture and society, and consistent with the Christian faith, and to establish models which can be an example to other workers and institutions.
2. Non-formal Education. To work in cooperation with HMG/N and other UMN Projects and Programmes in developing resources, attitudes and skills in non-formal education techniques to be used in any UMN activity, seeking to make appropriate education available to adults as well as children, with special concern for those who do not have access to formal education institutions.
3. Material Development. To work in cooperation with HMG/N in preparing teaching and other educational materials for use in both formal and non-formal education work, seeking to make available texts, teachers' guides, and other teaching aids where these are now lacking.
4. Training. To give or make available training for Nepali residents in professional skills and leadership through on-the-job training and formal education.
5. Equipment of, and Facilities for, UMN Personnel. To equip our own UMN workers with tools of language ability and cultural understanding and other facilities in order that they may more effectively fulfil their personal and work goals.

1. Background. The United Mission has given considerable help over the past 25 years to education in Gorkha District. There is now a well developed system of schools and there are many trained teachers. However there is still a shortage of trained Maths, Science and English teachers.

The opportunity for expatriates to work alongside Nepali teachers as colleagues is one that encourages an attitude of serving, of learning as well as teaching, of working together for the development of Nepal. There is also a considerable need for school teachers and other education workers to move out of the school sphere and into the village and community where they can help to meet the needs of those who do not have access to schools or who have had to leave school. In this way girls, women, boys and men can be helped in the very areas that are appropriate to their way of life in rural Nepal. The need for such non-formal education, responding to the needs of the people in whatever way is possible, is great, and up to the present has not had as much emphasis as formal education.

2. Project Description. The UMN will continue to recruit teachers to second to schools in the Gorkha District in keeping with Education Board policies on secondment of teachers. It is not expected that the number of such teachers will exceed 8, and their work will be concentrated in the areas where UMN has a commitment to help, or where the community has shown a willingness to work together and encourage the all-round development of the education of its people. Teachers will be encouraged to spend time in non formal education through whatever opportunities present themselves.

There will be cooperation wherever possible with other workers and programs of the UMN so that different needs can be met by the varied skills of a team of workers. Where a teacher is willing and able to do such work he or she will be encouraged to undertake to teach no more than 2 or 3 periods in the school.

3. Project Objectives. The Project will aim to improve the quality of teaching by example and by specific encouragement of other teachers. The project will aim to give good quality teaching to children who need it and who are needed by the nation. The Project will also seek to meet educational needs of the community by non-formal means, thus helping to give appropriate education to boys and girls, men and women, who are not at school. There is no defined time limit on the project.

The UMN remains specifically committed to helping in Makaising High School for 2 years from January 1982 with a review of the position after that. This help will be in both formal and non-formal education if the right workers are available. It is hoped that in early 1983 a small team will be able to begin work in non-formal education in Thalajung Panchayat (Ahal Bhanjyang), about 3-4 hours north of Amp Pipal.

4. Project Strategy. It will not be policy to work in schools where the community has not shown itself ready to support the school and the teachers, or to encourage non formal ways of helping the community. A maximum of 8 teachers or educational workers will be seconded to Gorkha District. It is envisaged that some of these, by their personal preference, will be full-time school teachers. Others, because of inclination, training, or experience, will be encouraged to agree with the school headmaster to teach only 2 or 3 periods, and to use the remainder of the time in club and other activities with non-school attenders, imparting skills and knowledge according to those possessed by the educator and according to the needs and wishes of the community. If possible some workers will be assigned to a community for full-time community non-formal education work, complementing the work of others who may be full or part-time in a school.

Workers in non-formal education will be encouraged to develop a simple outline of educational needs and how they may be met in that particular area. Although this outline would vary from place to place it could be shared with other UMN workers and with government workers in an attempt to awaken the realisation of a need for appropriate education in rural Nepal. Where such workers come naturally under

existing administrative structures (such as those near the Amp Pipal Team) they will have a relationship to those structures and that leadership. Where such a relationship is not possible, appropriate structures will be developed to give adequate support and administration.

5. Interrelationships with Other Projects. In order to set up teams of education workers who can offer a variety of skills there will be cooperation with other UMN and HMG projects, particularly those working in health, agriculture and nutrition, hoping to utilise the expertise of workers in these other projects.
6. Community Involvement. Community involvement in supporting the efforts of the education workers whether in or out of school will be required before any new work is started. There will be very little financial involvement from either UMN or community side.
7. Research and Development. The involvement in non-formal education will require that individuals develop the materials and methods suitable to the situations they find themselves in.
8. Evaluation. At the first Education Board meeting of each new year there will be an evaluation of the preceding year's work in light of the Project's long term and annual plans. In addition, an informal evaluation of the Project, among other things, will take place during the annual interview of each worker involved in the Project. The 1981 evaluation of the UMN's involvement in education in Gorkha District done by New Era will be used in making specific plans for future work, although this evaluation will concentrate of necessity upon formal education.

9. Personnel and Training. The number of expatriate teachers that will be seconded to the Gorkha District will not exceed 8. The training of these individuals will be in the areas of Maths, Science, English and/or non-formal education. It is hoped that these persons will be complemented by workers from other HMG or UMN programs, such as community health nurses and agriculturalists.

Orientation and preparation for working in a rural situation involves a minimum of a years study of Nepali as well as experience in living in a village.

Posts: 8 teachers

## LONG TERM PLANS

related to: Education Board

1. **Background.** In many parts of the Western Development Region, students have the opportunity to study only up to class 7 in their own village, or if there is a high school, often the educational standard is not very high. This school (in Nepali, Gandaki Aawasiya Madhyamik Vidyalaya or GAMV) seeks to help overcome this lack.
2. **Project Description.** The Gandaki Boarding School (previously called the Pokhara Boarding School) was established in 1965. The aim is to provide a place where good quality all-round education is available up to SLC level for boys from all over the Western Development Region. This involves training Nepali staff to assume positions of responsibility in the school.
3. **Project Objectives.** GAMV, like all other boarding schools in the country, is now a private school and so its character may change over the next number of years; however, the UMN still plans to continue involvement in the school through:
  - a) helping poor boys from remote areas to have a good quality education through scholarship assistance
  - b) strengthening specific areas of school life by supplying specialist teachers and also hostel parents
  - c) seeking to help the school in any way possible consistent with its Aims and Purposes, and will speak to issues of policy and practice through its representative on the School Management Committee.
 UMN also plans to place some specialist teachers in village high schools near Pokhara, to try to extend their influence in Kaski District.
4. **Strategy.** UMN will seek those personnel who can help strengthen and establish the different areas of school life (both GAMV and village school) that need support, e.g. English, Science, Maths, Hostel. UMN will provide one member of the School Management Committee.
5. **Interrelationships.** The school will have strong links with the School Managing Committee and also the District Education Office. There will also be a strong relationship with the UMN farm (previously the school farm).
6. **Community Involvement.** As planned and carried out in the school program, and for teachers in village schools, possibly through informal education.
7. **Research and Development.** As deemed appropriate.
8. **Evaluation.** An evaluation was carried out by New Era in 1977. An internal evaluation will be done annually at the February Education Board meeting. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker posted to the project.
9. **Personnel.** Approved posts are as follows:
  - Scholarship Officer/Teacher, GAMV (part-time)
  - English Teacher, GAMV
  - Maths/Science Teacher, GAMV
  - Hostel Parent, GAMV
  - Hostel Parent/Maintenance, GAMV
  - Teacher, Kaski District
  - Teacher, Kaski District

LONG TERM PLANS

1. Background. Since 1977 negotiations with HMG/N have been going on for some type of UMN involvement in the northwest corner of Nepal (Karnali Zone).

In 1980 HMG/N, represented by the National Education Committee, and the UMN signed an agreement to establish the Karnali Technical School in Jumla in order to produce skilled manpower in the northern hilly area of the Far Western Development Region. Along with this core program the UMN has been planning other related works in the Jumla area.

2. Project Description. The UMN is assisting HMG/N in the establishment of the Karnali Technical School, taking responsibility for the construction and equipping of facilities; development and implementation of the educational program and teaching material; and the in-service training of national staff for both the Karnali Technical School and staff of other Technical Schools as required by the National Education Committee. The Karnali Technical School gives training, mainly of a practical nature, for four years in: a) construction, b) health, and c) agriculture. Graduates will receive certificates which will qualify them for government posts with the corresponding terms of employment as follows: a) Sub-overseer cum Surveyor, b) Auxiliary Health Worker, and c) Junior Technical Assistant in Agriculture. In conjunction with the above work the UMN will also be involved in seconding teachers to local schools, community health work, non-formal technical training, reforestation, community development activities and assistance to HMG/N and other development agency programs.

3. Project Objectives.

a. Overall:

To be involved in the establishment of close relationships with local people, HMG/N and other development related personnel in order to give meaningful direction to and facilitate the carrying out of the above described programs.

b. Karnali Technical School:

- 1) To design, construct and equip the Karnali Technical School in accordance with guidelines laid down by the National Education Committee and the Jumla Project Planning Committee.
- 2) To carry out non-formal training of local people in improved construction skills and other areas of training whenever possible.
- 3) To assist in the development and implementation of the instructional program including the development of necessary instructional materials.
- 4) To give in-service training to national staff of KTS in order to better prepare them to carry out their duties and to offer similar training to appointed staff of other Technical Schools as requested.
- 5) To assist in the development and implementation of all aspects of the Primary School Teacher Training Trade when requested to do so.

c. Village Schools:

To be involved in assisting village schools by working with the School Managing Committees to improve their schools and be seconding appropriate personnel who will teach, do teacher training, and be involved in community life in the school area.

d. Community Health:

- 1) To be involved in the establishment and running of an MCH Clinic in Jumla bazaar in conjunction with the Family Planning Office.
- 2) To be in contact with the local doctor and hospital staff, Red Cross Program and other health activities in Jumla in order to lend support and assistance where possible and to maintain good relationships in order to facilitate the KTS students participating in these programs for a part of their practical training.

e. Reforestation:

- 1) To develop a comprehensive, long-term plan for UMN and KTS reforestation activities in the Jumla District.
- 2) To establish a forest tree nursery for the production of 10,000 tree seedlings on an annual basis.
- 3) To work with the local people and District Forest Office in determining a reforestation plan for specific plots of land not included within the KTS compound and to work out a cooperative management program for these areas.

f. Assistance to Other Agencies:

To assist HMG/N and other development agencies in their development efforts, particularly through giving assistance in transporting development materials along with Jumla Project materials and the sharing of experiences gained from the long term involvement of personnel in Nepal as well as from immediate Jumla Project experience.

g. Community Development:

- 1) To be involved in developing a smokeless chula suitable to the needs of the Jumla area and train KTS students and others in the construction of these chulas.
- 2) To be involved in developing means of processing apples and other fruits and vegetables and to demonstrate these to others and assist them in adopting these techniques themselves.
- 3) To encourage each student in KTS to begin to implement improved ideas he has learned with his family each time he or she returns to his home on holiday.
- 4) To build and maintain relationships with local people and explore other community needs for which assistance might be given in the future.

4. Strategy.

- a. Participate in the construction, development and carrying out of the KTS educational program.
- b. Second teachers to and work with local school Managing Committees.
- c. Assist in the operation of an MCH Clinic and other community health programs.
- d. Develop a forest nursery and carry out reforestation with community and District Forest Office cooperation.
- e. Develop community relations.

5. Interrelationships. Both formally and informally with:

- a. School Committees
- b. HMG/N Officers
- c. Other Development Workers, particularly IHAP and K-BIRD
- d. Local people

6. Community Involvement. There are local students in each of the trades at the Karnali Technical School. In addition, local people are employed as contractors, craftsmen, and laborers in the construction program. Students of the School will be involved in community work as a part of their practical training. UMN, through the KTS Program and by other means will seek to be responsive to community relations and community development needs as long as communities are prepared to take some initiative themselves.

7. Research and Development.

- a. Teaching materials for Technical Schools
- b. With building materials and construction techniques
- c. Smokeless chula
- d. Fruit and vegetable production, processing and storage
- e. Hydro-electrical plant and sawmill
- f. Solar heating

8. Evaluation. When appropriate the Project will initiate formal evaluations of the work being done and its effectiveness and share this information on a wider basis. At the first Education Board meeting of each new year there will be a discussion of the preceding year's work in light of the long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker posted to the project.

9. Personnel.

Project Director  
KTS Principal  
Building Trade Instructor  
Agriculture Trade Instructor  
Health Trade Coordinator/Community Medicine Doctor  
Teacher Trainers x2  
Librarian  
Asst. Health Instructor  
Site Engineer  
Detailed Design Engineer  
Construction Supervisor  
Hostel Superintendent  
Business Manager  
MCH Nurse  
Agriculturalists x2  
Forester  
Local School Teachers x4  
English Teacher

## LONG TERM PLANS

Related to: Education Board

- 1. Background.** Less than 20 percent of the total number of young people who complete their School Leaving Certificate apply for entrance into college level education, and the number is even lower when actual registration takes place at the University. Without higher education the country cannot produce needed skilled personnel and without trained personnel the development of the country is not possible. The need for leadership development was realised in the UMN in 1967, and it helped 3 students with scholarship assistance to get their college level education that year.
- 2. Project Description.** The Programme is to help the poor and needy young people wanting to take higher education in Health, Education, Agriculture, Engineering and pure Science. Preference is given to UMN-staffed personnel, students coming from the remote regions of the kingdom, women, unprivileged group or class and according to their ability. Students study in the University Campuses according to courses available in Nepal, and a few go to India.
- 3. Project Objectives.** The Programme is to help fulfil the Education Board's aim to promote leadership development and training of the Nepali personnel to take up responsible positions in the society. Formal education is very important to develop a person to become a leader in the community as well as within the family. UMN's purpose is thus fulfilled by the development of the person in skill, character and behaviour.
- 4. Strategy/Methods.** The Training and Scholarship Committee has 11 members, both Nepali nationals and expatriates. Students are selected on the basis of their need, remoteness, ability and unprivileged group or class. According to the new revised guidelines of the Committee, the UMN staff personnel or the staff personnel of the UMN-related projects are given special consideration to be able to upgrade their work in the project, institution or UMN-related institution. The community and the family should be asked to contribute towards payment of the students college fees or food while they pursue their higher education in the University. Students will be selected only for courses which in the opinion of the Committee contribute to the development of Nepal at the present time. All students selected for scholarship will be placed under bond to the UMN to work either in UMN project/programs or to work in the field in which they trained in remote areas of Nepal for a period equal to that for which they received training.
- Meeting with the students and counselling them in their studies is found to be very helpful. This helps to better understand their need and is an opportunity to tell them about the UMN and its aim and purposes through education in Nepal. Periodically recruiting treks will be made by the Administration to try to locate qualified individuals to receive scholarships.**
- 5. Interrelationships with other Projects.** The UMN Training and Scholarship Programme does not relate directly with other scholarship programmes within the government but it does have indirect relationship with them at their Campus Level scholarship grants. The Programme helps to upgrade the quality of work in the UMN projects by giving opportunity to give in-service training to the staff personnel.
- 6. Community Involvement.** The students receiving aid will be equipped in their various ways to serve in their communities.
- 7. Research and Development.** Research in conjunction with HMG and other bodies involved in giving scholarship help is constantly carried out and reported to the Committee.
- 8. Evaluation.** At the first Education Board meeting of each new year there will be a discussion of the preceding year's work in light of the programme's long term and annual plans, culminating in an evaluation of all three items. In addition to this, systematic efforts will be made to followup students who have received scholarship assistance through the UMN and evaluate the results of the programme.
- 9. Personnel.** There are positions for a Nepali Administrator and a Nepali book-keeper.

## STUDENT FINANCIAL ASSISTANCE FUND

### LONG TERM PLANS

Related to: Education Board

#### 1. Background

As Nepal grows and develops one key to its development is in its trained manpower. It is vital that the development of Nepal proceeds throughout the whole country and not just in the urban areas. For this to happen education must be available to young people in remote and poor areas as well as in the rich city areas. At present there are two main obstacles to young people in the hills and valleys obtaining a school education; firstly many are too poor to pay the fees (low though they be), and secondly many are too distant from suitable school facilities.

#### 2. Project Description

This fund exists to enable poor students, who would otherwise be unable to attend a school, to receive an education. Students are selected firstly according to financial need, but also according to their ability, the remoteness of their home, and their social status, with preference going to those from disadvantaged groups. Students may attend either a school at which UMN personnel are serving, or one with UMN personnel near enough to exercise some oversight.

#### 3. Project Objectives

The administration of this fund will work towards the fulfillment of the UMN purposes for "Person, by our commitment to the development of persons in their skills, character, leadership, and in their relationship to Christ; by encouraging responsible participation in personal roles as members in a family and local community, as citizens in a nation, and as seekers after justice and righteousness; and by discovering and channeling potential in neglected people". The use of the fund will fulfil the aims of the Education Board by "making available training for Nepali residents in professional skills and leadership through on-the-job training and formal education".

#### 4. Strategy/Methods

Funds will be sought from a variety of sources in order to provide continuity of funding and avoid over-reliance on one large funding source.

Students will be selected in a variety of ways, but in each case the principles and guidelines laid down by the Education Board for selection of students for scholarship must be observed. Where a school is able to recruit suitable students for scholarship assistance the UMN personnel there will encourage this effort and work with the school in implementing it. Students will be selected by the school concerned in cooperation with the UMN personnel responsible. Where the school itself is unable to undertake such recruiting, applications will be dealt with by the Education Secretary from whichever source they come, and the acceptance of the student for scholarship will be confirmed or otherwise by the Education Secretary after consultation with UMN personnel in or near the situation.

Wherever possible the family or community should be involved in the support of the student by providing some part of the necessary support, whether in a portion of the fees, in food, or in clothing. In this way scholarship assistance is given, rather than free education.

#### 5. Interrelationships with Other Projects

The fund can only be used in cooperation and consultation with other UMN workers in or near such schools where students will study.

#### 6. Community Involvement

The staff of the Fund itself will have no community involvement. It is assumed that the UMN worker through whom the Fund is locally administered will be involved in the community. It is, of course, the goal of the Fund to assist communities by providing funds for the education of their youth.

7. Research and Development. Research of sources of scholarship aid and use of the funds is an ongoing part of the administration of this fund.
8. Evaluation. Through discussion with students, parents or guardians, school staff, and UMN personnel administering the fund, development of the philosophy and practices will continue. In addition to this continuing assessment there should be a systematic effort made during the period 1982 - 1985 to follow up students who have received scholarship assistance through the UMN and try to evaluate the results of the program in the lives of the students and their communities. Successful completion of this evaluation will depend upon staff being available to do it. At the first Education Board meeting of each year there will be a discussion of the preceding year's work in the light of the Fund's long term and annual plans, culminating in an evaluation of all three items.
9. Personnel. It is expected that this fund can be administered by the Education Secretary as a part of his normal duties, with the assistance of a part-time bookkeeper (Nepali).

## Long-term plans

1. Background.

Since its founding the UMN has recognized the need for its expatriate workers to learn the Nepali language. In recent years awareness has increased, world-wide and within UMN, of the interconnection of language and culture with the result that culture-learning is now considered an essential part of an expatriate's preparation for work and witness in Nepal. In addition there has been an increasing sense of urgency that language and culture learning should take place rapidly and efficiently as soon after arrival in Nepal as possible.

2. Project Description.

The Language and Orientation Programme (LOP) provides an initial intensive course to most new Workers. This is followed up by a period of half-time study at the work station and then opportunities for continuing part-time study. Examinations and facilities for brief periods of full-time advanced study round out the programme and make it more flexible to meet individual and varying UMN needs.

3. Project Objectives.

With the aim to equip UMN expatriate Workers with language ability and cultural understanding in order that they may more effectively fulfill their personal and work goals, LOP objectives include:

- a) adequate quantity of assistance - tutors; guidance & encouragement; training in language/culture learning techniques; material support,
- b) increasing effectiveness - language policy; methods; materials; delivery,
- c) increasing flexibility - training towards independent learning; meeting varying needs, location & timing of each person,
- d) increasing variety - specialized materials; additional language.

4. Strategy.

- a) Tutor recruitment, training & development; professional linguistic and anthropological services and training; training in language-learning and culture-learning systems and techniques; program of research, materials development, publication & distribution;
- b) Ongoing evaluation and revision of language study policies; testing and adoption of better methods; revision, selection or production of materials; administrative training and structural improvements;
- c) Development of personnel and employment policies; implementation of LAMP alternative track for some Workers;
- d) Tutor-Worker cooperation in developing study aids for particular fields of interest; research, reference and clearing-house on other languages; recruitment of tutors capable of teaching other languages in addition to Nepali.

5. Interrelationships.

LOP is an internal organ to serve primarily UMN Workers, but extending service to co-operating Christian missions as fully as possible, and to non-mission expatriates at times of insufficient mission enrollments, but not to the extent of competing with private firms. Hence it has no links with HMG/N nor need for licenses or registration with civil authorities.

## 6. Community Involvement.

Since their major need is for practice in hearing and speaking Nepali, language learners have potentially the most freedom to relate to the larger Nepali-speaking community and the Church, and the most to gain from it, provided the medium of communication is Nepali.

To the extent that it provides high-quality services to individuals outside UMN, the LOP fosters ecumenical cooperation and goodwill towards UMN.

## 7. Research and Development.

There is much need for and potential benefit from concentrated efforts in R&D. Recent changes in the structure of LOP should allow for the Language Consultant and Cultural Resource Worker to devote more time to this, including a detailed examination of needs and priorities. Section 4 above includes several items of basic research and application, but a cohesive program will require more time to develop.

## 8. Evaluation.

- a) General: Participants in the intensive course are asked to complete evaluation questionnaires regarding the program as a whole and its orientation component. Informal evaluations are often submitted by others who have utilized LOP services, and all LOP personnel frequently solicit comments informally.
- b) Tutors: Most learners are asked to complete evaluation forms regarding the tutors they know well. Supervisory personnel regularly observe and evaluate the tutors.
- c) Learners: First and Second Examinations are administered to learners at times of their own choosing. Diagnostic interviews are also available from lead tutors.

At its annual spring meetings the mission-wide Language Committee evaluates the performance and policies of the LOP in the light of its long term and annual plans. The first Education Board meeting of each year does likewise. In addition, an informal evaluation of the programme, among other things, will take place during the annual interview of each Worker posted to LOP.

## 9. Personnel.

The Education Board has approved positions for 22 full-time Nepali Tutors and 6 trainees to serve in the Language Centre, at various projects, and in the LAMP experimental programme, plus an administrative assistant to the Principal.

9.1 Approved expatriate posts: 

1	Language Consultant
1	Orientation Administrator (part-time)

9.2 Training: Trainees pass through a period of apprenticeship-type training, and there are occasional in-service lectures and demonstrations for all tutors.

## LONG TERM PLANS

1. Background. In the past the United Mission to Nepal has not assumed any official, administrative responsibility for the children of its Workers. Since Workers were obtained from different sending bodies and those bodies had different policies regarding the children of their personnel, the UMN did not feel that it should become involved in this area. As things developed, however, the UMN found itself unofficially involved in the operation of a children's hostel. Some Workers who were posted outside of Kathmandu wanted their children to remain in Kathmandu to take advantage of the schooling opportunities. The UMN sought a volunteer and rented quarters. At the Workers' Conference in 1980 it was decided to ask the Board of Directors to assume administrative responsibility for the hostel though it was agreed that funds for the hostel operation would come from sources other than the UMN general budget.
2. Project Description. The Children's Hostel is located in the Kathmandu area. It is run by an expatriate couple who seek to provide a family atmosphere.
3. Project Objectives. It is the objective of the Children's Hostel to provide housing and a "home away from home" for children of UMN Workers who are posted outside of Kathmandu Valley but want their children to go to school in Kathmandu.
4. Strategy/Methods. Appoint hostel parents who will create a Christian home for the children in their care.
5. Interrelationships. Missionwide, within UMN.
6. Community Involvement. None.
7. Research & Development. None.
8. Evaluation. There is a constant re-evaluation by the hostel parents regarding the effectiveness of the rules, facilities, discipline standards, etc.
9. Personnel. One couple will serve as the hostel parents. Nepali household staff will be hired as demand necessary.

## Posts:

2 Hostel Parents.

## LONG TERM PLANS

1. Background. Both in formal and non formal education in Nepal there is a shortage of suitable teaching material. In formal education the shortage is mainly in the field of teachers' guides and resource material. Texts are available for nearly all subjects taught, but there is insufficient supplementary material available for the teachers. In non formal fields of education the needs are more varied, ranging from a need for adult literacy material both for teaching and for follow-up to handouts for field workers to use in agriculture extension work.
2. Program Description. The program coordinator will seek to coordinate the work of others in various fields in the mission in material development. An office will serve as a centre for production of material and distribution to workers. The coordinator may also be able to write material for use in his or her special field, and will encourage others involved in education of any sort to write material for use on a wider scale. Where material is suitable for use by HMG in their own programs the UMN will only fund the first production, and will seek to hand over the material to HMG for further production.
3. Program Objectives. The program will cooperate with HMG/N and UMN projects in preparing teaching and other educational materials for use in both formal and non formal education work.  
The coordinator will seek to involve workers with experience in Nepal in the task of putting their experience and skill
4. Strategy. in writing so that it can be used to help train others.
5. Interrelationships with other projects. The Material Development Program is a service agency to any other project or program or person that can use it.
6. Community Involvement. The project will not have any specific geographical community involvement except as the training needs of its staff or as specific material development work dictates.
7. Research and Development. The project, in cooperation with individuals or projects, as well as on its own initiative, will be involved in the development of materials for a wide range of uses in Nepal.
8. Evaluation. The work undertaken will be evaluated by the reactions of those who use it, and their comments will be noted and used in further developments. At the first Education Board meeting of each year there will be a discussion of the preceding year's work in light of the long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker involved in the project.
9. Personnel and Training. It is expected that the work of coordination can be handled by one person with adequate secretarial help according to the level of work. In addition, there is a position for a part-time writer (Nepali). However, there is no limit on the number of people who, while working in their own projects, can contribute material that will be of use on a wider scale.

Posts: 1 Materials Development Coordinator

## LONG TERM PLANS

1. Background. Though it goes without saying that expatriates working in Nepal find themselves in a cross-cultural situation, the implications of such an obvious fact make themselves evident over time and in different ways. The result of this process on the Workers of the UMN culminated in a request for professional assistance in the area of Nepali culture in 1976, at the UMN Workers' Conference. A new post was created -- for a Culture Resource Worker -- and was filled in 1979.
2. Programme Description. The Culture Resource Programme provides the UMN and its personnel with resources about Nepali culture. This could include such things as assisting an individual in his/her relationship with national household help, building up a Culture Library, or studying the social organisation of local irrigation systems at the request of a UMN project. Since the programme is meant as a resource, personnel and projects of the UMN can utilize it as they see fit.
3. Programme Objectives. The goal of the Culture Resource Programme is to increase the effectiveness of the UMN in Nepal by providing it with professional assistance in matters relating to Nepali culture. The following objectives expand this.
  - A) ORIENTATION-- To work with UMN personnel to help them obtain the minimal amount of information, attitudes, skills & experience necessary to deal effectively with cross-cultural issues related to life and work both in Nepal and in the UMN, periodically reviewing the material for excesses and/or omissions.
  - B) DEEPENING CULTURAL AWARENESS & RELEVANCE--To work with individuals, groups, and projects, when requested,
    - a) to deepen their awareness of cultural issues they face in their life and work;
    - b) to help them reflect on those issues;
    - c) to join with them
      - i) in looking for responses to those issues in keeping with the kingdom of God!
      - ii) in seeking out specific ways of implementing those responses in their life and work;
      - iii) and, in reevaluating the issues, the responses, and the implementation of those responses periodically.
  - C) RESEARCH-- To offer to UMN projects research services in to Nepali cultural phenomena that have a specific bearing on aspects and phases of a given project's task.
  - D) ADMINISTRATIVE SUPPORT-- To provide the administration of the UMN with cross-cultural consultation services for the selection, planning, implementation and/or evaluation of UMN projects.
4. Strategy: The Culture Resource Programme intends to build on the interests and felt needs of UMN personnel and projects to motivate them to deepen their understanding of and skill in dealing with the cultural factors they encounter in their life and work. This may be done by such means as correspondence, personal discussion and interaction, seminars, workshops, assisting others in studying topics of interest to them, or carrying research for a project on an issue of concern it.
5. Inter-relationships : The Culture Resource Programme is meant to serve as a resource to those UMN personnel and projects who desire to utilise it. It will be a concern of the programme to encourage the use of its services by the continuous demonstration of the relevance of its services to the personnel and projects of the UMN.
6. Community Involvement : The programme itself will not have any specific geographical community involvement except as the training needs of its staff or as specific requests from projects dictate.
7. Research and Development : The programme will continually engage in research about Nepali culture, as well as methods for understanding and teaching others about it. Specifically, the development of minimal knowledge and skills that expatriates need to effectively relate cross-culturally is an immediate concern. A long term concern is to provide projects with research on matters of relevance to their particular programme.

LONG TERM PLANS

1. Background. Work in education and development will be most effective when the teaching/learning methods used are related to the previous experience of the learners. UMN is working mainly with people who have gained their "education for life" by traditional nonformal methods, and have little experience of formal education. In this project nonformal education is used to mean any educational work which is not part of the formal education system (school and college), and includes functional adult literacy.
2. Project Description. The project supports the work of those in teaching/learning situations in other UMN projects and programs by working with them to develop nonformal education ideas and methods appropriate to their situation and to help in the adoption of these to improve the effectiveness of the work.
3. Project Objectives. To work with those in teaching/learning situations in other UMN projects and programs to:
  - a) Identify and develop ideas and methods in the nonformal approach to education (including functional adult literacy) which are appropriate to their situations.
  - b) Increase their expertise in the use of nonformal education methods.
  - c) Help in the adoption of these in their work to improve its effectiveness.
4. Strategy/Methods. The project operates in a service relationship to other workers, and can only operate on a basis of close working relationships, leading to cooperation and understanding. The areas in which it works will therefore depend on the openings which develop. It sets itself to provide the people working in the project with the opportunity to develop their own understanding and expertise in nonformal education. It seeks to do the same for others within UMN by:
  - a) Working with individuals and small groups on specific tasks in planning training courses, developing effective teaching/learning methods, and developing associated teaching materials and aids.
  - b) Arranging workshops and training sessions conducted by specialist resource people as they become available within UMN or from outside.
  - c) Coordinating the activities of people with similar interests and concerns in nonformal education in different projects, and maintaining contact with other organisations working in Nepal.
5. Interrelationships. The NonFormal Education Program is meant to serve as a resource to those UMN personnel and projects who desire to utilize it. It will be a concern of the program to encourage the use of its services by the continuous demonstration of the relevance of its services to the personnel and projects of the UMN.
6. Community Involvement. The project itself will not have any specific geographical community involvement except as the training needs of its staff or as specific requests from projects dictate.
7. Research and Development. Integral part of project work.

8. Evaluation. An internal review will be undertaken during the preparation of annual plans to establish priorities and direction of future work. At the first Education Board meeting of each new year there will be a discussion of the preceding year's work in light of the project's long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker assigned to the project.

9. Personnel and Training. There is one position of nonformal education specialist for a Nepali. In-service training of its own workers is part of the Nonformal Education Project strategy.

Posts: 1 Nonformal Educator

## LONG TERM PLANS

1. Background. Many UMN Projects have libraries, some large and some small, some general and some technical. Only a few of these projects have trained librarians to look after their libraries. Those that do have librarians would often value help for them in further training and consultancy.

2. Project Description. The consultant librarian will be available to help any UMN or UMN-related library that requests help. Visits may be arranged to these libraries in order to advise or train for short periods or for longer periods. Through this service it is hoped to facilitate the use of libraries for both pleasure and for business, and to keep an effective channel of communication open so that library and book needs can be met as far as possible.

3. Project Objectives. The primary objectives of the consultant librarian will be:

- a) Acquisition of library materials
- b) Preservation and protection of library materials
- c) Organisation of library materials
- d) Distribution of library materials
- e) Training of others in librarianship skills

4. Strategy. It is hoped that UMN workers and projects will utilise the services of the consultant librarian and will call upon him whenever they can do so. The librarian will in particular be seeking to:

- a) Find and provide information
- b) Provide books, pamphlets and journals
- c) Provide classification tools (books) and equipment
- d) Help to expand and organise (classify and catalogue) existing libraries
- e) Help to set up non formal education programs
- f) Help to train librarians

The consultant librarian will seek to make himself familiar with other libraries in Nepal, with the information they can provide, and with their needs. He will make and maintain contact with various libraries and information centres overseas in order to have a ready supply of material and information for those who contact him.

5. Interrelationships with other Projects. The consultant librarian will depend heavily on contact and cooperation with any UMN Project which needs his services. He will also maintain contact with Tribhuvan University Library in order to be familiar with their libraries and to serve them too by agreement between UMN and Tribhuvan University.

6. Community Involvement. The libraries established or helped will serve the community in which they exist.

7. Research and Development. Will be carried out informally as the work

8. Evaluation. Continual contact with and feedback from the libraries served will provide a useful tool for evaluation and for initiating improvement and development of the project's service. At the first Education Board meeting of each new year there will be a discussion of the preceeding year's work in light of the project's long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of the Consultant Librarian.

9. Personnel and Training. There is one approved post under the UMN for a Consultant Librarian and this has been filled from mid-1981. It is possible, however, that as the work develops there would be room for a second post.

LONG TERM PLANS

1. Background. In August, 1980, a study of the Kathmandu business and international aid organizations was taken by the UMN to determine whether there was as much a need for well-trained Nepali secretarial staff in those organizations as there was within the UMN itself. The survey revealed that in fact there was such a need.
2. Program Description. The UMN initiated a two-phase program in light of the need for well-trained Nepali secretarial staff. The first phase, commencing in August, 1981, was intended to upgrade the clerical and administrative business skills of present UMN staff both through classroom and through on-the-job train training. The second phase, commencing in January, 1982, was to recruit students for a full-time secretarial science course.
3. Program Objectives. The objective of the business school is to provide quality training in the area of secretarial science for Nepalis. Initially the school will direct its attention towards the organizational needs of the UMN but eventually will serve any individuals qualifying for its classes.
4. Strategy/Methods. The school will emphasize the acquisition of secretarial skills.
5. Interrelationships. The school will initially serve the organizational needs of the UMN. Eventually it will open its doors to the wider community on a consistent basis.
6. Community Involvement. The graduates will be equipped better to serve their communities.
7. Research and Development. The school should offer training in English; clerical procedures; small and intermediate business management seminars and small computer programing. It will develop teaching material and methods in these areas that are relevant to the situation in Nepal.
8. Evaluation. The school will evaluate the relevance and effectiveness of its program at regular intervals.  
At the first Education Board meeting of each new year there will be an evaluation of the preceding year's work in light of the project's long term and annual plans. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each Worker involved in the project.
9. Personnel and Training. There are two approved posts to cover general business practices and secretarial science. It may be necessary to add a third position for teaching English as a second language. It is hoped to recruit a Nepali instructor-in-training for eventual teaching within the program.

Posts:

- 1 Business Studies Instructor
- 1 Secretarial Studies Instructor

The United Mission to Nepal  
EDUCATION OFFICE  
Thapathali, Kathmandu.

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Telegrams: UMNEPAL  
Mail: P. O. Box 126  
Kathmandu  
Nepal

Education  
Secretary:  
**R. Clark**

Language and  
Orientation  
Program;

Principal:

**K. Khanal**

Consultant:

**R. R. Smith**

Training and  
Scholarship  
Program;

Administrator:

**P. Nepali**

Culture  
Resource  
Worker:  
**C. Sydner**

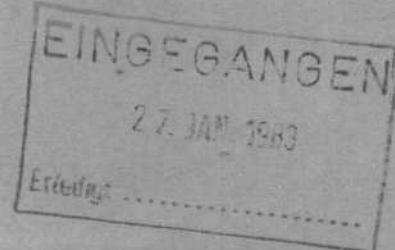
Non-Formal  
Education:  
**K. P. Neupane**

Material  
Development  
Program;  
**E. Chilcote**

Consultant  
Librarian;  
**S. Chilcote**

January 5, 1983

Mrs. Barbel Barteczko  
Gossner Mission  
Handjerystr. 19/20  
1000 Berlin 41  
West Germany



Dear Mrs. Barteczko,

We have received a credit of DM 1,897.86 from the Gossner Mission for our work here in this land. We would like to express our hearty gratefulness for your support and prayer which is needed for the Training and Scholarship Committee of the United Mission to Nepal.

We are very much encouraged by our efforts to train young people from rural villages which is a need of this country. We hope that you will continue to help and support this work of God.

We thank you once again and the Gossner Mission personnel for helping us.

Yours sincerely,

*Purushotam Nepali*  
**Purushotam Nepali**



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Language and  
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Training and  
Scholarship  
Program;  
Administrator:  
**P. Nepali**

Culture  
Resource  
Worker;  
**C. Sydnor**

Non-Formal  
Education:  
**K. P. Neupane**

Material  
Development  
Program;  
**E. Chilcote**

Consultant  
Librarian;  
**S. Chilcote**



June 31, 1982

Dear Mrs. Barteczko,

Thank you very much for your support of DM 1234.15 which was credited to the Training and Scholarship Committee Thru' the UMN, Treasurer in May 1982. We thank the Lord for all your help and cooperation during the past years and hope that you will continue to do so in the coming years too.

We thank you once again for this gift.

Yours sincerely,

*Purushotam Nepali*  
Purushotam Nepali  
Administrator

cc: Mr. Colin Law, UMN, HQ

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Training and  
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Administrative  
Secretary:  
P. Nepali

Culture  
Resource  
Worker;  
C. Sydnor

Non-Formal  
Education:  
W. Ormiston

Material  
Development  
Program:  
R. Clark



April 16, 1982

Mrs. Barbel Barteczko  
Gossner Mission  
Handjerystr. 19/20  
1000 Berlin 41  
West Germany

Dear Mrs. Barteczko,

I have appreciated meeting you during the meetings of the Board at the Blue Star Hotel. Actually, I liked the discussions and several things raised during the group discussions.

I am not sure whether I sent the annual report of our Training and Scholarship in February, so I am enclosing another copy of the report here.

We are going to have another selection meeting in May and will have one of the important meeting to select young people wanting to further their studies in Agriculture, Education, Medicine, Engineering and pure Sciences. There will be quite a few applications (200 probably) and we would select about 25-30 out of those applications. We have given scholarships in those subjects according to the country's need in those areas.

We have received NRs. 19,846.32 last year which has been credited to our account in the end of 1981. We thank you very much for your encouragement and assistance for the support and for your continued support for our Programme.

Yours sincerely,

*Purushotam Nepali*  
Purushotam Nepali  
Administrator

APPENDIX R  
TRAINING AND SCHOLARSHIP PROGRAM  
ANNUAL REPORT FOR 1981

1. Summary Report.

The UMN Training and Scholarship Programme has continued  
a) to provide leadership training and educational opportunity for deserving Nepalis  
by awarding scholarships to study for higher education at the Campus level; and  
b) to seek and administer funds for this above mentioned purpose.

Candidates for the scholarships award have been selected from among: a) UMN in service employees, or in-service employees of UMN-related institutions; b) women and girls; c) remote area people; and d) unprivileged or minority social groups; The candidates must exhibit scholarship ability for the course attempted, and come from a depressed economic condition.

In-service scholarships are awarded to the UMN employees or employees of UMN-related institutions 'to improve the work of the project by improving the worker. The Training and Scholarship Programme awards scholarships to study inside the kingdom of Nepal. In case such training can not be taken in Nepal, then the Training and Scholarship Committee will consider the possibility of training in India. Only in the case of courses that cannot be taken in Nepal or India, will other places of study be considered.

2. Project/Programme activities.

The Scholarship Administrator administers the programme working together with the chairman of the committee. The committee consists of 11 members both expatriates and Nepalis. The committee meets normally three times a year to select new candidates for scholarships. One selection meeting which has scheduled for December 1981 has been cancelled due to strikes and student unrest throughout the kingdom. We considered quite a few pressing in-service applications from the UMN projects in between the selection meetings which could not wait for the another meeting. There are presently 20 students studying on in-service scholarships.

The total number of scholarships awarded this year was 61. More than 50 students will graduate with certificates or degree in Agriculture, Education, Engineering, Medicine, Science and Business administration. At present, there are 124 students studying with scholarship help from the UMN, Training and Scholarship Programme in India and Nepal.

The Administrator of scholarship committee went for a recruiting tour to the far western districts of Nepal and also visited the campuses outside the Kathmandu Valley, where the students have been studying. This was found to be very useful.

3. Interrelationships with other projects.

We try to keep contact with the UMN projects through our bulletins and even by visiting them personally. The Education Secretary (the chairman of the Training and Scholarship Committee) visits many of the UMN projects regularly each year.

The Training and Scholarship Committee Administrator keeps a good report by visiting the scholarship committees at their Campus level, (Tribhuvan University) from time to time, to get their ideas and specially what they think of our scholarship assistance to the students.

4. Personnel/Training.

Training for our Junior Office Assistant in Book-keeping and Accounts at the HQ for two months proved worth while for his work in the office.

## EDUCATION BOARD

### Introduction to Long-term Planning Document

The United Mission has been involved in Education projects in Nepal since 1956. These 25 years of experience have seen a changing pattern in our work. In the first place we concentrated on establishing schools, hoping to provide opportunity for education which would train the needed work force for growing Nepal. Schools were basically of two types, city boarding schools, and village day schools. Both types of school continue to this day, though not under UMN management, and both have proved their value. As His Majesty's Government of Nepal nationalised all schools in the first half of the last decade we found our role changing from an administrator of schools to a seconding agency, placing teachers in schools, some of which we used to run, and some of which were new schools for UMN to work in. During the seventies also the work of the Scholarship Committee and the Student Financial Assistance Fund grew dramatically, as did the work of various service functions such as the Non Formal Education Office, Material Development Program, and others. The opening of the 1980's saw the commencement of the Jumla Project, involving a multi-disciplinary approach to education and to wider community development. The Language and Orientation Program has developed out of recognition in its size and in its professionalism.

These changes have not been haphazard. They have come as a result of a ~~old~~ of readiness to respond to changing situations and a desire to learn from and build on past experience. These changes have brought us to a position where we are recognising the importance of, and working on, a much broader front. We have recognised the value of quality schools, but seen their limitation in reaching a significant number of the population, especially the poor. We have moved into Non Formal Education as a means of making some impact in the world of the village community where academic qualifications are less useful and less easily obtained. The scholarship program both at campus and school level is becoming more diverse and more relevant to the cross-section of needs that meet us in Nepal. Our Language Program is now geared to giving more and better opportunity for language learning in a greater variety of ways.

As our response to need has grown so it has become more important to have clear guidelines in our various projects and programs. To meet this need, this Long Term Planning Document has been produced. These documents are the result of careful study and planning at both project and administration levels in UMN. Those involved in the various projects took the approved statements of Purpose and Aim, and produced their draft documents as an expression of the particular purpose and aims of their project and the strategy by which they would seek to carry out those purposes and aims. The draft documents were studied at two meetings of the Education Board, amended where necessary, and approved. They now stand as a document that can be used both as a basic tool in planning (in particular in producing annual plans and budgets), and also as a yardstick with which to evaluate the work done during the past year.

There are more questions yet to be answered. There will be more and different challenges facing us. The challenge to UMN to once again run our own schools will have to be met and answered one way or the other. The need to develop more appropriate forms of education is still with us. Our long term plans will lead us into these areas of debate by defining the path as far as they are able. Where they are not able then we will need to modify or extend the directions laid down in them. Above all we will need the direction and wisdom and enabling power given by God the Holy Spirit as we undertake His work.

Richard Clark  
March 1982

## LONG TERM PLANS.

1. Background. In 1957, because of a concern to provide quality education for girls in Nepal, the UMN started Mahendra Bhawan School. The school was taken over by HMG in 1973 under the New Education Plan and in 1981, in accordance with a further directive from HMG, it became a private school. Because of the UMN's historical involvement in the school and because of its concern for educational opportunities for girls in Nepal, the UMN has maintained involvement in Mahendra Bhawan up to the present day.

2. Project Description. Mahendra Bhawan School is a Nepali-medium boarding school for girls, having about 860 students (in 1981) in Classes 1 - 10. Almost 25% of the students are boarders. The UMN seconds workers both to the school and the hostel, and also assists in the giving of scholarships and the finding of sponsors.

3. Project Objectives. UMN workers seek to encourage a standard which will enable Mahendra Bhawan to fulfil the role of a model school. The UMN seeks to assist in the upgrading of teaching standards through the secondment of teachers and through non-formal training of national staff at the school. It also desires to influence the students themselves both in their academic life and in non-academic areas by providing hostel workers and scholarships. It supports the general programme of the school by seconding a person as school nurse, and by appointing a UMN representative to the school's Management Committee.

4. Strategy. The efforts of the UMN are by means of the present, on-going programme of the school itself. The seconded staff may initiate in-service programmes.

5. Interrelationships. Much of the scholarship assistance will be handled by the SFAF. UMN also seeks to contribute to the over-all management of the school through its representative on the Management Committee.

6. Community Involvement. As planned and carried out in the school program.

7. Research and development. As deemed appropriate.

8. Evaluation. An evaluation of the effectiveness of UMN in the educational programme at Mahendra Bhawan will take place annually at the Education Board. Individual workers' contributions will be assessed at each one's annual interview.

9. Personnel and Training. There are five approved posts expatriates at Mahendra Bhawan School.

## Posts:

- 1 English teacher
- 1 Primary teacher
- 1 Maths teacher
- 1 Hostel worker
- 1 School nurse

*Genit. M. N. D. S.  
and  
G. T. D. S.*

1. Background. The United Mission has given considerable help over the past 25 years to education in Gorkha District. There is now a well developed system of schools and there are many trained teachers. However there is still a shortage of trained Maths, Science and English teachers. The opportunity for expatriates to work alongside Nepali teachers as colleagues is one that encourages an attitude of serving, of learning as well as teaching, of working together for the development of Nepal. There is also a considerable need for school teachers and other education workers to move out of the school sphere and into the village and community where they can help to meet the needs of those who do not have access to schools or who have had to leave school. In this way girls, women, boys and men can be helped in the very areas that are appropriate to their way of life in rural Nepal. The need for such non-formal education, responding to the needs of the people in whatever way is possible, is great, and up to the present has not had as much emphasis as formal education.

2. Project Description. The UMN will continue to recruit teachers to second to schools in the Gorkha District in keeping with Education Board policies on secondment of teachers. It is not expected that the number of such teachers will exceed 8, and their work will be concentrated in the areas where UMN has a commitment to help, or where the community has shown a willingness to work together and encourage the all-round development of the education of its people. Teachers will be encouraged to spend time in non formal education through whatever opportunities present themselves. There will be cooperation wherever possible with other workers and programs of the UMN so that different needs can be met by the varied skills of a team of workers. Where a teacher is willing and able to do such work he or she will be encouraged to undertake to teach no more than 2 or 3 periods in the school.

3. Project Objectives. The Project will aim to improve the quality of teaching by example and by specific encouragement of other teachers. The project will aim to give good quality teaching to children who need it and who are needed by the nation. The Project will also seek to meet educational needs of the community by non-formal means, thus helping to give appropriate education to boys and girls, men and women, who are not at school. There is no defined time limit on the project. The UMN remains specifically committed to helping in Makaising High School for 2 years from January 1982 with a review of the position after that. This help will be in both formal and non formal education if the right workers are available. It is hoped that in early 1983 a small team will be able to begin work in non formal education in Thalajung Panchayat (Ahal Bhanjyang), about 3-4 hours north of Amp Pipal.

4. Project Strategy. It will not be policy to work in schools where the community has not shown itself ready to support the school and the teachers, or to encourage non formal ways of helping the community. A maximum of 8 teachers or educational workers will be seconded to Gorkha District. It is envisaged that some of these, by their personal preference, will be full-time school teachers. Others, because of inclination, training, or experience, will be encouraged to agree with the school headmaster to teach only 2 or 3 periods, and to use the remainder of the time in club and other activities with non-school-attenders, imparting skills and knowledge according to those possessed by the educator and according to the needs and wishes of the community.

Workers in non formal education will be encouraged to develop a simple outline of educational needs and how they may be met in that particular area. Although this outline would vary from place to place it could be shared with other UMN workers and with Government workers in an attempt to awaken the realisation of a need for appropriate education in rural Nepal.

5. Interrelationships with other projects. In order to set up teams of education workers who can offer a variety of skills there will be cooperation with other UMN and HMG projects, particularly those working in health, agriculture and nutrition, hoping to utilise the expertise of workers in these other projects.

6. Community Involvement. Community involvement in supporting the efforts of the education workers whether in or out of school will be required before any new work is started. There will be very little financial involvement from either UMN or community side.

7. Research and Development. The involvement in non formal education will require that individuals develop the materials and methods suitable to the situations they find themselves in.

8. Evaluation. At the first Education Board meeting of each new year there will be an evaluation of the preceding year's work in light of the Project's long term and annual plans. In addition, an informal evaluation of the Project, among other things, will take place during the annual interview of each Worker involved in the Project. The 1981 evaluation of the UMN's involvement in education in Gorkha District done by New Era will be used in making specific plans for future work, although this evaluation will concentrate of necessity upon formal education.

9. Personnel and Training. The number of expatriate teachers that will be seconded to the Gorkha District will not exceed 8. The training of these individuals will be in the areas of Maths, Science, English and/or non formal education. It is hoped that these persons will be complemented by workers from other HMG or UMN programs, such as community health nurses and agriculturalists.

Orientation and preparation for working in a rural situation involves a minimum of year's study of Nepali as well as experience in living in a village.

Posts: 8 Teachers

1. Background. In many parts of the Western Development Region, students have the opportunity to study only up to class 7 in their own village, or if there is a high school, often the educational standard is not very high. This school (in Nepali, Gandaki Awasiya Madhyamik Vidyalaya or GAMV) seeks to help overcome this lack.
2. Project Description. The Gandaki Boarding School (previously called the Pokhara Boarding School) was established in 1965. The aim is to provide a place where good, quality, all-round education is available up to SLC-level for boys from all over the Western Development Region. This involves training Nepali staff to assume positions of responsibility in the school.
3. Project Objectives. GAMV, like all other 'Boarding schools in the country, is now a private school and so its character may change over the next number of years; however, the UMN still plans to continue involvement in the school through:
  - a) helping poor boys from remote areas to have a good quality education, through scholarship assistance.
  - b) strengthening specific areas of school life by supplying specialist teachers and also hostel parents.
 UMN also plans to place some specialist teachers in village high schools near Pokhara, to try to extend their influence in Kaski district.
4. Strategy. UMN will seek those personnel who can help strengthen and establish the different areas of school life (both GAMV and village school) that need support, eg., English, Science, Maths, Hostel.
5. Interrelationships. The school will have strong links with the School Managing Committee and also the District Education Office. There will also be a strong relationship with the UMN farm (previously the school farm).
6. Community Involvement. As planned and carried out in the school program, and for teachers in village schools, possibly through informal education.
7. Research and Development. As deemed appropriate.
8. Evaluation. An evaluation was carried out by New Era in 1977. An internal evaluation will be done annually at the February Education Board meeting. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker posted to the project.
9. Personnel.  
Approved posts are as follows:
  2. Scholarship Officer (part time) /teacher, GAMV
  3. English Teacher GAMV
  4. Maths/Science teacher GAMV
  5. Hostel parent GAMV
  6. Hostel parent/Maintainance GAMV
  7. Ag. Educator, RYTP
  8. Teacher, Kaski District
  9. Teacher, Kaski District

## LONG TERM PLANS

1. Background. Since 1977 negotiations with HMG/N have been going on for some type of UMN involvement in the northwest corner of Nepal (Karnali Zone).

In 1980 HMG/N, represented by the National Education Committee, and the UMN signed an agreement to establish the Karnali Technical School in Jumla in order to produce skilled manpower in the northern hilly area of the Far Western Development Region. Along with this core program the UMN has been planning other related works in the Jumla area.

2. Project Description. The UMN is assisting HMG/N in the establishment of the Karnali Technical School, taking responsibility for the construction and equipping of facilities; development and implementation of the educational program and teaching material; and the in-service training of national staff for both the Karnali Technical School and staff of other Technical Schools as required by the National Education Committee. The Karnali Technical School gives training, mainly of a practical nature, for four years in:

a) construction, b) health, and c) agriculture. Graduates will receive certificates which will qualify them for government posts with the corresponding terms of employment as follows: a) Sub-overseer cum Surveyor, b) Auxiliary Health Worker, and c) Junior Technical Assistant in Agriculture. In conjunction with the above work the UMN will also be involved in seconding teachers to local schools, community health work, non-formal technical training, reforestation, community development activities and assistance to HMG/N and other development agency programs.

3. Project Objectives.a. Overall:

To be involved in the establishment of close relationships with local people, HMG/N and other development related personnel in order to give meaningful direction to and facilitate the carrying out of the above described programs.

b. Karnali Technical School:

- 1) To design, construct and equip the Karnali Technical School in accordance with guidelines laid down by the National Education Committee and the Jumla Project Planning Committee.
- 2) To carry out non-formal training of local people in improved construction skills and other areas of training whenever possible.
- 3) To assist in the development and implementation of the instructional program including the development of necessary instructional materials.
- 4) To give in-service training to national staff of KTS in order to better prepare them to carry out their duties and to offer similar training to appointed staff of other Technical Schools as requested.
- 5) To assist in the development and implementation of all aspects of the Primary School Teacher Training Trade when requested to do so.

c. Village Schools:

To be involved in assisting village schools by working with the School Managing Committees to improve their schools and be seconding expatriate personnel who will teach, do teacher training, and be involved in community life in the school area.

d. Community Health:

- 1) To be involved in the establishment and running of an MCH Clinic in Jumla bazaar in conjunction with the Family Planning Office.
- 2) To be in contact with the local doctor and hospital staff, Red Cross Program and other health activities in Jumla in order to lend support and assistance where possible and to maintain good relationships in order to facilitate the KTS students participating in these programs for a part of their practical training.

e. Reforestation:

- 1) To develop a comprehensive, long-term plan for UMN and KTS reforestation activities in the Jumla District.
- 2) To establish a forest tree nursery for the production of 10,000 tree seedlings on an annual basis.
- 3) To work with the local people and District Forest Office in determining a reforestation plan for specific plots of land not included within the KTS compound and to work out a cooperative management program for these areas.

f. Assistance to Other Agencies:

To assist HMG/N and other development agencies in their development efforts, particularly through giving assistance in transporting development materials along with Jumla Project materials and the sharing of experiences gained from the long term involvement of personnel in Nepal as well as from immediate Jumla Project experience.

g. Community Development:

- 1) To be involved in developing a smokeless chula suitable to the needs of the Jumla area and train KTS students and others in the construction of these chulas.
- 2) To be involved in developing means of processing apples and other fruits and vegetables and to demonstrate these to others and assist them in adopting these techniques themselves.
- 3) To encourage each student in KTS to begin to implement improved ideas he has learned with his family each time he or she returns to his home on holiday.
- 4) To build and maintain relationships with local people and explore other community needs for which assistance might be given in the future.

4. Strategy.

- a. Participate in the construction, development and carrying out of the KTS educational program.
- b. Second teachers to and work with local school Managing Committees.
- c. Assist in the operation of an MCH Clinic and other community health programs.
- d. Develop a forest nursery and carry out reforestation with community and District Forest Office cooperation.
- e. Develop community relations.

5. Interrelationships. Both formally and informally with:

- a. School Committees
- b. HMG/N Officers
- c. Other Development Workers, particularly IHAP and K-BIRD
- d. Local people

6. Community Involvement. There are local students in each of the trades at the Karnali Technical School. In addition, local people are employed as contractors, craftsmen, and laborers in the construction program. Students of the School will be involved in community work as a part of their practical training. UMN, through the KTS Program and by other means will seek to be responsive to community relations and community development needs as long as communities are prepared to take some initiative themselves.

7. Research and Development.

- a. Teaching materials for Technical Schools
- b. With building materials and construction techniques
- c. Smokeless chula
- d. Fruit and vegetable production, processing and storage
- e. Hydro-electrical plant and sawmill
- f. Solar heating

8. Evaluation. When appropriate the Project will initiate formal evaluations of the work being done and its effectiveness and share this information on a wider basis. At the first Education Board meeting of each new year there will be a discussion of the preceeding year's work in light of the long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker posted to the project.

9. Personnel.

Project Director  
KTS Principal  
Building Trade Instructor  
Agriculture Trade Instructor  
Health Trade Coordinator/Community Medicine Doctor  
Teacher Trainers x2  
Librarian  
Asst. Health Instructor  
Site Engineer  
Detailed Design Engineer  
Construction Supervisor  
Hostel Superintendent  
Business Manager  
MCH Nurse  
Agriculturalists x2  
Forester  
Local School Teachers x4  
English Teacher

1. Background. Less than 20 percent of the total number of young people who complete their School Leaving Certificate apply for entrance into college level education and the number is even lower when actual registration takes place at the University. Without higher education the country cannot produce needed skilled personnel and without trained personnel the development of the country is not possible. The need for leadership development was realised in the UMN in 1967, and it helped 3 students with scholarship assistance to get their college level education that year.
2. Project Description. The Programme is to help the poor and needy young people wanting to take higher education in Health, Education, Agriculture, Engineering and pure Science. Preference is given to UMN-staff personnel, students coming from the remote regions of the kingdom, women, unprivileged group or class and according to their ability. Students study in the University Campuses according to courses available in Nepal and a few go to India.
3. Project Objectives. The Programme is to help fulfil the Education Board's Aim to promote leadership development and training of the Nepali personnel to take up responsible position in the society. Formal Education is very important to develop a person to become a leader in the community as well as within the family. UMN purpose is thus fulfilled by the development of the person in skill, character and behaviour.
4. Strategy/Methods. The Training and Scholarship Committee has 11 members, both Nepali nationals and expatriates. Students are selected on the basis of their need, remoteness, ability and unprivileged group or class. According to the new revised guidelines of the Committee, the UMN staff personnel or the staff personnel of the UMN related projects are given special consideration to be able to upgrade their work in the project, institution or UMN-related institution. The Community and the family should be asked to contribute towards payment of the students college fees or food while they pursue their higher education in the University. Meeting with the students and counselling them in their studies is found to be very helpful. This helps to better understand their need and is an opportunity to tell them about the UMN and its aim and purposes through education in Nepal. Periodically, recruiting treks will be made by the Administrative to try to locate qualified individuals to receive scholarships.
5. Interrelationships with other Projects. The UMN Training and Scholarship Programme does not relate directly with other scholarship programmes within the Government but it does have indirect relationship with them at their Campus level scholarship grants. The Programme helps to upgrade the quality of work in the UMN projects by giving opportunity to give in-service training to the staff personnel.
6. Community Involvement. The students receiving aid will be equipped in their various ways to serve in their communities.
7. Research and Development. Research in conjunction with HMG and other bodies involved in giving scholarship help is constantly carried out and reported to Committee.
8. Evaluation. At the first Education Board meeting of each new year there will be a discussion of the preceedings year's work in light of the programme's long term and annual plans, culminating in an evaluation of all three items. In addition to this, systematic efforts will be made to follow up students who have received scholarship assistance through the UMN and evaluate the results of the programme.
9. Personnel. There are positions for a Nepali administrator and a Nepali bookkeeper.

## LONG TERM PLANS

1. Background. As Nepal grows and develops one key to its development is in its trained manpower. It is vital that the development of Nepal proceeds throughout the whole country and not just in the urban areas. For this to happen education must be available to young people in remote and poor areas as well as in the rich city areas. At present there are two main obstacles to young people in the hills and valleys obtaining a school education; firstly many are too poor to pay the fees (low though they be), and secondly many are too distant from suitable school facilities.
2. Project Description. This fund exists to enable poor students, who would otherwise be unable to attend a school, to receive an education. Students are selected firstly according to financial need, but also according to their ability, the remoteness of their home, and their social status, with preference going to those from disadvantaged groups. Students may attend either a school at which UMN personnel are serving, or one with UMN personnel near enough to exercise some oversight.
3. Project Objectives. The administration of this fund will work towards the fulfillment of the UMN Purposes for "Person, by our commitment to the development of persons in their skills, character, leadership, and in their relationship to Christ; by encouraging responsible participation in personal roles as members in a family and local community, as citizens in a nation, and as seekers after justice and righteousness; and by discovering and channeling potential in neglected people." The use of the fund will fulfil the aims of the Education Board by "making available training for Nepali residents in professional skills and leadership through on-the-job training and formal education."
4. Strategy/Methods. Funds will be sought from a variety of sources in order to provide continuity of funding and avoid over-reliance on one large funding source. Students will be selected in a variety of ways, but in each case the principles and guidelines laid down by the Education Board for selection of students for scholarship must be observed. Where a school is able to recruit suitable students for scholarship assistance the UMN personnel there will encourage this effort and work with the school in implementing it. Students will be selected by the school concerned in cooperation with the UMN personnel responsible. Where the school itself is unable to undertake such recruiting, applications will be dealt with by the Education Secretary from whichever source they come, and the acceptance of the student for scholarship will be confirmed or otherwise by the Education Secretary after consultation with UMN personnel in or near the situation. Wherever possible the family or community should be involved in the support of the student by providing some part of the necessary support, whether in a portion of the fees, in food, or in clothing. In this way scholarship assistance is given, rather than free education.
5. Interrelationships with other projects. The fund can only be used in cooperation and consultation with other UMN Workers in or near schools where students will study.
6. Community Involvement. The staff of the Fund itself will have no community involvement. It is assumed that the UMN Worker through whom the Fund is locally administered will be involved in the community. It is, of course, the goal of the Fund to assist communities by providing funds for the education of their youth.

7. Research and Development. Research of sources of scholarship aid and use of the funds is an ongoing part of the administration of this fund.
8. Evaluation. Through discussion with students, parents or guardians, school staff, and UMN personnel administering the fund, development of the philosophy and practices will continue. In addition to this continuing assessment there should be a systematic effort made during the period 1982 - 1985 to follow up students who have received scholarship assistance through the UMN and try to evaluate the results of the program in the lives of the students and their communities. Successful completion of this evaluation will depend upon staff being available to do it. At the first Education Board meeting of each year there will be a discussion of the preceding year's work in the light of the Fund's long term and annual plans, culminating in an evaluation of all three items.
9. Personnel. It is expected that this fund can be administered by the Education Secretary as a part of his normal duties, with the assistance of a part-time bookkeeper (Nepali).

## Long-term plans

1. Background.

Since its founding the UMN has recognized the need for its expatriate workers to learn the Nepali language. In recent years awareness has increased, worldwide and within UMN, of the interconnection of language and culture with the result that culture-learning is now considered an essential part of an expatriate's preparation for work and witness in Nepal. In addition there has been an increasing sense of urgency that language and culture learning should take place rapidly and efficiently as soon after arrival in Nepal as possible.

2. Project Description.

The Language and Orientation Programme (LOP) provides an initial intensive course to most new Workers. This is followed up by a period of half-time study at the work station and then opportunities for continuing part-time study. Examinations and facilities for brief periods of full-time advanced study round out the programme and make it more flexible to meet individual and varying UMN needs.

3. Project Objectives.

With the aim to equip UMN expatriate Workers with language ability and cultural understanding in order that they may more effectively fulfill their personal and work goals, LOP objectives include:

- a) adequate quantity of assistance - tutors; guidance & encouragement; training in language/culture learning techniques; material support,
- b) increasing effectiveness - language policy; methods; materials; delivery,
- c) increasing flexibility - training towards independent learning; meeting varying needs, location & timing of each person,
- d) increasing variety - specialized materials; additional language.

4. Strategy.

- a) Tutor recruitment, training & development; professional linguistic and anthropological services and training; training in language-learning and culture-learning systems and techniques; program of research, materials development, publication & distribution;
- b) Ongoing evaluation and revision of language study policies; testing and adoption of better methods; revision, selection or production of materials; administrative training and structural improvements;
- c) Development of personnel and employment policies; implementation of LAMP alternative track for some Workers;
- d) Tutor-Worker cooperation in developing study aids for particular fields of interest; research, reference and clearing-house on other languages; recruitment of tutors capable of teaching other languages in addition to Nepali.

5. Interrelationships.

LOP is an internal organ to serve primarily UMN Workers, but extending service to co-operating Christian missions as fully as possible, and to non-mission expatriates at times of insufficient mission enrollments, but not to the extent of competing with private firms. Hence it has no links with HMG/N nor need for licenses or registration with civil authorities.

## 6. Community Involvement.

Since their major need is for practice in hearing and speaking Nepali, language learners have potentially the most freedom to relate to the larger Nepali-speaking community and the Church, and the most to gain from it, provided the medium of communication is Nepali.

To the extent that it provides high-quality services to individuals outside UMN, the LOP fosters ecumenical cooperation and goodwill towards UMN.

## 7. Research and Development.

There is much need for and potential benefit from concentrated efforts in R&D. Recent changes in the structure of LOP should allow for the Language Consultant and Cultural Resource Worker to devote more time to this, including a detailed examination of needs and priorities. Section 4 above includes several items of basic research and application, but a cohesive program will require more time to develop.

## 8. Evaluation.

- a) General: Participants in the intensive course are asked to complete evaluation questionnaires regarding the program as a whole and its orientation component. Informal evaluations are often submitted by others who have utilized LOP services, and all LOP personnel frequently solicit comments informally.
- b) Tutors: Most learners are asked to complete evaluation forms regarding the tutors they know well. Supervisory personnel regularly observe and evaluate the tutors.
- c) Learners: First and Second Examinations are administered to learners at times of their own choosing. Diagnostic interviews are also available from lead tutors.

At its annual spring meetings the mission-wide Language Committee evaluates the performance and policies of the LOP in the light of its long term and annual plans. The first Education Board meeting of each year does likewise. In addition, an informal evaluation of the programme, among other things, will take place during the annual interview of each Worker posted to LOP.

## 9. Personnel.

The Education Board has approved positions for 22 full-time Nepali Tutors and 6 trainees to serve in the Language Centre, at various projects, and in the LAMP experimental programme, plus an administrative assistant to the Principal.

9.1 Approved expatriate posts: 1 Language Consultant  
1 Orientation Administrator (part-time)

9.2 Training: Trainees pass through a period of apprenticeship-type training, and there are occasional in-service lectures and demonstrations for all tutors.

## LONG TERM PLANS

1. Background. In the past the United Mission to Nepal has not assumed any official, administrative responsibility for the children of its Workers. Since Workers were obtained from different sending bodies and those bodies had different policies regarding the children of their personnel, the UMN did not feel that it should become involved in this area. As things developed, however, the UMN found itself unofficially involved in the operation of a children's hostel. Some Workers who were posted outside of Kathmandu wanted their children to remain in Kathmandu to take advantage of the schooling opportunities. The UMN sought a volunteer and rented quarters. At the Workers' Conference in 1980 it was decided to ask the Board of Directors to assume administrative responsibility for the hostel though it was agreed that funds for the hostel operation would come from sources other than the UMN general budget.
2. Project Description. The Children's Hostel is located in the Kathmandu area. It is run by an expatriate couple who seek to provide a family atmosphere.
3. Project Objectives. It is the objective of the Children's Hostel to provide housing and a "home away from home" for children of UMN Workers who are posted outside of Kathmandu Valley but want their children to go to school in Kathmandu.
4. Strategy/Methods. Appoint hostel parents who will create a Christian home for the children in their care.
5. Interrelationships. Missionwide, within UMN.
6. Community Involvement. None.
7. Research & Development. None.
8. Evaluation. There is a constant re-evaluation by the hostel parents regarding the effectiveness of the rules, facilities, discipline standards, etc.
9. Personnel. One couple will serve as the hostel parents. Nepali household staff will be hired as demand necessary.

## Posts:

2 Hostel Parents.

## LONG TERM PLANS

1. Background. Both in formal and non formal education in Nepal there is a shortage of suitable teaching material. In formal education the shortage is mainly in the field of teachers' guides and resource material. Texts are available for nearly all subjects taught, but there is insufficient supplementary material available for the teachers. In non formal fields of education the needs are more varied, ranging from a need for adult literacy material both for teaching and for follow-up to handouts for field workers to use in agriculture extension work.
2. Program Description. The program coordinator will seek to coordinate the work of others in various fields in the mission in material development. An office will serve as a centre for production of material and distribution to workers. The coordinator may also be able to write material for use in his or her special field, and will encourage others involved in education of any sort to write material for use on a wider scale. Where material is suitable for use by HMG in their own programs the UMN will only fund the first production, and will seek to hand over the material to HMG for further production.
3. Program Objectives. The program will cooperate with HMG/N and UMN projects in preparing teaching and other educational materials for use in both formal and non formal education work.  
The coordinator will seek to involve workers with experience in Nepal in the task of putting their experience and skill in writing so that it can be used to help train others.
4. Strategy.
5. Interrelationships with other projects. The Material Development Program is a service agency to any other project or program or person that can use it.
6. Community Involvement. The project will not have any specific geographical community involvement except as the training needs of its staff or as specific material development work dictates.
7. Research and Development. The project, in cooperation with individuals or projects, as well as on its own initiative, will be involved in the development of materials for a wide range of uses in Nepal.
8. Evaluation. The work undertaken will be evaluated by the reactions of those who use it, and their comments will be noted and used in further developments. At the first Education Board meeting of each year there will be a discussion of the preceding year's work in light of the long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker involved in the project.
9. Personnel and Training. It is expected that the work of coordination can be handled by one person with adequate secretarial help according to the level of work. In addition, there is a position for a part-time writer (Nepali). However, there is no limit on the number of people who, while working in their own projects, can contribute material that will be of use on a wider scale.

Posts: 1 Materials Development Coordinator

## LONG TERM PLANS

1. Background. Though it goes without saying that expatriates working in Nepal find themselves in a cross-cultural situation, the implications of such an obvious fact make themselves evident over time and in different ways. The result of this process on the Workers of the UMN culminated in a request for professional assistance in the area of Nepali culture in 1976, at the UMN Workers' Conference. A new post was created -- for a Culture Resource Worker -- and was filled in 1979.

2. Project Description. The Culture Resource Program is the outgrowth of a concern of the Workers of the UMN that they needed professional assistance in order to more successfully understand and relate to the cultural situation in Nepal. Therefore, the Culture Resource Worker is to serve as a resource person to UMN personnel or projects on the subject of Nepal culture. This may be done by such means as correspondence, personal discussion and interaction, guidance in a study of special interest, or something more extensive like a 6 month study of certain factors in a specific area for a project. Since the program is meant as a resource, personnel or projects of the UMN can utilize it as they see fit.

3. Project Objectives. The goal of the Culture Resource Program is to provide the UMN and its personnel with professional assistance in matters relating to Nepali culture. The program aims at helping individuals, professionals, and projects understand and successfully interact with the cultural factors in their situations. At present this is attempted through the development of an orientation program that begins to equip new Workers in preparation for their assignments. Eventually programs to help individuals and professionals with their ongoing need to understand and interact with the cultural factors in their situations will be developed. Ultimately a service, which can draw on a sufficiently large pool of manpower, will be developed which can provide projects with information that will help them relate effectively to cultural factors during the design, implementation, and evaluation of their work.

4. Strategy. The Culture Resource Project intends to build on the interests and felt needs of UMN personnel to motivate them to deepen their understanding of and skill in dealing with the cultural factors they encounter in their life and work. A variety of methods -- including books, lectures, tapes, and personal conversations -- will be drawn upon to assist persons in their individual development in cultural awareness and appreciation.

5. Interrelationships. The Culture Resource Project is meant to serve as a resource to those UMN personnel and projects who desire to utilize it. It will be a concern of the project to encourage the use of its services by the continuous demonstration of the relevance of its services to the personnel and projects of the UMN.

6. Community Involvement. The project itself will not have any specific geographical community involvement except as the training needs of its staff or as specific requests from projects dictate.

7. Research and Development. The project will continually engage in research about Nepali culture, as well as methods for understanding it and teaching others about it. Specifically, the development of minimal knowledge and skills that expatriates need to effectively relate cross-culturally is an immediate concern. A long-term concern is to provide projects with research on matters of relevance to their particular program.

8. Evaluation and Research. The project will periodically evaluate the relevance and value of its services to personnel and projects. At the first Education Board meeting of each new year there will be a discussion of the preceding year's work in light of the project's long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of the Culture Resource Worker.

9. Personnel and Training. There is one approved post for a Culture Resource Worker/Orientation Administrator. Any time that post is filled by a new person the first year within Nepal is specifically set aside for individual orientation to Nepal and the UMN.

Posts: 1 Culture Resource Worker/Orientation Administrator

## LONG TERM PLANS

1. Background. Work in education and development will be most effective when the teaching/learning methods used are related to the previous experience of the learners. UMN is working mainly with people who have gained their "education for life" by traditional nonformal methods, and have little experience of formal education. In this project nonformal education is used to mean any educational work which is not part of the formal education system (school and college), and includes functional adult literacy.
2. Project Description. The project supports the work of those in teaching/learning situations in other UMN projects and programs by working with them to develop nonformal education ideas and methods appropriate to their situation and to help in the adoption of these to improve the effectiveness of the work.
3. Project Objectives. To work with those in teaching/learning situations in other UMN projects and programs to:
  - a) Identify and develop ideas and methods in the nonformal approach to education (including functional adult literacy) which are appropriate to their situations.
  - b) Increase their expertise in the use of nonformal education methods.
  - c) Help in the adoption of these in their work to improve its effectiveness
4. Strategy/Methods. The project operates in a service relationship to other workers, and can only operate on a basis of close working relationships, leading to cooperation and understanding. The areas in which it works will therefore depend on the openings which develop. It sets itself to provide the people working in the project with the opportunity to develop their own understanding and expertise in nonformal education.  
It seeks to do the same for others within UMN by:
  - a) Working with individuals and small groups on specific tasks in planning training courses, developing effective teaching/learning methods, and developing associated teaching materials and aids.
  - b) Arranging workshops and training sessions conducted by specialist resource people as they become available within UMN or from outside.
  - c) Coordinating the activities of people with similar interests and concerns in nonformal education in different projects, and maintaining contact with other organisations working in Nepal.
5. Interrelationships. The NonFormal Education Program is meant to serve as a resource to those UMN personnel and projects who desire to utilize it. It will be a concern of the program to encourage the use of its services by the continuous demonstration of the relevance of its services to the personnel and projects of the UMN.
6. Community Involvement. The project itself will not have any specific geographical community involvement except as the training needs of its staff or as specific requests from projects dictate.
7. Research and Development. Integral part of project work.

8. Evaluation. An internal review will be undertaken during the preparation of annual plans to establish priorities and direction of future work.

At the first Education Board meeting of each new year there will be a discussion of the preceding year's work in light of the project's long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each worker assigned to the project.

9. Personnel and Training. There is one position of nonformal education specialist for a Nepali. In-service training of its own workers is part of the Nonformal Education Project strategy.

Posts: 1 Nonformal Educator

## LONG TERM PLANS

1. Background. Many UMN Projects have libraries, some large and some small, some general and some technical. Only a few of these projects have trained librarians to look after their libraries. Those that do have librarians would often value help for them in further training and consultancy.
2. Project Description. The consultant librarian will be available to help any UMN or UMN-related library that requests help. Visits may be arranged to these libraries in order to advise or train for short periods or for longer periods. Through this service it is hoped to facilitate the use of libraries for both pleasure and for business, and to keep an effective channel of communication open so that library and book needs can be met as far as possible.
3. Project Objectives. The primary objectives of the consultant librarian will be:
  - a) Acquisition of library materials
  - b) Preservation and protection of library materials
  - c) Organisation of library materials
  - d) Distribution of library materials
  - e) Training of others in librarianship skills
4. Strategy. It is hoped that UMN workers and projects will utilise the services of the consultant librarian and will call upon him whenever they can do so. The librarian will in particular be seeking to:
  - a) Find and provide information
  - b) Provide books, pamphlets and journals
  - c) Provide classification tools (books) and equipment
  - d) Help to expand and organise (classify and catalogue) existing libraries
  - e) Help to set up non formal education programs
  - f) Help to train librariansThe consultant librarian will seek to make himself familiar with other libraries in Nepal, with the information they can provide, and with their needs. He will make and maintain contact with various libraries and information centres overseas in order to have a ready supply of material and information for those who contact him.
5. Interrelationships with other Projects. The consultant librarian will depend heavily on contact and cooperation with any UMN Project which needs his services. He will also maintain contact with Tribhuvan University Library in order to be familiar with their libraries and to serve them too by agreement between UMN and Tribhuvan University.
6. Community Involvement. The libraries established or helped will serve the community in which they exist.
7. Research and Development. Will be carried out informally as the work develops.
8. Evaluation. Continual contact with and feedback from the libraries served will provide a useful tool for evaluation and for initiating improvement and development of the project's service. At the first Education Board meeting of each new year there will be a discussion of the preceeding year's work in light of the project's long term and annual plans, culminating in an evaluation of all three items. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of the Consultant Librarian.
9. Personnel and Training. There is one approved post under the UMN for a Consultant Librarian and this has been filled from mid-1981. It is possible, however, that as the work develops there would be room for a second post.

Posts: 1 Consultant Librarian

LONG TERM PLANS

1. Background. In August, 1980, a study of the Kathmandu business and international aid organizations was taken by the UMN to determine whether there was as much a need for well-trained Nepali secretarial staff in those organizations as there was within the UMN itself. The survey revealed that in fact there was such a need.
2. Program Description. The UMN initiated a two-phase program in light of the need for well-trained Nepali secretarial staff. The first phase, commencing in August, 1981, was intended to upgrade the clerical and administrative business skills of present UMN staff both through classroom and through on-the-job train training. The second phase, commencing in January, 1982, was to recruit students for a full-time secretarial science course.
3. Program Objectives. The objective of the business school is to provide quality training in the area of secretarial science for Nepalis. Initially the school will direct its attention towards the organizational needs of the UMN but eventually will serve any individuals qualifying for its classes.
4. Strategy/Methods. The school will emphasize the acquisition of secretarial skills.
5. Interrelationships. The school will initially serve the organizational needs of the UMN. Eventually it will open its doors to the wider community on a consistent basis.
6. Community Involvement. The graduates will be equipped better to serve their communities.
7. Research and Development. The school should offer training in English; clerical procedures; small and intermediate business management seminars and small computer programing. It will develop teaching material and methods in these areas that are relevant to the situation in Nepal.
8. Evaluation. The school will evaluate the relevance and effectiveness of its program at regular intervals.  
At the first Education Board meeting of each new year there will be an evaluation of the preceding year's work in light of the project's long term and annual plans. In addition, an informal evaluation of the project, among other things, will take place during the annual interview of each Worker involved in the project.
9. Personnel and Training. There are two approved posts to cover general business practices and secretarial science. It may be necessary to add a third position for teaching English as a second language. It is hoped to recruit a Nepali instructor-in-training for eventual teaching within the program.

Posts:

- 1 Business Studies Instructor
- 1 Secretarial Studies Instructor

- 1) Scholarships for Asiria. Students 155.  
will try harder.
- 2) language program culture lessons.
- 3) structural changes: build off all projects
- 4)?
- 5) Understanding the education-process - ~~history~~  
in Nepal to find out the role of the UMC

PURPOSES : PERSON, COMMUNITY, NATION, CHURCH

Aims : We seek

1. To enable people especially the underprivileged to bring about lasting fulfillment of their basic, felt needs in the areas of food, water, fuel/energy, and housing; (i.e. fulfill basic, felt needs) *health? education? different Goals people*
2. To enable individuals and communities to develop technical, organisational, and leadership abilities together with a commitment to *equal opportunity*, justice, participation in development, and co-operation with others in furthering the common good; (i.e. develop abilities and commitment)
3. To develop resources and services, especially in the areas of renewable energy, skilled manpower, trained management, sales marketing, and research and consulting services, for *balanced just* economic growth; (i.e. develop resources and services)
4. To understand together with the local church the application of our Christian faith to development work and to share these concerns with others. *old version (1981)*

Our biblical responsibility towards stewardship of natural resources and the effects of any economic development programme on basic needs such as health, nutrition, security, dignity, and fellowship should always be considered.

## Advanced Training Co-ordinating Committee and Fund - A proposal

### I. Background

During the past two years or so, the need for more advanced training for our management staff has been brought home to us quite clearly. This need will only become more acute in the future as we seek to turn over more and more responsibilities to Nepali personnel. The same applies to the technical staff. In the country as a whole, the scarcity of well-trained Nepali technical and management personnel is also quite apparent. In this context, UMN has a crucial role to play in encouraging, coordinating, and financing advanced training of its own staff and the staff of related organizations, in accordance with Aims 2 and 3 of the EDB.

From a different perspective, the prospect of advanced training (and increased responsibilities afterwards) is a very powerful force in motivating people to give their best to their work. It arouses the innate desire to realize one's full potential, it challenges one to work hard to show that one deserves to be upgraded through training, and it offers the possibility of public recognition of one's ability and achievements. The ability to provide advanced training is, therefore, an indispensable management tool.

### 2. The Advanced Training Co-ordinating Committee

To promote training and co-ordinate it with existing manpower needs, sources of financing, and available training courses, it is proposed to form a committee under EDB with the name "Advanced Training Co-ordinating Committee". Its functions will be to: (i) collect information on advanced training opportunities (using the library of the Business Training and Service Program as a depository), (ii) approve or reject training requests from EDB projects and related organizations, (iii) see to it that posts vacated by those sent on training are filled promptly (possibly by graduates of the Business Training and Service Program in case of management/accounting staff), and (iv) arrange for funding when necessary. Membership of the committee will be worked out in the EDB meeting in May, 1982.

### 3. Areas of Training

Subject areas for advanced training will include:

- (i) Management of private enterprises and development projects;
- (ii) Business administration, accounting, and auditing;
- (iii) Engineering and technology;
- (iv) Rural Development (including rural sociology);
- (v) Agriculture and veterinary medicine.

### 4. Funding for Training

Funding for each approved training request will be sought from the following sources in order of preference:

- (i) The organization or project presently employing the person to be trained;
- (ii) The UMN Scholarship Fund;
- (iii) An Advanced Training Fund to be set up under EDB.

This fund will be started up with an initial grant of Rs. 5,00,000 and will be replenished whenever it falls below Rs. 2,00,000.

5. Budget

CAPITAL FUND BUDGET: Rs. 5,00,000 from UMN.

T. Wong  
(26/3/1982)  
13/12/038

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## Business Training & Service Program

3 years

EDB-STI

### 1. Need Analysis

Scarcity of trained business personnel has been a long-standing problem in the Butwal project and related companies. Existing business staff are overextended and frequently taxed to their limit in crisis. If for some reason a post becomes vacant, we often have no choice but to fill it with an insufficiently trained person. This tight situation makes it extremely difficult to take people out of their jobs to send them for training. In this way a vicious spiral is formed which threatens the very survival of the organisations by corroding the quality of their management. Needless to say, the ability to implement new ideas and undertake new activities is also severely hampered.

### 2. Program Description

This is a program for training existing staff and new recruits in management and accounting so as to upgrade their skills and improve their performance. It also supplies needed business personnel and other business services to the Butwal project and related companies, and facilitates the release of staff for more advanced training elsewhere.

### 3. Program Objectives

- I. An adequate supply of trained business personnel for the Butwal project and related companies. More specifically, two reserve personnel to be available most of the time to fill vacancies, substitute for staff sent elsewhere for training or work, and to help in starting new undertaking; (EDB Aim No. 3)
- II. Theoretical and practical training in Butwal in management or accounting for about 10 people per year: (EDB Aim No. 2)
- III. Provision of management consulting, accounting, planning, project evaluation, business information, library, and other business services to the Butwal project and related companies. (EDB Aim No. 3)

### 4. Method

#### A. Levels of Training

Six-month training sessions will be conducted at the levels of (i) management, and (ii) accounting.

At the management level, knowledge of financial accounting will be a prerequisite and the theoretical part of the training will concentrate on management topics such as:

cost accounting concepts and systems  
inventory management

cash management (incl. cash budgeting/cash flow analysis)  
analysing of operation (incl. analysis of break-even point, fixed and variable costs, and working capital requirement; allocation of costs between departments; and preparation of various Funds Statements)

analysis of financial statements (incl. ratio analysis)  
planning and budgeting

project evaluation methods (economic and financial analysis with benefit-cost ratio, internal rate of return, and net present value methods )

project management with Critical Path Method and PERT  
personnel management

auditing

necessary technical and engineering knowledge for effective  
marketing and sales promotion. management

Because of the limitation of time, only four to five of the  
above topics will be covered in each session.

At the accounting level, the theoretical training will concentrate  
on financial accounting although some management accounting  
topics also will be covered if possible.

On the job training will be an integral part of training at both  
levels.

In addition, UMN is requested to approach its member bodies for  
consultants who can come to Butwal for a short-term assignment  
of 3-4 months during which they will give both theoretical and  
practical training at various levels (management level, accounting  
level, supervisor level etc.) and be available for consultation  
on the problems of the sponsoring organisations. One consultant  
will be needed for the second three months of each six-month  
training session.

**B. Participants**

Two "trainees" with appropriate level of education will be  
recruited from outside for each session. Organisations sponsoring  
the program can also send their own staff to participate in the  
training, and such participants will be required to attend all  
classes, complete all assignments, and sit in all tests just as  
the two trainees. The total number of participants (including  
trainees) should not exceed five for any session. In addition,  
all classes in any session as well as courses conducted by  
the short-term consultants (mentioned in subsection A above)  
will normally be open to anyone who would like to attend  
as observer.

**C. Training Time-table**

The daily time-table for participants will consist of:

- (i) one hour of intensive English class with emphasis on  
reading comprehension, writing, listening comprehension,  
and speaking;
- (ii) one to two hours of business class;
- (iii) one hour of homework/preparation for the English class;
- (iv) one to two hours of homework/preparation for the business  
class;
- (v) half-day work with one of the sponsoring organisations.

In this case, the 2 trainees will be rotated among the  
organisations so that they can learn the different systems in  
operation and receive on-the-job training, while other  
participants will simply continue to work half-time in their  
jobs.

After the first 3 months, the business class will be taken  
over by the short-term consultant who will conduct other  
training courses as well.

At the end of the session, each participant will be required to give a short course (5-10 hours) on a topic of one's own choice. The emphasis will be on how the theories and principles learned can be applied to the benefit of the sponsoring organizations.

**D. Post-training Arrangement**

When the training session is over, participants sent by sponsoring organisations will return to their jobs full-time. Successful completion of the course will be a favorable factor in the person's performance evaluations. If it is felt to be desirable, a certificate can be given. As for the trainees, efforts to find suitable placement for them should start early, preferably even before the beginning of the training session. Possibilities of placement include:

- (i) existing vacancies;
- (ii) new posts (in new or existing organisations);
- (iii) post vacated by people sent on advanced training courses.

If immediate placement is not possible, the person(s) can be given short-term work such as preparing feasibility studies for potential new undertakings. If it becomes clear that a person cannot be placed within 3 months of the end of the session, he would be encouraged to find employment outside. To prevent such cases from happening, good advanced planning is necessary. In particular this program will work very closely with the Advanced Training Co-ordinating Committee so that business staff who need advanced training can be released without delay from their jobs which would then be filled by graduates of the program.

(see proposal on the Advised Co-ordinating Committee and Fund)

Finally, because the training is organised into 6-month sessions independent of one another, the program can be halted when there is no more demand of business personnel and restarted when demand redurs. Alternatively, training sessions can be conducted with only existing staff participating, or the subject of the training can be changed to other disciplines in high demand (see section 8 below)

**E. Library**

A business library will be built up gradually and will include the following materials in its collection:

- (i) books on business and related subjects, including management, accounting, finance, economics, operations research, and industrial and commercial development;
- (ii) reports, case studies, feasibility studies, etc. on industrial projects, especially those with potential for Nepal;
- (iii) information on training courses, seminars, and other training opportunities in Nepal, India, and abroad;
- (iv) Nepali and Indian laws, regulations, and official pronouncements concerning businesses and industries;
- (v) useful business information on both UMN-related and outside organisations, e.g., financial statements, important financial ratios, salary structure, provision of facilities, number of employees, etc. (access limited to authorised persons only);

(vi) information on prices, suppliers, and availability of materials, machines, and parts; import and export procedures and regulations; reliable trading firms, agents, and transporters; sources and terms of financing, etc;

(vii) at least 2 complete sets of the course materials (books, handouts, etc.) of this program and one set of the course materials of several selected courses elsewhere to which staff have been sent for training.

This collection will initially be housed in BTI, probably in the Director's office until another room can be found.

#### 5. Inter-relationships

This is a joint EDB-BTI program with most of the UMN related organisations in Butwal as co-sponsors and contributors of funds. It provides business personnel, training, and various services to sponsoring organisations. It can also supply business personnel and services to other UMN projects and outside organisations if there is demand.

#### 6. Evaluation

Participants will be evaluated on the basis of their performance in doing assignments, in class, and in the final short course presentation. The program itself will be evaluated at the end of each 6-month training session by the program-in-charge, and annually in a meeting attended by the program-in-charge, the managers of the sponsoring companies, the EDS Directors, and the EDS/AEDS. Questionnaires may also be used.

#### 7. Personnel/Training

##### Personnel;

Title	F.Y. 2039-40		F.Y. 2040-41		F.Y. 2041-42	
	Nepali	Expatriate	N	E	N	E
Program-in-charge (from BTI)	-	1/2 (1 person 1/2 time)	-	1/2	1/2	-
Short-term Consultant (from UMN)	-	1/2 (2persons 3 months each)	-	1/2	-	1/2
English Instructor (from UMN)	-	1/2	-	1/2	-	1/2
Total	-	1 1/2	-	1 1/2	1/2	1

Training: One Nepali person will be sent for 1 year of management training in India or abroad before becoming program-in-charge. Financing for this training will be sought from other sources (e.g. the Advanced Training Co-ordination Committee).

### 8. Future Directions

If this approach to training works, the program can expand into training in other disciplines such as engineering and research for higher level technical staff and simple "how things work" for lower level staff. Similar programs can be started in other locations such as Pokhara (for training in rural development and agriculture, for instance). Another possibility is to add English classes at more basic levels and to start adult literacy courses for illiterate workers. All these options, of course, depend on the availability of instructors.

9. Budget

GENERAL FUND BUDGET (in Rs. N.C.)

	F.Y. 2039-40		F.Y. 2040-41		F.Y. 2041-42	
	monthly	whole year	monthly	whole year	monthly	whole year
<b>Payments:</b>						
PCS (UMN)	2,200	26,400	2,420	29,040	2,670	32,040
PCS (UMN)	1,000	12,000	1,100	13,200	1,210	14,520
Salaires (f. 2 trainees)	1,700	20,400	1,870	22,440	2,060	24,720
Attending seminars, trade fairs, etc. (f. trainees)	200	2,400	220	2,640	250	3,000
Office & admin. expenses	100	1,200	110	1,320	120	1,440
Miscellaneous	100	1,200	110	1,320	120	1,440
Course materials	400	4,800	440	5,280	490	5,880
Contingency fund	500	6,000	550	6,600	600	7,200
Additions to library	-	-	-	-	100	1,200
<b>Total</b>	<b>6,200</b>	<b>74,400</b>	<b>6,820</b>	<b>81,840</b>	<b>7,620</b>	<b>91,440</b>
<hr/>						
<b>Receipts:</b>						
PCS (UMN)	2,200	26,400	2,420	29,040	2,670	32,040
PCS (UMN)	1,000	12,000	1,100	13,200	1,210	14,520
from DCS	400	4,800	440	5,280	440	5,280
from BTI	400	4,800	440	5,280	440	5,280
from BEW	400	4,800	440	5,280	440	5,280
from BWI	200	2,400	220	2,640	220	2,640
from G.G. Co.	400	4,800	440	5,280	440	5,280
from H.H.	400	4,800	440	5,280	440	5,280
from BPF	400	4,800	440	5,280	440	5,280
from BPC	-	-	440	5,280	440	5,280
from new companies	-	-	-	-	440	5,280
from UMN	400	4,800	-	-	-	-
<b>Total</b>	<b>6,200</b>	<b>74,400</b>	<b>6,820</b>	<b>81,840</b>	<b>7,620</b>	<b>91,440</b>
<hr/>						

Figures for F.Y. 2040-41 and 2041-42 are based on 10% inflation on the figures for the previous year. The contingency fund is for unforeseen expenses including salary for graduates of the program who cannot be placed immediately. Barring drastic circumstances, additions to the fund will not be necessary after F.Y. 2041-42.

CAPITAL FUND BUDGET (in Rs. N.C.)

	<u>F.Y. 2039-40</u>	<u>F.Y. 2040-41</u>	<u>F.Y. 2041-42</u>	<u>Total</u>
Books etc. for library	12,000	6,000	3,000	21,000
Book cabinets for library	2,000	1,000	-	3,000
 Total capital request	 14,000	 7,000	 3,000	 24,000

Starting in F.Y. 2042-43, additions to the library will become part of the General Fund Budget funded by the sponsoring organisations.

- Tom Mong - 22/3/82  
9/12/038

Date: 1st Shrawan - end of Poush, 2039

Level: Management

Participants: up to 2 men with 3. Comm. from Tribhuvan University or equivalent, to be recruited from outside, no working experience required;  
Other participants to be sent by sponsoring organisations in consultation with the Program-in-Charge.  
Total number of participants not to exceed five.

Daily Time-table:

7.30 - 8.30 Intensive advanced English class in (i) reading comprehension and writing, and (ii) listening comprehension and speaking, on alternate days

8.30 - 9.30  
(or 10.00) Business class - schedule of topics to be announced later

9.30 - 12.00 Homework, preparation, and private study

13.00 - 17.20 work with one of the sponsoring organisations.  
Work rotation schedule for the 2 trainees will be finalized in the "Butwal Co-ordinating Committee" in the month of Jestha, 2039.

Short-term Consultant's Schedule:

- (i) arrival around middle of Ashwin, 2039 (beginning of Oct. 1982)
- (ii) training courses from 1st Kartik to end of Poush, 2039, schedule to be announced later. (mid-Oct 1982 to mid-Jan 1983).

Final short courses to be given by participants:

approximately one week per person in the month of Magh, 2039.

Summary of observations by E.B. personnel.

Introduction. This is only a preliminary report. We have already suggested some changes(mostly minor) and have not seen the data yet.

1. The Education Board has not yet studied the final report, therefore the following comments are those of a sub-committee of the Board and do not necessarily represent the views of the E.B. as a whole. We feel we need more time to study and bring a set of recommendations based on the report to the May meeting of E.B., and then to Executive committee and/or Board of Directors as required.
2. The phrase "UMN-assisted" needs to be interpreted with care. In none of these schools have UMN personnel played an administrative role since approx 1975. The assistance basically has been of two sorts: pre-1975 some of the schools were run by UMN, post 1975 UMN has seconded teachers into schools as volunteer workers.
3. There is strong affirmation of the dedication and effectiveness of UMN teachers, as well as of UMN help in establishing schools previously. (pp 2, 10, 15, 22, 28)
4. Teachers in general come out rather badly.
5. We recognise that there is a possible bias as respondents may have given an answer calculated to bring more aid from UMN. (p. 27)
6. There are few objective grounds stated for the suggested difference between UMN assisted and non-assisted schools. *UMN assisted schools are better than non-assisted.* (pp. 7, 9, 15, 18, 20, 30)
7. There is a positive reaction to Luitel High School on the grounds of academic excellence. (pp. 12, 19)
8. There is a positive reaction to Lapsibot school on the grounds of good community involvement. Between 1978 and 1981 teachers there played a strong role in knitting/sewing classes for women, and literacy classes for women. (pp. 11, 18, 23, 28) *concern* ?
9. There is a strong request for UMN to run schools again. ( pp. 16, 19, 24)
10. There is confirmation that expatriate teachers use a different teaching style from Nepalis. This helps comprehension, but some see it as hindering exam passing. The latter assumption must be questionable in view of the good academic results at Luitel which continues to run much as UMN set it up. This may suggest UMN teachers need to work hard at recognising this difference and even making adjustments in teaching style, while striving to help others to improve theirs. ( pp. 10, 15/16, 22/23, 29)
11. There is a suggestion by one person of UMN entering nfe work which leads to establishment of income-generating small scale home industries. (pp. 25, 31, 32)
12. There is strong evidence that schools are mainly touching privileged classes to the exclusion of less-privileged. (p. 7)
13. There is support for the fear that education which is not geared to the needs of the local community has produced a dissatisfied group of educated people. (p. 31)
14. There is strong encouragement for cooperation with HMG in tackling educational problems. Only if this fails should a unilateral approach be adopted.

Possible policy suggestions.

1. Consciously strive to reach under-privileged classes in our education work.
2. Continue to aim for high-quality teaching in schools, aiming to influence the work of other teachers.
3. Expand our efforts in nfe, first into literacy classes for non-school-attenders, then possibly into women's activities leading to small scale home industry.
4. Concentrate on a limited target.

Most of the above are already written into our policy. The evaluation confirms these directions and encourages us to move more strongly in that direction.

The United Mission to Nepal  
EDUCATION OFFICE

Thapathali, Kathmandu

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Nepal

Education  
Secretary:

R. Clark

Mr. Stewart Kriebel

Gossner Mission

65 Mainz am Rhein

Albert-Schweitzer-Strbe 113/115

Germany

Language and  
Orientation

Program:

Supervisor:

R. R. Smith

P. Nepal;

K. Khanal

Dear Sir,

Training and  
Scholarship  
Program:

Administrative  
Secretary:

P. Nepal

Culture  
Resource  
Worker:

C. Sydnor

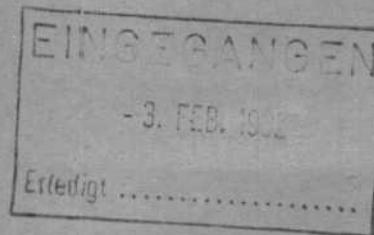
\* DM 3,494.07

Non-Formal  
Education:

W. Ormiston

Material  
Development  
Program:

R. Clark



January 25, 1982

I would like to express our gratitude to you and the members of the Gossner Mission for the gracious gift of NRS. 19,846.32 which has been credited to the Training and Scholarship Committee from UMN Treasury on January 12, 1982. This is great support for the promotion of the needy students from the very remote regions of Nepal and of the unprivileged class of people.

I understand that Mr. Erling Wennemyr, UMN Treasurer has already written to you previously. We will be sending the annual report of the Training and Scholarship Committee next month in a couple weeks.

We would like to thank you once again for this support.

Yours sincerely,

*Purushotam Nepali*  
Purushotam Nepali  
Administrator

cc: Mr. Erling Wennemyr  
UMN, HQ



ATHENEUM  
Mr. Stewart Kriebel

### Gossner Mission

~~65 Mainz am Rhein~~

~~Albert Schweitzer Straße 113/115~~

## GERMANY.

Handjerrypt. 1920

~~zter Straße 119/117~~  
1090 Berlin 41

आउनेको नाम र ठेगाना ।

### UNN. Training and Scholarship Committee

Page 126, Kathmandu, Nepal

प्रस एवं सित्र बेही लाभिएगा जाधारस्य दौकनबाट चलान नारिनबाट।

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Kathmandu  
Nepal

Education  
Secretary:

R. Clark

Language and  
Orientation  
Program;

Supervisor:

R. R. Smith  
Principal;

K. Khanal

Training and  
Scholarship  
Program;

Administrative  
Secretary;

P. Nepali

Culture  
Resource  
Worker;  
C. Sydner

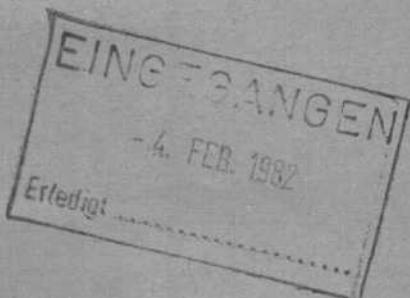
Non-Formal  
Education:  
W. Ormiston

Material  
Development  
Program;  
E. Chilcote

Consultant  
Librarian;  
S. Chilcote

The Gossner Mission,  
Asia Secretary  
Gossner Haus  
Handjeystrasse 19/20  
D 1000 BERLIN 71

27.1.82



Dear Friends,

I want to say how grateful we are for your kind gift to our work in Nepal. We have allocated this gift towards ..... Student Financial Assistance Fund, D.M. 1353.00 and know it will be well used there.

God is gracious to us here, and we thank Him for all His blessings, not least for the support from so many around the world that makes our work possible.

Thankyou.

Richard Clark

Richard Clark

Education Secretary.



The Atta Secretary, Gossner Mission  
Gossner Haus

Handjery Straße 19/20  
D-1000 BERLIN 41  
W. GERMANY

पठाउनको नाम र ठेगाना ।

R. Clark

UMN

Box 126

Kathmandu

यस पत्रमित्र केही लाभिएना साधारण बैंकवाट बलाल गरिन्न ।

God is here.

He is present in Nepal.

God has called us to be His servants here.

We respond in faith and acceptance of our vulnerability.

The following we therefore declare as our statement of mission:

UHN - Education

#### STATEMENT OF MISSION : PURPOSES

The United Mission to Nepal purposes to make a common witness for Christ by:

- reflecting the values of the Kingdom of God in models of community and in personal relationships in redemptive activity and justice.
- assisting and learning from the people of Nepal through relevant training in leadership and practical skills.
- a sensitive and servant relationship within the Body of Christ.

#### PURPOSE : PERSON

We would participate in the development of persons in the following ways:

- by our commitment to the development of persons in their skills, character, leadership and in their relationship to Christ.
- by encouraging responsible participation in personal roles as members in a family and local community; as citizens in a nation; and as seekers after justice and righteousness.
- by discovering and channeling potential in neglected peoples.

#### PURPOSE: COMMUNITY

We would participate in community development in the following ways:

- by listening, observing and facilitating communication.
- by stimulating community decision making processes.
- by participation in an integrated way, alert to the danger of creating dependency and the need to give priority to the neglected.

#### PURPOSE : NATION

As under our general agreement with His Majesty's Government of Nepal we would participate in the development of Nepal, affirming the Nation's social and cultural identity, and by focusing on selected issues including:

- poverty and its causes.
- village and cottage economy.
- ecology.
- equity and justice.

#### PURPOSES : CHURCH

We would participate in the life of the church of Nepal in the following ways:

- by maintaining our identification and integrity as a Christian mission in all our relationships.
- by faithfulness to distinctive Christian life styles and priorities in fulfilling the purposes stated above for individuals, community and nation.
- by maintaining a low profile in our personal participation as individual members of the local congregation for fellowship, worship and mutual encouragement while recognizing our restraints under our general agreement with His Majesty's Government of Nepal.

God is here.

He is present in Nepal.

God has called us here to be His servants.

We respond in faith and a willingness to risk failure.

The following we therefore declare as our statement of mission:

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#### STATEMENT OF MISSION : PURPOSES

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The United Mission to Nepal purposes to make a common witness for Christ through a concern for meeting the needs of Nepal by:

- demonstrating community development models and personal relationships that reflect values of the Kingdom of God while building a redemptive community with justice;
- by training Nepalis with leadership, service and practical skills within their context and resources, thereby proclaiming the Gospel of God;
- by a sensitive and servant relationship to the local expression of the Body of Christ.

**PURPOSE: PERSON**

We would participate in the development of persons in the following ways:

- by our commitment to the development of persons in their skills, character, leadership and in their relationship to Christ.
- by our seeking to encourage responsible participation in their personal roles as a member in a family; a citizen in a nation; a seeker after equality, justice and righteousness.
- by seeking to be channels in discovering untapped potential in marginal peoples.

**PURPOSE: COMMUNITY**

We would participate in the process of development of communities in the following ways:

- by seeking to have the capacity to listen, observe and open up ways of communication.
- by seeking to be servants ministering to critical poverty.
- by seeking to enable and allow community decision making processes as they relate to our participation in community development.
- by seeking to participate in an integrated way, alert to the danger of creating dependency.

PURPOSE: NATION

We would participate in the process of the development of Nepal by focusing on selected issues including:

- poverty and ways of facing it.
- appropriate national institutions.
- village and cottage economy.
- maintaining Nepali identity.
- equity and justice.

PURPOSE: CHURCH

We would participate in the process of the development of the church in Nepal in the following ways:

- by our identification as a Christian mission in our relationships with HMG/N.
- by our personal participation as individuals with local congregations for fellowship, worship and encouragement.
- by following our biblical purpose of feeding the poor, healing the sick and ministering to need as opportunity affords.
- by maintaining Christian integrity in our discussions with HMG/N.
- by seeking a low profile while encouraging growth of Nepali brothers and sisters in understanding and commitment.

18. MAI 1981

Erledigt

This paper is intended to supplement the articles written in February 1981 describing both the historical background/present situation of UMN's teaching involvement in Nepal, and also the nature of work in a village school. This paper seeks to set out the type of opportunities we now have, hoping to be a guide to prospective applicants to UMN through member bodies.

At present there are broadly four types of involvement in schools open to UMN, of which three are specifically teaching openings.

1. Hostel Workers. (Non-teaching, though with the option of some teaching if desired).

We are now able to place hostel workers (sometimes called hostel parents) in two Boarding Schools - Boys' Boarding School, Pokhara, and Mahendra Bhawan Girls' High School in Kathmandu. We are looking for the sort of person who has some experience of this type of work, or at least has experience of working with children aged 6 years to 16 years, and is prepared to live on the job, caring for the everyday physical and emotional needs of boys or girls. The job is demanding, but rewarding. We have two such posts in Pokhara of which one is filled at the time of writing, and one such post in Mahendra Bhawan which is vacant.

2. Subject teachers in Maths, Science, English, Primary

We have posts for 5 teachers in the two schools named above, in Pokhara and Kathmandu. On the whole, the standard of discipline and education in these two schools is high. The opportunities for professional fulfillment as a subject teacher are good. In both places there are schools for primary aged (5 - 11) expatriate children run by missions, so they are suitable locations for families. At the time of writing two of these posts are vacant, with furlough replacements needed for others in the near future. Maths is the subject in biggest demand. The teaching facilities and general support in both these locations are good to excellent. We also have a great demand to place English, Science, Maths and Primary teachers in rural schools, but since the environment and practical outworking of the teaching job are different in rural schools I will deal with them separately. Apart from English classes, all teaching is in Nepali medium.

3. Teachers in rural schools.

It is in this area that our biggest opportunity and biggest challenge lies. Rural village schools are in many ways difficult places in which to work. Firstly their location is difficult. Transport is usually by foot over the hills. Contact with other expatriates apart from team members is rare. Secondly the living conditions are not easy. Teachers must be prepared to live at a much lower level than in their home countries. "Comforts" are few and far between. There is a big need to adopt a lifestyle that both meets the needs of the expatriate and also does not conflict with the lifestyle of the villagers who are their neighbours and friends. Thirdly the conditions of the school may be difficult. Typically, such a village school has only minimal facilities of rooms, possibly with no doors, inadequate seating facilities, and probably with insufficient numbers of teachers. Attendance by students may be as low as 50 - 60% and even then classes may be large, with up to 60 or 70 per class. Of course, not all schools are as bad as that, but the general trend is certainly towards inadequate facilities. Discipline may also be less than ideal. Fourthly the type of curriculum in many parts does not present an appropriate education for rural youth in Nepal. The teacher coming from developed countries has to come to terms with this problem, to do what he can to teach appropriately within the curriculum, and also to look for ways of contributing to change as and where possible in the curriculum itself.

Teachers of the same subjects - English, Science, Maths, and Primary subjects are again the needs that we are presented with by His Majesty's Government and by local people. The challenge to the teacher comes in finding ways of teaching these subjects with minimal or no equipment.

A New Approach. An attempt to speak to the problem of inappropriate curriculum and also to deal with some of the causes of frustration, is the approach of non-formal education. We now have the invitation from rural areas to place teachers who are prepared to move their emphasis away from formal classroom education towards non-formal. We have the chance to begin this in areas where we already have teachers, and the value is evident. If necessary permissions are forthcoming we also have the chance to place a team of teachers/education workers in one village of South Lalitpur District where our Community Health Team has done a good job of building relationships of trust. If suitable workers are forthcoming we would like this team to consist of people who can live in the village and respond to the needs of the people as they hear them from the people. The result might be that one or two of the team are health workers or nutritionists or agriculturalists who respond to needs in their areas by teaching in clinics or on farms or in the home. One member might be someone skilled in non-formal education who can assess need, help in setting up clubs or classes, help in developing material, guidelines, and so on. 2 may be regular school teachers who respond to the needs of the school by teaching a limited number of classes in subjects for which they are qualified (English, Science, Maths, Health), and by teaching classes in the village for literacy, numeracy, home sciences (knitting, sewing, etc.) The base will be community rather than school. This sort of teacher needs to be flexible, ready to adapt, ready to move with the needs and wishes of village people, ready to meet present needs in a way that is relevant and meaningful for their daily lives. It requires a special sort of person; but the rewards in personal satisfaction will be great.

We at present have permission to place 12 teachers in schools in such places, and these teachers could be, or could become, the type of worker outlined above rather than the more traditional full classroom teacher. In addition there are the new possibilities already mentioned which could grow along with our capability to support and develop these new opportunities. All teaching (except for English) will again be in Nepali medium.

#### 4. Technical/Vocational Teachers.

In Jumla the UMN is working with His Majesty's Government to pioneer Technical/Vocational Education in a new type of school. Students are 16 years or older, and study Health, Building or Agriculture Trades for 4 years (the last being spent in a supervised work situation). We need teachers of these subjects not only for Jumla, but also possibly for other Trade Schools in the country as they open. There is also the possibility, either in Jumla or elsewhere, of placing suitable Teacher-Trainers, and for this we need experienced teachers or teacher-trainers.

*Bernd Kriebel*

*2. Kbh.*

*D. Friederici*



den 5. 4. 81

Mr. Purushotam Nepali  
UMN Training & Scholarship  
P. O. Box 126

Kathmandu/Nepal

Registered/Einschreiben

Dear Mr. Nepali,

it is really bad that I answer your letter of January 3rd only to-day. Please do excuse me. Actually I tried to contact you in Nepal, when I visited there in February. But unfortunately I could not meet you.

I do not quite understand your question. If you think of a training in 'career-guidance' or anything the like I suppose that the USA is the only country which has a training course for this at the university. In Germany this is a special line for social-workers and it is very much tuned on the German situation. So I suppose this is not of very much use to any overseas-person. And in addition to this all our training is done in German language. Any student would have to learn this language first and this would need some more time again. So I think a training in Germany would not be of any use.

But if I did not understand your question right please do not hesitate to write again. I certainly will try to find out and to help you. - You might know that I leave Gossner Mission by the end of this month. My new address:

D. F.  
Schönblickstr. 14  
7024 Filderstadt 4  
West-Germany.

You can either write to me or write to Gossner Mission, Handjerystr. 19/20, 1000 Berlin 41, West-Germany. There our Mission-director Rev. S. Kriebel will be willing to help you as much as he can.

I wish you all the best and hope that the Training & Scholarship Committee work will continue for the use of Nepali people and for the Glory of our Lord.

Sincerely yours,

*D. Friederici*

(Dorothea Friederici)

January 3, 1980

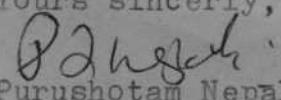
Dear Miss Friedrici,

I am writing to you after a long time. I am sorry I have not been able to write a reply to you for your letter of April 17, 1980.

I am writing to you regarding training of a nepali personnel in the areas of councelling and guidance in Germany. Do you have a place that you know in Germany where the foreign national could take such a course? This will be very helpful for someone working with the students to give councel and guidance to them. This could be in in a University or college or even extension courses available from the various educational institutions. Could you please find out for me and send the information at your convenience. We would appreciate it very much if you can help us in this regard.

Thank you for you help.

Yours sincerely,

  
Purushotam Nepali

Administrative Secretary

एवाइ पत्र  
AEROGRAMME



Miss Dorothea Friederici

65 Mainz am Rhein  
Albert-Schweitzer-Straße 113/115

WEST GERMANY

← परिवेश →

← परिवेश →

पठाउनेको नाम र ठेगाना।

UMN, Training & Scholarship  
Box 126, Kathmandu, Nepal

प्रम: पत्रमित्र केही लायिएका साथात्ता डॉक्याट चलान गरिन्नै।

## Contributions...

may be sent designated for:

HOA #111-12 2003 BOXED:

#### Training and Scholarship Committee

ULM N

PO Box 126

## Kathmandu

HOM. J. H. JACKSON

## For Leadership Development



UNNI TRAINING & SCHOLARSHIP PROGRAM

**United Mission to  
Nepal**



# Training and Scholarship Committee

## WHAT IT IS:

As a part of the United Mission to Nepal, which has been serving the country of Nepal for the past twenty five years through service programs and training programs, the TRAINING AND SCHOLARSHIP COMMITTEE administers funds for academic education and technical training in study grant to Nepali students. Its goal is to support leadership development, one of the main emphases of the UMN. This committee was formed in 1967 and has granted nearly 400 study grants to citizens of Nepal. Many of these are now in positions of leadership in education, agriculture, engineering, business, health speciality fields and other responsible positions within government, mission and other institutions throughout Nepal including the remote rural, mountain regions.

## WHOM IT HELPS:

1. **Training Programs:** Staff members of UMN or UMN-related institutions, who are selected by the institution for further training and study, receive grants. These grants include their salary, travel, tuition fees, books etc.
2. **For Scholarship Programs:** Any post-SLC (School Leaving Certificate) Nepali who is interested in increasing professional ability or improving technical skills may apply for a study grant. The selection is made by this committee on the basis of financial need, academic ability for the course selected, and the national need for persons trained in the various fields, with priority given to women and those from remote areas. Scholarship grants cover tuition fees, books and a stipend for room and board. It is the desire of the committee to provide study opportunity within Nepal and South Asia where the course content has immediate and practical application in Nepal.

## HOW IT WORKS:

The committee is made up of Nepali leaders and UMN representatives. It reviews applications and makes selections 2 or 3 times a year. It is responsible for administering the funds to the students periodically and keeping in touch with the students and their progress. This work is done by the Administrative Secretary, who is a Nepali.

## HOW IT IS SUPPORTED:

The Training and Scholarship Committee functions under the UMN but is financed independently through direct contributions from donor agencies, interested groups and individuals. The Training Programs for those who are selected by the UMN Projects and related institutions from among their staff, cost a minimum of US \$ 600 a year because the person receives his salary rather than a reduced stipend while in training. The cost of the general scholarships is approximately US \$30 per month or \$360 per year.

## WHAT IT IS

The United Mission to Nepal has been working in the country of Nepal for more than 25 years in various service and training programs. One of its main goals is to help to train citizens of Nepal for responsible service in the fields of education, engineering, agriculture, business and health work. One of the main obstacles to the achievement of this goal nationwide is the lack of educational opportunity and financial means for students in remote regions of the land. The Student Financial Assistance Fund (SFAF) is set up to award scholarships to needy and able students from remote areas where there is insufficient opportunity for education up to School Leaving Certificate level at the age of about 16 years.

## WHAT IT PROVIDES

Scholarships are awarded according to principles and practices laid down by the Education Board of the UMN. They range from school fees only, for day students, to a full scholarship providing tuition, boarding, food, and all educational expenses. Only in cases of extreme poverty would such a full scholarship be given. Strong efforts are made to help the family bear some of the load where they are able. This may involve the family providing all the clothing, or a set proportion of the fees, with the SFAF making up the remainder. In this way we hope to preserve the dignity and respect of the family being helped.

## WHOM IT HELPS

Scholarships are awarded to boys and girls who have proven financial need and who would be unable to receive a school education without financial aid. The students may study in a number of schools, usually where there are UMN workers who can help to administer the funds and watch over the progress of the student. The UMN worker will normally be a teacher or other worker actually in the school but in some cases UMN workers living near the school provide the necessary help. The students may be local day scholars or they may come from very remote places of Nepal where no schools exist, and need to live in boarding facilities in the school.

## HOW IT WORKS

The decision to award a scholarship is taken by the UMN team or person who will be on hand to supervise the administration of the funds. In larger schools this may involve a small scholarship committee with both UMN and Nepali staff represented. The number of scholarships awarded depends on the funds in hand which are controlled by the Education Secretary of the UMN who is responsible for their use to the Education Board. Each school may have its own set of rules concerning scholarships, but these are expected to abide within the framework of the principles and practices already established by UMN.

## HOW IT IS SUPPORTED

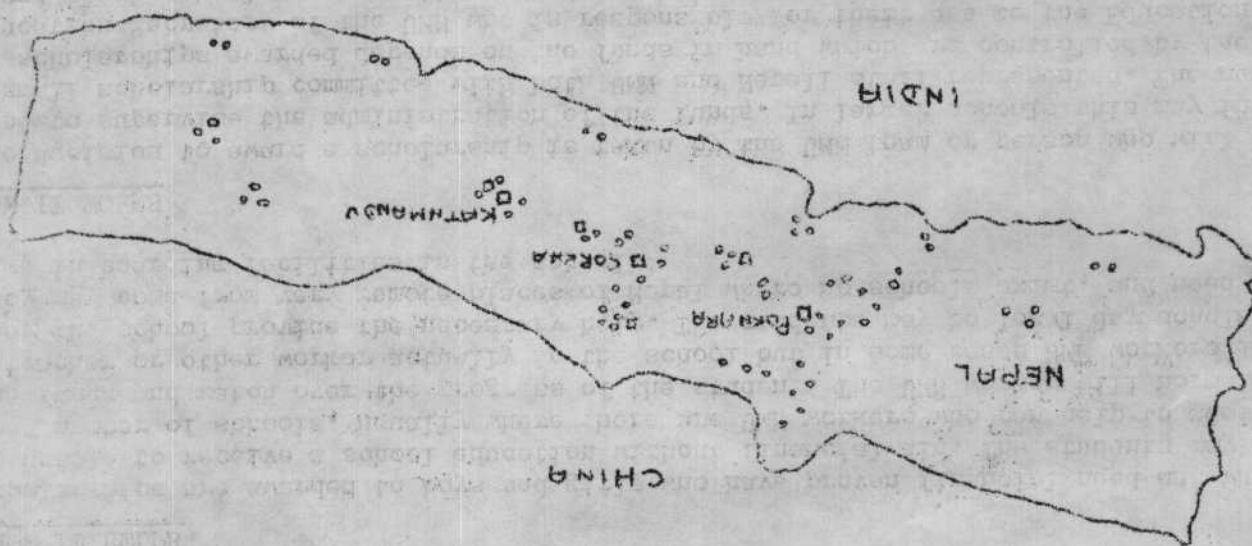
The fund is financed by direct contributions from a wide variety of sources linked directly or indirectly with the UMN. These may be mission bodies, other donor agencies, or individuals. It is common for a school to undertake to support one or more students as a project. Direct contact between student and donor is discouraged because of the danger of an unhealthy dependence arising, but the school sends progress reports and photographs where these are of help to the donor, and on occasions the student may be able to write simple letters which are forwarded by the school. The Education Secretary's Office is responsible for passing on information and needs connected with the finance, and all funds are channelled through the Treasurer's Office at UMN Headquarters. From this office they are sent to the schools as required.

The cost of helping a student to receive his basic right of education varies according to the type of scholarship given. A day scholarship costs a mere US\$50 per year on average while a full boarding scholarship costs up to US \$500 per year. Donations, however small, will help in this important task.

## CONTRIBUTIONS . . .

may be sent either for a particular student or undesignated to:

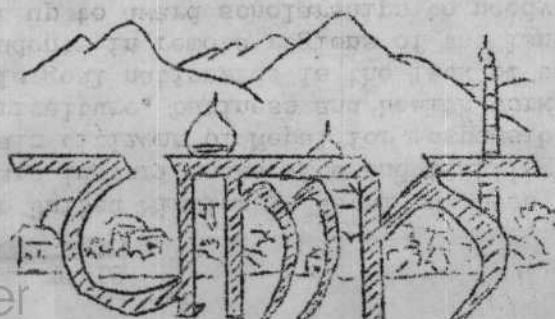
STUDENT FINANCIAL ASSISTANCE FUND  
U.M.N.  
P.O.BOX 126  
KATHMANDU  
NEPAL.



- Areas from which students come
- Schools at which they study

### UMN STUDENT FINANCIAL ASSISTANCE FUND

#### UNITED MISSION TO NEPAL



STUDENT FINANCIAL  
ASSISTANCE FUND

Ed.

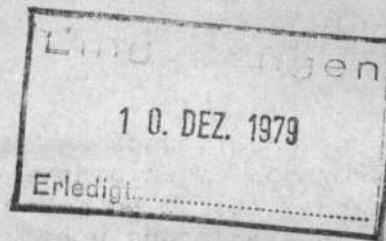
THE UNITED MISSION TO NEPAL



Executive Director: Mr. Carl J. Johansson  
Acting Treasurer: Mr. Gordon M. Ruff

Telephone: 12179 or 14580  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
Mailing address:  
POST BOX 126,  
KATHMANDU, NEPAL

To: All member bodies of UMN



November 26, 1979

Dear Friends,

I am writing in the wake of your response to Carl Johansson's circular "Progress Report" concerning funds for scholarships administered by the UMN. We want to say how grateful we are for the very encouraging number of gifts we have received for the fund, gifts which have enabled us to renew our reserves and to plan for our December meeting of the Training and Scholarship Committee in the confidence that we can continue our commitment to train Nepali leadership. As we expand the "training" side of this work, we are sure that this will enable us to send employees of the UMN for in-service training and so begin to meet the higher level manpower needs of our work with Nepali personnel whom we know and trust. Thank you, in the Lord's name, for this help.

I am also writing in the wake of the recent UMN Executive Committee meetings, at which some discussion took place on the best means of funding this and similar programs. The discussion took in both the Training and Scholarship work (which is directed towards post-school training, some academic and some professional), and the Student Financial Assistance Fund (which is directed towards scholarships for needy and able pupils from remote areas of Nepal). In order to provide some stability for these funds, and to make ongoing planning easier, it was suggested that some member bodies may have knowledge of, or access to, foundations or trusts which could be used to grant such scholarships to students in Nepal. What we are seeking is regular income, preferably from a number of sources, to the Student Financial Assistance Program for school-aged students, and to the Training and Scholarship Fund for college students or for in-service training beyond that. Such incoming funds could be earmarked for one particular type of training, or could be left open for us to allocate to one fund or the other according to current need.

Whether or not you know of such specific foundations or trusts, may I say that I hope that we will continue to see regular income into these funds in the years to come to enable us to continue with the training of qualified Nepali personnel and the education of underprivileged and needy students.

Thank you for your consideration,

In Christ's fellowship,

Richard Clark.

Richard Clark  
Education Secretary

E9

9. 11. 1978  
GM - Fr/Kl

Mr. Nepali  
Scholarship Committee of UMN  
P.O. Box 126

Kathmandu / Nepal

Dear Mr. Nepali,

thank you very much for your letter of Oct. 23. This letter surely is full of surprises. In the past year I heard so little about the Scholarship Committee's work, that I thought it may be not functioning anymore. Now you surprise me with the news that 95 students applied and you had no money.

I am not sure that Gossner Mission will be able to send you some more money this year. We spend most of the money we had and in our budget there seems nothing left for extra funds.

You suggest that DM 10.000,-- should be paid by us each year. This is a lot of money! When I asked you for a "Three year financial plan" I did not think of a lump-sum like that. What I want is details on

- how many students are you planning to help
- how much does every student need
- where do you expect the money from etc. etc.

Any organisation here has to make a "proposed budget" and all the UMN projects have to do that too I remember that I had to make up such a 'proposed budget' as well, when I was working for the Scholarship Committee. So I suppose that you have something like that too.

Anyway, I will try to rise as much money as possible for your programme. I know that this is very important work. - And next March when I hope to be in Nepal I hope we can have a good long talk to clear all the misunderstandings. But as I said before, I am not sure that we can send you more money this year.

Wishing you all the best I am yours truly

Dorothea Friederici

(Dorothea Friederici)



SCHOLARSHIP COMMITTEE OF  
THE UNITED MISSION TO NEPAL

Ed

Telephone: 12179  
Telegrams: UMNEPAL  
POST BOX NO. 126  
1/26 THAPATHALI  
KATHMANDU, NEPAL.



October 23, 1978

Miss Dorothea Friedrici  
Gossner Mission  
65 Mainz am Rhein  
Albert-Scheitzer-Strbe 113/115  
Germany.

Dear Miss Friedrici,

I received your letter dated 29.9.1978 and thank you. I am also very glad to hear from you that you are requesting to send DM 2,500,-- to us. I hope that you will be able to request some more for this programme even this year. The year has been a real difficult one to run this programme. We are praying that we could do better in the years to come.

I like to let you know some of the facts of the news of the Scholarship programme of this year. For instance, when we notified for new applications from students in July this year (you will not believe) 95 students applied for scholarships and we granted only for 26 out of those ninety five who applied for scholarships. We didn't have money. The courses applied for were Agriculture, Education, Engineering, Nursing Education, Pure Science and Voc. like sewing training. The applications were both men and women. You will be surprised by now, the students applying for scholarships are not only from the hilly regions of the east like Soulkhumbo, Dolkha, Terhathum and Taplejung but also from the remote regions and mountainous places of the western development regions like Bajhang, Doti, Acham and Baitadi. Most of them hardly had chance for higher education. Few used to go to India and those who are very rich from those areas. So, you can understand that how helpless we are without being able to help them. We only wish that at least we are able to help all those who applied from far-western development regions.

So, I will take your advice like you mentioned in your letter of "Three year financial plan". I would imagine that we grant 100 scholarships every year. We grant scholarships thrice a year. So, if the Gossner Mission could arrange to grant DM 30,000.-- for the coming three years period or DM 10,000.-- per year, the Scholarship Committee will be really grateful. DM 10,000.-- will cover 20 scholarships, I believe. So, I request you on behalf of the Scholarship Committee of the United Mission, to request the Gossner Mission Board to grant this funds for us. I hope that you will do this for us.

Next, according to your letter, I will be able to pay David Mukhia, a son of Martha Mukhia his scholarship as you say. I will handle this money for his scholarship for his sponsor as you say. So, it is o.k. to transfer this money to UMN, through the Treasurer.

Thank you and love in His name.

Sincerely yours,

Od Nepal

(Bunshola Nepal)

**WHAT IT IS:** The Scholarship Committee of the United Mission to Nepal administers funds for academic education or technical training of Nepali students. Its goal is to support leadership development in accordance with the plans of His Majesty's Government of Nepal and the United Mission to Nepal. It was formed in 1967. Since then study grants have been made to nearly 200 young citizens of Nepal, some of whom are now in positions of leadership in education, agriculture, engineering and health specialty fields in Nepal.

**WHO IS ELIGIBLE:** Any citizen of Nepal who is interested in increasing professional ability or improving technical skill may apply for a study grant. This grant covers tuition, fees, books and a stipend for room and board. Priority is given to women, to those from remote areas, to those from minority social groups and staff members of UMN-related institutions. It is the intent of the Scholarship Committee to provide study opportunity in south Asia where course content has immediate and practical application in Nepal.

**HOW IT WORKS:** The Scholarship Committee has six members. Four are Nepali leaders and two are representatives of the United Mission to Nepal. The committee reviews applications and makes scholarship awards. The Scholarship Committee functions under the UMN but it is financed independently by direct contributions from individuals or groups. A full scholarship costs \$30 per month. Anyone may share in the program to help educate young leaders for Nepal by sending a contribution to the Scholarship Committee, United Mission to Nepal, P.O. Box 126, Kathmandu, Nepal.

United Mission to  
Nepal



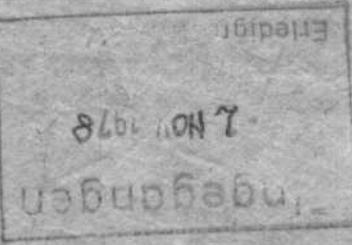
Scholarship Committee

**WHAT IT IS:** The Scholarship Committee of the United Mission to Nepal administers funds for academic education or technical training of Nepali students. Its goal is to support leadership development in accordance with the plans of His Majesty's Government of Nepal and the United Mission to Nepal. It was formed in 1967. Since then study grants have been made to nearly 200 young citizens of Nepal, some of whom are now in positions of leadership in education, agriculture, engineering and health specialty fields in Nepal.

**WHO IS ELIGIBLE:** Any citizen of Nepal who is interested in increasing professional ability or improving technical skill may apply for a study grant. This grant covers tuition, fees, books and a stipend for room and board. Priority is given to women, to those from remote areas, to those from minority social groups and staff members of UMN-related institutions. It is the intent of the Scholarship Committee to provide study opportunity in south Asia where course content has immediate and practical application in Nepal.

**HOW IT WORKS:** The Scholarship Committee has six members. Four are Nepali leaders and two are representatives of the United Mission to Nepal. The committee reviews applications, and makes scholarship awards. The Scholarship Committee functions under the UMN but it is financed independently by direct contributions from individuals or groups. A full scholarship costs \$30 per month. Anyone may share in the program to help educate young leaders for Nepal by sending a contribution to the Scholarship Committee, United Mission to Nepal, P.O. Box 126, Kathmandu, Nepal.

United Mission to  
Nepal



Scholarship Committee

UMN MEDICAL POLICY FOR BOARD APPOINTEES

Division of responsibilities in ensuring adequate  
health care of Board Appointees

August 1978

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I MEMBER BODY'S RESPONSIBILITIES

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A) Before arrival of Board Appointee in Nepal

1. Provide for physical examination for BA and family members.
2. Full medical reports and records on all workers, and all members of families, coming to the UMN must be submitted at the time of application to be approved by the UMN Health Services Secretary before the candidate is accepted.
3. Arrange for any corrective or preventive health care required for BA and family.

B) When the Board Appointee is on the field

1. Provide for physical examination for Board Appointee and entire family.
2. Provide for any corrective health care required.
3. Provide the financial support for all such examinations or care, in accordance with own arrangement with the individual Board Appointee.
4. Provide financial support for travel of Board Appointee within Nepal, or from Nepal to another country, in case of evacuation.

C) When Board Appointee is home on furlough or for health care

1. Assess health status of Board Appointee and family.
2. Provide for any corrective and preventive care of BA and family.
3. Assess advisability of return to Nepal in terms of health of Board Appointee and family.
4. Advise UMN of any health problems of BA and family.
5. (Amended November 1981, EC(2)-78/81) Satisfactory medical reports should be submitted to UMN administration by all Board Appointees and accompanying family members upon return from any furlough of six months or longer. In special cases UMN may request that such medical reports be submitted to UMN administration for approval before the Board Appointee's return to the field.

D) Administrative procedures

1. The member body will inform UMN of special administrative procedures to be followed in matters relating to the health of their Board Appointee. Where these differ from this statement of policy, an agreement will be reached with the Executive Secretary.
2. The member body will inform the UMN of whom to contact, and how, in medical emergencies and evacuation procedures.

3. Member bodies may, if they so desire, designate a physician within the UMN to assume the duties of overall medical care for those Board Appointees they support. Nevertheless, this physician will share the medical records with the HSS as required by the HSS, and pass the records to the appropriate Medical Director, as required in III, C. 6.

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## II. BOARD APPOINTEE'S RESPONSIBILITIES

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### A) Before arrival on the field

1. Cooperate with the member body in arrangements for physical examination and health care.
2. Assist in informing UMN of the health status of self and entire family.

### B) When in Nepal

1. Make arrangements for physical examination for self and entire family, and forward a completed health questionnaire yearly to a UMN physician of choice. (Amended November 1981, EC(2)-70/81)
2. Cooperate with the supporting member body in its provision for health care. This includes paying costs and receiving reimbursement in accordance with member body's procedures.
3. Notify a UMN physician of choice of any change in health status of self or entire family.
4. Cooperate with UMN professional personnel in receiving any necessary health care for self and/or entire family.
5. Make arrangements to receive proper immunization injections at recommended times for self and the entire family.
6. Be aware of advice given by professional service of UMN, and follow such advice.

### C) When on home leave

1. Notify the member body of any health problems or change in health status of self or entire family, at any time.
2. Cooperate in health care of self and family.
3. Cooperate in assessment of health before return to Nepal.

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## III. RESPONSIBILITIES OF UMN

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### A) To Member Bodies

1. Advise on health conditions, special health problems and immunization procedures for persons coming to Nepal. This is the responsibility of the Health Services Secretary.

2. Inform member bodies of UMN health policies, available facilities, and general health procedures. This is the responsibility of the Executive Secretary.
3. Check reports on physical examination of new candidates for specific problems in terms of service in Nepal and advise member bodies. This may include recommending either specific health care or rejection of candidate. Responsibility of the HSS.
4. Inform the supporting member body of health problems which may seriously affect performance or present a hazard to a Board Appointee or family members. Responsibility of HSS.
5. Inform the member body on the necessity of evacuation to the home country or another country for treatment not available in Nepal, or for any other urgent health reasons. Where possible, arrangements with the member body will be completed before evacuation. However, when medical opinion considers evacuation as urgent, the Board Appointee will be evacuated as soon as possible, whether or not a reply has been received from the member body. The decision will usually be made by at least two physicians. Information will be sent in accordance with the member body's prior instruction, kept on file. This will normally be the responsibility of the Executive Secretary; upon advice of the HSS.

B) To the Board Appointee

1. The UMN will make health facilities available to the Board Appointee and family, as requested by and arranged by the Board Appointee, within the capabilities of UMN health services facilities.
2. UMN will recommend or refer to services not available in UMN. This will include referral to Nepali physicians or facilities, referral to hospitals in India, or referral abroad, in that order of preference. The recommendation by at least two physicians, at least one of whom shall be a UMN doctor, will usually be required for evacuation to another country.
3. Inform all Board Appointees of special health problems and advise proper preventive care for service in Nepal. This will include new information from time to time. Responsibility of HSS.

C) Procedures within UMN

1. The physician of choice will have medical responsibility in the case.
2. Where there is a condition beyond the skills or facilities available, the physician will request consultation from other physician.
3. Should these physicians agree that special care outside Nepal is required, they will notify the Health Services Secretary and/or the Executive Secretary.
4. The Executive Secretary will inform the member body, and facilitate evacuation.
5. In any other matters of difficulty, the physician will notify the HSS.
6. The policy with regard to medical reports submitted on Board Appointees and candidates is:
  - a) These reports will be regarded as confidential documents submitted to the HSS, who will make any necessary verbal reports in this connection to the Coordinating Committee.
  - b) After the worker has arrived in Nepal, the medical report will be given to the individual worker to be held by him/her in his/her own personal file for reference when needed. (Amended November 1981, EC(2)-70/81)

Ed  
29. 9. 1978  
GM - Fr/Kl

Mr.  
Purushotam Nepali  
Administrative Secretary  
UMN, Scholarship Committee  
Box 126

Kathmandu / Nepal

Ein Schreiben

Dear Mr. Nepali,

thank you very much for your letter of August 26th which I only received a few days ago. Also the letter which Mrs. Friedericks wrote on Aug. 22nd arrived here just this week. I suppose the letters were held off somewhere because of the terrible rains you had.

It was quite a surprise for me to learn that the Scholarship Committee is short of funds. I somehow thought that you had enough. It surely is necessary that you keep your friends up to date. I have not collected any money for the Scholarship Committee's work for a long, long time. We only can expect money from our friends if we know details. For a long, long time I did not get any news. So now I can try to get some help again.

Anyway, in the meantime I have asked our office to transfer DM 2.500,-- to you. This should be about 15.000,- Rs. I am not sure if we can send you any more this year. There is a slight chance that our director and our Vice-Praesident may visit Nepal in December. It so you might have a chance to talk to them. But as this is not sure, I have not informed Mr. Ruff about these visitors yet. So this is just an unofficial news.

It would be very helpful if you would have a kind of "Three year financial plan" and let your friends know how much probably is needed in the coming years. Then we could include this in our budget and everything would be easier.

Some friends of mine are willing to pay a scholarship for David Mukhia, a son of Mrs. Martha Mukhia. Would it be possible for you to handle the money, i.e. give the stipend to David regularly while we send the money to you? This would be a great help. David should have a regular stipend just as any other students. Not more and not less. We would be grateful if this could be handled by the Scholarship Committee.

Looking forward to hear from you again.

Sincerely yours

Dorothea Friederici  
(Dorothea Friederici)

Ed

August 26, 1978

Miss Dorothea Friedrici  
Gossner Mission  
65 Mainz am Rhein  
Albert-Schweitzer-Strbe 113/115  
Germany.

Miss Friedericci,

About a month before, I wrote you letter regarding Miss Sheila Shah who is studying in England. Recently, she wrote to me that she passed her final examination and will be doing practical work for one year. We are very glad for her.

Last month, I also enclosed a report of the Scholarships Committee for 1977 work for Gossner Mission. We are very glad that Gossner Mission is helping our program and hope that it will continue to do so in the future. Specially, this year we are short of funds and I personally request you to ask your board to grant funds for Scholarship program this year.

We are looking forward to hear from you soon.

Wishing you all the best and love in His name,

Sincerely,

*Purushotam Nepali*  
Purushotam Nepali  
Administrative Secretary

हवाई पत्र  
AEROGRAMME



Miss Dorothee Friederici  
GOSSNER MISSION

65, Mainz am Rhein  
Albert-Schweitzer-Strabe  
113/115

W. Germany

— ताता शाह —

प्राप्तानेको नाम र ठेगाना ।

UMN, Scholarship Committee  
Box 126, Kathmandu  
Nepal

यस पत्रामित्र कही सामिएका साधारणा बाँकवाट यसान गरिन्नेहो ।

U. M. N. P.O. Box 126  
Kathmandu, Nepal  
Aug. 22. 1978

Dear Dorothea,

Greetings and Love in Jesus Name! How are you these days? When are you coming to Nepal again?

We are about to leave in 2 weeks for a 6 month furlough, getting back near the end of March 1979. We are eagerly looking forward to our time with our children and grandchildren - also my parents the Lutzes who are near a sister in Calif. Mother will be 90 yrs. old in Sept.!

On our way home we are visiting Christians in Asian countries to tell them of Nepal needs & U.M.N. We are happy now to have Allen Pang from Singapore & a family from the Philippines. We will include Hong Kong & hopefully a visit to Canton & of course Seoul Korea where one of my sisters lives.

I was glad to hear that Sheila Shah has now finished her course & will be returning after a work-internship. By now you will have heard from Purushottam Nepal. It seems he did not receive one of your letters but I'm glad you went ahead and planned things for Sheila.

I have still been on the Committee still & so has Carl ex-officio - now we both go for 6 mo. Larry Asher is on furlough, too. There are not many members who have been on the committee for a long time. It seems we do need more funds with so many more applying than we can give. We appreciate your interest and help through

the year and that of your generous missions. Many thanks to all.

If you see Monica, Ellen, Leanne or  
others give them our greetings.

Yours in Jesus love,

Betty Anne

### → पहिलो मोद First fold →

PAR AVION  
AEROCGRAMME  
हवाई पत्र

Miss Dorothy Frieden  
GOSSNER MISSION

## GOSSNER MISSION

Albert-Schweitzer-Str.  
113/115

GERMAN

प्रियजनका नाम र ठेगाना । Sender's name and address.—

*M. E. W. Tiedmeyer*  
205, 1<sup>st</sup> Drive  
Somerset, KY 42501  
U.S.A.

प्रेसिडेंस को लाप्तीकरण मान्यता देने वाली वस्तु गिरावं  
IF ANYTHING IS ENCLOSED THIS LETTER WILL BE SENT BY ORDINARY MAIL



दो तीव्र स्तर Second fold

Ed.

10. 7. 1978  
GM - Fr/Kl

Miss  
Norma Kehrberg  
United Mission to Nepal  
Post Box 126

Kathmandu / Nepal

Dear Norma,

You will be surprised to have a letter from me. Well, sometimes miracles happen.

Naturally this miracle has a reason and this means work for you. But never the less, please continue to read this letter.

One of our Mission-Magazines issues special numbers on certain problems. The next one we plan for spring 79 is on "Women in the third world." I enclose one copy of our last magazine-number so you see what it looks like. This is a "normal" number. The one on women should be a special one.

I would be very grateful if you could write an article on "Women's role in a changing society". If I am not too wrong our Nepalese sisters play an important role in their society. If you feel you do not want to write this article yourself please could you ask a Nepali lady or somebody else? I would be happy to have the article by the beginning of October. Is that possible?

I do not have any idea what you are doing these days. Where are you? Somewhere I read that you are back in Nepal but that is all I know.

Since last March I am living in Mainz at the Gossner Mission Seminary Centre. This is a nice place and we have a very interesting programme on Urban Industrial Mission work combined with seminars of Ecology and New life style. So, if ever you come this way (our centre is 1/2 hour car drive from Frankfurt-air-port) don't forget to visit me! - I hope to come to Nepal next spring for the 25th anniversary - do and the board meeting. May be we will meet there? Would be nice!

Greetings and best wishes. God bless you,

Yours

*D. Friederici*  
(Dorothea Friederici)

P.S.: The article should be about 4 - 5 type writer pages long.

Zur Ablage

Febr 14

Ed

Altstadt-Nr. 224

Jan 18. 5177

Handzeichen

Dear Dorothea,

I hear you are ~~coming~~ <sup>again</sup> again -  
we'll be good to see you. -We are getting settled in Guesthouse #2  
alternately called "The White Elephant" The  
monstrosity "The White House". Its  
real name is "Salyan House". Any way it  
is very cold - all white walls and  
terrazzo floors so like an institution.Now as to why I am writing — Some  
German folk were here before us using  
it as an office building. Many of the  
rooms have wall outlets <sup>or outlets</sup> which must fit  
German plugs. They are like American only  
3-prong and the flat prong goes a different  
direction than American - kind of like this  
This is the way the outlet in our  
walls looks. We could changethem but it would be easier to get  
a dozen plugs to put on the ends  
of wires of lamps, etc for the various  
rooms. Likely the 3rd opening is  
for a ground wire which isn't necessary  
so if the plugs you buy don't have it on,  
it won't matter. Is this clear as mud?Beschaffen  
12+

Bethany leaves the 20th to return to Woodstock for her final semester. She graduates in June.

We're trying to make this place homey but anything like carpets count up so much. There are some rafia type in looking at. We bought some furniture from Khamine Ag project which Walter Schumacher had made for them years ago. Still in beautiful condition. —

Love to you - from Jonathan and Lucy

← पहिलो घोड़ →

EINGANGEN

दर्दी

पत्रांको नाम र ठेगाना ।

Lindsey  
Po Box 112  
Kathmandu

← गोड़ →

पत्रांकित कर्ता शार्पिला लालामा डिपार्टमेंट भवन गोलेख ।

Ms. Dorothy Friisiche

1 Berlin 4, I.

Hedwigstraße 19-20  
W-GERMANY



Ms Dorothea H. Friederici  
Gossner Mission  
Berlin. Aktenplan-N

**n.** Aktenplan-Nr.

## ENIGE GANGER

Kat-June

18 January 1977.

Dear Dorothea,

Datum 11-5

22131 JAN. 1977

18 January 1977.

Your letter of January 7th was received during Workers' Conference here in the campus of the Boys' School in Lama Chaur. You do well to REGISTER important letters coming in this direction. The last two years have been the worst for our family in losing mail in  $\frac{1}{2}$  all the time we have been in Nepal.

I will leave it to Larry Asher, UMN Education Secretary, to answer your first item about the Ebrich family, their possible work in Nepal and the possibilities of education for their children.

On the 2nd item: about Nepal's Education Plan. I am sending you a blue book about it, in English, published by the HMG when the plan began. It has a map at the end and has all the main facts in good, simple, condensed form. I have used this book a lot. If you have this I think you have ~~it~~ it all, as a plan. May I add a few remarks and facts about it ?

The Plan has been carried out and completed as planned over 5 years, ending last month (Dec. 1976). So it is launched. Kaski District, in which this school is located, went into the plan the first year, so we have been under it for 5 years. We have learned the 'ropes' and we are running smoothly under it and within the management of the District Education Office..... The result in this District (an example among 75 districts) is that there are 285 schools, mostly primary, some Middle, and 18 High Schools. They all are managed from the District Education Office with its staff of main officer, Supervisors, accountants, clerks, store room, etc. There is a pool of maybe 900 teachers in all these schools and in this district they are now all  $\frac{1}{2}$  trained. This is unusual; this District is ahead in this regard. .... So the framework of the organization has been set up and spread across the country. The applying of the new curriculum, textbooks, teaching tools, training of teachers, the new evaluating system, methods and ways of running the school and working in the classroom - these kind of content items are being applied in varying degrees, depending on when in the 5 years the plan was applied to  $\frac{1}{2}$  a district.

A big concern, under a constantly active committee, has been to watch for the 'bugs', the holes, the weaknesses, and begin to plan to overcome them and improve in the next 2nd plan. They have watched carefully the results of the S.L.C. Exams for those students who have studied under the new system for their 3 high school years. The results have been very disappointing. In this District (I think it was this district, or the whole country) only 22 % of the students passed the S.L.C. .... The results of the 'Send UP' tests (trial test in Class X) are worse..... This plus other observations brings out the fact that the academic content (classroom work by teachers and students) is very thin and weak. They have good rules about this, but there is widespread weak application of the rules by the Headmasters and Teachers. (There is too much of the old, weak, attitudes about teaching and school work, carrying over still in the minds of the people into the new system.) (The old question: How do you make good people? This is a moral question, and a moral question has a religious answer).

New things to be done in the road ahead to improve: Revised curricula will be coming out, and in time revised Text books. A second category of school will be arranged, which are 'lead or model schools' chosen in the 4 regions to really follow the rules and show how it can and should be done. Rule: high schools that have a very low percentage of SLC passes will be closed and the teachers dismissed.

We are leaving this school in less than a week. We are moving to Kathmandu where Evy will run a second guest house of UMN and I will run the Langauge School for a term and start some writing. I would like to teach school for a change, not administer, some day day, if conditions allow.

Larry Asher (they still live in Pokhara) will be Headmaster, until a new man arrives and works into the job. There is a Mr. Wood of New Zealand and some years in Hebron school in Otticamund who is coming in here.

Thank you for greetings. The Lord be with you and Gossner Mission and give much strength in the 'inner man' for your ~~classing~~ <sup>calling</sup> from Him. May His benediction be with you.

As ever,

Jonathan Lindell

As ever, Jonathan Lindell  
Jonathan Lindell

## AEROGRAMME

## AEROPGRAMME

पत्रालंका नाम : श्रेणी ।

J. Lindell  
P.O. Box 126  
Kathmandu  
Nepal

पत्र विभाग विभागी विभागी विभागी विभागी विभागी विभागी

W. Park 10.3.77 Reineunterlage Ed.

THE UNITED MISSION TO NEPAL



Executive Secretary: Mr. G. M. Ruff  
Treasurer: Mr. F. Clarkson

Telephone: 12179  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
Mailing address:  
POST BOX 126,  
KATHMANDU, NEPAL

Miss Dorothea Friederici,  
Asia Secretary, G.M.,  
Gossner Haus,  
Handjerystrasse 19/20,  
D 1000 Berlin 41,  
West Germany.

Zur Ablage  
Aktenplan-Nr. 221  
Datum 14.7.77  
Handzeichen *D. M.*

LAC/EK

14th January 1977

Dear Dorothea,

When I returned from the United States a few days ago I discovered that you also had ordered 10 copies of Greetings From Nepal. Today I am sending a letter to the United States requesting that these 10 copies be sent to you as soon as possible. The cost of printing and packing the books totals about 25¢ per copy. This means that your order of 10 booklets will cost \$2.50 plus 5¢ postage for a total of US \$3.01. Please forward a remittance to the United Mission to Nepal, for the above mentioned total. I hope you find the revised booklet to be helpful and giving a more up-dated image of the work in Nepal. If you feel you could use more copies than ordered, there are still about 500 copies which we can distribute.

I pray that the year 1977 will be a blessed one for you in your work.

Sincerely,

*Larry C. Asher*  
Larry C. Asher,  
Education Secretary

c.c. Mr. F. Clarkson, UMN Treasurer.



PAR AVION

AEROGRAMMENGEN

स्वाइपत्र

19. JUN. 1977

Erfledigt



Miss Dorothea Friedericci,  
Asia Secretary, G.M.,  
Gossner Haus,  
Handjerystrasse 19/20,  
D 1000 Berlin 41,  
WEST GERMANY

पहिलो फॉल्ड First fold  
दोस्रो फॉल्ड Second fold  
तेस्रो फॉल्ड Third fold

पठाउनेको नाम र ठेगाना । Sender's name and address

UNITED MISSION TO NEPAL

PO BOX 126,  
KATHMANDU NEPAL

यसपत्रिभित्र कही खासपत्र सापेक्षपा शीकबाट चलान गरिन्दै ।  
IF ANYTHING IS ENCLOSED THIS LETTER WILL BE SENT BY ORDINARY MAIL

January 7, 1977

Registered

Mr. Jonathan Lindell  
UMN Nepal  
P.O.Box 126

Kathmandu  
NEPAL

Zur Ablage
Aktienr.-Nr. 221
Datum 19.1.77
Handzeichen P

frie/P

Dear Jonathan,

we, the Gossner Mission, are in contact with Mr. Eßrich, High School Teacher. His special subjects are Sports, History, English. He worked in New Guinea with "Dienste in Übersee" at a teachers training college and draw up the curriculum for mathematic teachers. His hobbies are furniture making, pottery, writing (he was a journalist before he became a teacher), traveling and photography.

To me he seems a suitable person for UMN. But before I send his papers etc. to Nepal some very important questions have to be answered. Mr. Eßrich is married. His wife has a Masters Degree in Domestic Sience. They have two sons, 8 and 6 years old.

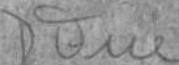
What schooling possibilities are there in Nepal for this two boys? As there is no German school in Nepal and the boys would have to join a "foreign language school" anyway, the idea came to our mind, that they probably could join a Nepali school. But is that possible at all? What other possibilities are there. Could you please send uns informations about this. You will understand that this is a very important matter for the Eßrichs.

My request No. 2 concerns a very different matter. For one of our All-German-Mission magazines I am supposed to write an article about Nepal's education plan. How can I do this, if I do not have it. Is it available in English? If so, could you kindly send me a copy very soon. If absolutly necessary I could spell it out in Nepali (and probably for my language-study it would be very good) but English would be very much easier.

I am very happy to hear that you and Eney are in Kathmandu now. Melody Koch will be one of your language students. Please do not shock her as you did shock us in taking us to a very Nepali restaurant the very first day! And I will tell her that there is a possibility to go up to Swayambunath by car, even if you tell her that there are only steps! - Actually, I would not mind to be in Nepal again and to introduce these poor new-comers to my dear country.

Greetings and best wishes to you. God bless you. I am looking foward to hear from you soon.

Yours,



(Dorothea H. Friederici)

cc: Mr. Larry Asher

THE UNITED MISSION TO NEPAL



Executive Secretary: Mr. G. M. Ruff  
Treasurer: Mr. F. Clarkson

Telephone: 12179 or 14580  
Telegrams: UMNEPAL  
Location: 1/29 Thapathali  
Mailing address:  
POST BOX 126,  
KATHMANDU, NEPAL

Miss Dorothea H. Friederici,  
Gossner Mission,  
Handjerystrasse-19-20,  
1 Berlin 41,  
West Germany.

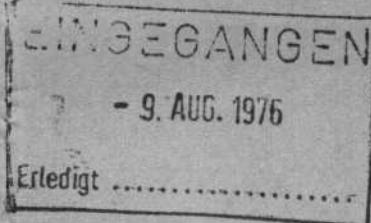
Dear Dorothea,

Thank you very much for your letter of July 19th. I appreciate receiving the information which you included in your letter and I will certainly be contacting the people in relation to the Hostel Parents training program. I was not aware that anyone in the S.O.S. Children's Village was doing anything along the line of Hostel Parent Training and I will certainly try to make this contact as well. Thank you for the suggestion.

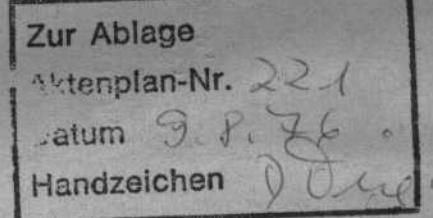
When we visit Frankfurt this November, it will be only a very short visit of one or two days in order to see Phil's sister and her husband and I am afraid it will not be possible for us to come to Berlin at that time. I would hope that at some time in the future when we pass through Germany, we would be able to visit Berlin and visit you and people of your Mission. Thank you very much for your letter.

Sincerely yours,

*Larry C. Asher*  
Larry C. Asher,  
Education Secretary



30th July 1976



एवाई पत्र  
AEROGRAMME



Miss Dorothea H. Friederici,  
Gossner Mission,  
Handjerystrasse 19-20,

1 Berlin 41,  
WEST GERMANY

पठाउनेको नाम र ठेगाना ।

यस पत्रमित्र कोही खामित्ता साधारण ढांकबाट चलाउ नालिनेथ ।