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Titel

Korrespondenz mit der UMN - United Mission to Nepal. Verschiedene Abteilungen

Band

2

Laufzeit

1991 - 1993

Enthält

offizieller Schriftwechsel zwischen Gossner Mission u. verschiedenen Abteilungen der UMN; Health Service (auch Mental Health and Drug Abuse Prevention Programs - DAPP), Education, Economic and Financial Department, Rural Development, Communication and

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1652 in 6 Druckfarben

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1654 Lochung mit Ösen

Hospital
Endowment Campaign

John Chamberlain

1993

Gossner-Mission
Solidaritätsdienste
Südliches Afrika/Mayfair

0-1195 Berlin, den
Rodelbergweg 6
Tel. 632 80 77

Liebe(r)

Sehr herzlich danken wir Ihnen für Ihre Spende zugunsten des
Projekts: Gemeinschaftszentrum Mayfair von DM, die
am bei uns eingetroffen ist.

Sie unterstützen mit Ihrem Geld ein dringend notwendiges Zei-
chen der Gerechtigkeit und der Versöhnung in Südafrika. Das
Projekt trägt dazu bei, daß Menschen, die Jahrzehntelang gegen-
einander ausgespielt werden sollten, lernen, für einander ein-
zustehen und miteinander zu leben. Unsere Partner in Südafrika,
aus den Kirchen und vom ANC, aber auch Freunde, die gerade in
Südafrika gewesen sind, sagen uns, wie wichtig es schon jetzt
ist, alternative nichtstaatliche Projekte zu unterstützen, durch
die Menschen selbstständig ihre elementaren Rechte verwirklichen.
Sie warten nicht länger auf den Staat, der ohnehin nichts für
sie tut. Gleichzeitig bereiten sie sich auf die Gestaltung einer
nichtrassistischen demokratischen Gesellschaft vor, die auch
unter einer ANC-geführten Regierung nur funktionieren wird, wenn
Menschen auf ihre eigene Kraft vertrauen und sie einsetzen.
Wir danken Ihnen für Ihre Spende und grüßen Sie sehr freundlich!

Für die Mitarbeiterinnen und Mit-
arbeiter der Gossner-Mission

Friederike Schulze
(Friederike Schulze)

Eingegangen

17. Aug. 1993

Erledigt:.....

August 10th 1993.

यूनाइटेड मिसन टु नेपाल



United Mission to Nepal

Dear Aloisia,

I have only just arrived back in Kathmandu, after all my travels for the United Mission to Nepal around Europe and the United Kingdom.

I would like to thank you for all the kindness and attention you were able to give to organising my schedule in Europe. All the appointments went off well, and proved interesting and valuable to the long term direction UMN is currently seeking for its hospital funding.

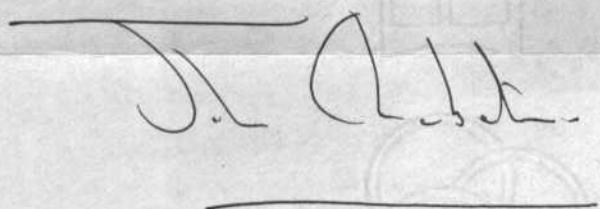
Thank you also for being so helpful in making those last minute changes to accomodate time with EMW in Hamburg. I don't know how I caught the train but the Lord must have slowed the driver down!

Thank you again for spending so much time and effort in organising the whole trip so smoothly.

I hope we may be able to meet again, perhaps when you visit Nepal.

Kindest regards.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Aloisia". It is written in a cursive, flowing style.

21.6.93 10¹⁷

or

Gossner Mission Berlin - Telefax: 030 / 636 11 98

World Council of Churches
attn. Susanne Kindler
Asia Desk

Geneva 2

June 21, 1993

Visit of John Chamberlain - United Mission to Nepal

Dear Susanne Kindler,

as far as I know John Chamberlain will be in your office today. Could you please tell him to call Berlin 004930 6317837. Thank you very much.

Cordially

A. Strittmatter
Aloisia Strittmatter
Ass. Secretary for Nepal

0041227910361

86 44 3231000 xellet - alibag nclss: M 1erssoD

23.6.93 851 or

Gossner Mission Berlin - Telefax: 030 / 636 11 98

ICCO
attn. Nelleke van der Vleuten
P.O.Box 151
NL-3700 AD Zeist

June 23, 1993

United Mission to Nepal
Visit of John Chamberlain

Dear Nelleke,

as far as I know John Chamberlain will be in your office today. Could you please tell him to call me - 004930 6317837 - .

Thank you very much.

Cordially

Aloisia Strittmatter
Aloisia Strittmatter
Ass. Secretary for Nepal

PS:

Did your phone-no. change?
I can't get through.

Tel. 23.6.93 10⁰⁰ noch mal ausrichten
lassen, daß John anrufen soll.

Tel. 23.6.93 - Nellere - 14⁰⁰ John hat sich noch
nicht gemeldet.

0031 3404 256 14

80 44 329 1000 xeliefet - nihag nolam 18.5

18.6. 93 11¹⁶ ol

Gossner Mission Berlin - Telefax: 030 / 636 11 98

ICCO
att. Nelleke van der Vleuten
P.O.Box 151

NL-3700 AD Zeist

June 18, 1993

United Mission to Nepal
Visit of John Chamberlain

Dear Nelleke,

I talked to John the other day and he tried to reach you but failed to do so.

I told him about the objections you have about his visit. Anyhow, since he will be in Hilversum next week he would very much like to see you and he will come at the 23 of June. I told him to call you in advance about his arrival.

Thank you again for your kindness and your support.

Cordially

A. Strittmatter
Aloisia Strittmatter
Ass. Secretary Nepal

0031 3404 256 14

86-113891000 Xstellet x alibag possimi Tennessee

7.6.93 16²⁷
or

Gossner Mission Berlin - Telefax: 030 / 636 11 98

Church Missionary Society
attn Ms. Joy Tweed
157 Waterloo Road

London SE1 8UU
England

June 7, 1993

Please forward to John Chamberlain. Thank you.

Dear John Chamberlain,

after so many phoncalls and faxes with other people it was really nice to talk to the one who "causes all this work".

I could not reach Fredi Grob from Swiss Friends for Mission today but he will be at the office tomorrow morning. Could you please call him from England about the time you would like to be there (either on the 18 afternoon or at the 22 around 11 o'clock? Tel: 0041 1 939 1939.

Here are the places and the people you wanted to meet:

1. DIFÄM (Deutsches Institut für Ärztliche Mission - German Institut for Medical Mission), Paul-Lechler-Strasse 24, 7400 Tübingen - Dr. Bastian - Tel: 07071 206 511 - accomodation provided - 15.6.1993 from 2 o'clock pm.

2. Brot für die Welt (Bread for the World), Stafflenbergstrasse 76, 7000 Stuttgart 10 (Inner City) - Ursula Moll - Tel: 0711 2159 446 - 16.6.1993 from 9 o'clock am.

3. Dienste in Übersee (Committee of Protestant Churches in Germany for Service overseas), Nikolaus-Otto-Strasse 13, 7022 Leinfelden-Echterdingen (near Stuttgart) - Jörg Schwieger - Tel: 0711 7989 231 - acc. provided - 16.6.1993 afternoon.

4. Christoffel Blindenmission (Christoffel Mission for the Blinds), Nibelungenstrasse 124, 6140 Bensheim (near Frankfurt) -Herr Bergmann - Tel: 06251 131 170 - acc. provided - 17.6.2993

2 o'clock pm. If you arrrive by train, please call them in advance and you will be picked up at the train station.

5. World Council of Churches, Geneve - Susanne Kindler- Tel: 004122 791 61 11 - 21.6.1993, 2 o'clock pm. I understood that this is together with the Christian Medical Commission. I couldn't reach Susanne Kindler today to ask her about accomodation. Maybe you also call her in advance.

6. ICCO (Interchurch Organisation for Development Cooperation) 3400 AD Zeist, The Nederland, Tel: 0031 3404 256 14 - Nelleke van der Vleutin (? I am not sure if I've got the second name right, but she is the responsible person for Nepal) 23.6.1993 please call Nelleke in advance about your departure.

- 2 -

7. Gossner Mission, Fenntrasse 31, 1190 Berlin - Tel: 030 631 78 37 -
Director Dieter Hecker and Secretary for Nepal Ursula Hecker - acc. provided
- we are flexible about the time.

I hope everything will be fine now and I am looking forward seeing you here
in Berlin. Good luck.

Yours

A. Strittmatter
Aloisia Strittmatter
Ass. Secretary for Nepal

0044 7140 13215

1.6.93

Herr Bergendam

Christoffel Blindenau

Zlat v. 14. - 17. 6. noch

Termine frei, wir sollen
euch melden, wenn sie ist,
wann S. d. in D ankommt.

Falls er in Fpn. am Montag
ankommt, kann Transport
und Überreitung organi-
siert werden.

Sk.

From

Seffen 131223



Gosseck
MISSION

7.6.93

Wistoppel Blindenmission
Frau Steffen

John Chamberlain
soll am 17.6.93 14⁰⁰
sich mit Frau Segmann
treffen.



27.5.93 304 or

Gossner Mission Berlin - Telefax: 030 / 636 11 98

Joy Tweed
Church Missionary Society
151 Waterloo Road
London SE1 8UU
United Kingdom

May 27, 1993

John Chamberlain's visit on the continent

Dear Joy Tweed,

Myles Walburn from UMN informed us that John Chamberlain could get reached through you. Could you please give him the following message?:

Dear John Chamberlain,

Myles Walburn informed us about the route sequence you would have preferred. On the one hand we didn't know about this preference on the other hand the time table was set by ICCO for there was no space in the first week. Therefore the route goes as follows:

June 15, afternoon DIFÄM, Tübingen
June 16, morning, Bread for the World, Stuttgart
" " , afternoon, Dienste in Übersee, Stuttgart
June 23 ICCO, NL

I could not reach Susanne Kindler of WCC in Geneva. She is abroad but will be back by beginning of June. The same happens with Christoffel Blindenmission in Bensheim (near Frankfurt). So I will contact them again next week.

Joachim Lindau from Bread for the World whom we also contacted is on holidays.

Myles Walburn also mentioned to contact the Christian Medical Commission, WCC in Geneva. When talking to Susanne Kindler next week I will also try to get an appointment with somebody from this Commission.

Fredi Grob from Swiss Friends for Mission told me about his journey to Nepal where he wanted to try to meet you. Was he successful?

As the route now goes the other way around will you come to Berlin first? Is there something else we can do for you? Please do not hesitate to contact us.

Cordially yours

A. Strittmatter
Aloisia Strittmatter
Ass. Secretary for Nepal

TELEFAX

UNITED MISSION TO NEPAL
P.O. Box 126
Kathmandu, NEPAL
Telephone: 977-1-228118
FAX NO: 977-1-225559

TO: Gossner Mission, Berlin
ATTN: Aloisia Strittmatter
Ass. Secretary Nepal
FROM: Rajanee Vaidya *Rajanee*
DATE: May 26, 1993

PAGE: 1/1

Dear Aloisia Strittmatter,

I am very sorry that I sent a wrong address to you. Now here is the correct address.

Joy Tweed
Church Missionary Society
157 Waterloo Road
London SE1 8UU
England

Fax: 0044 7140 13215
Tel. 0044 71 928 8681

071 700 3439

TELEFAX

UNITED MISSION TO NEPAL
P.O. Box 126
Kathmandu, NEPAL
Telephone: 977-1-228118
FAX NO: 977-1-225559

TO: Gossner Mission, Berlin
ATTN: FAX NO: 030 636 11 98
Aloisia Strittmatter
Ass. Secretary Nepal
FROM: Rajanee Vaidya
Secretary to the Finance Director
DATE: May 26, 1993
PAGE: 1/1

Dear Aloisia Strittmatter,

Thank you for your fax to Myles Walburn on 25 May.

Here is the address of Joy Tweed -

Joy Tweed
ICCO
P.O.Box 151
3700 AD Zeist
The Netherlands

Fax: (0)3404 256 14
Tel.: (0)3404 278 11

Yours sincerely,

Pajamra

TELEFAX

UNITED MISSION TO NEPAL
P.O. Box 126
Kathmandu, NEPAL
Telephone: 977-1-228118
FAX NO: 977-1-225559

TO: Gossner Mission, Germany
ATTN: Ursula Hecker
FROM: Myles Walburn
DATE: May 25, 1993

FAX NO: 306 381 198

PAGE: 1/1

Dear Ursula,

I've had a fax from John Chamberlain who is in Scandinavia this week. He wonders how the scheduling is going for his visit on the continent starting June 14. He ask me to mention his preferred route sequence which would be Amsterdam, Geneva, Stuttgart and Berlin.

I don't have a fax number for him in the UK next week. However, if you want to get in touch with him I'm sure a message sent to Joy Tweed would reach him promptly.

Perhaps you have already thought of this but I think it would be useful to schedule an appointment for him with the Christian Medical Commission, World Council of Churches.

Thanks for all you do for UMN.

Sincerely yours,



25.5.93

13 59 or

Gossner Mission Berlin - Telefax: 030 / 636 11 98

**United Mission to Nepal
attn. Myles Walburn
P.O.Box 126**

Kathmandu/Nepal

May 25, 1993

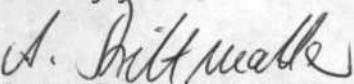
Dear Myles Walburn,

Ursula Hecker is still in India but will be back by the end of this week.

The scheduling for John Chamberlain is going well so far although he never mentioned his priorities before. Unfortunately the visit at ICCO in Holland is set in the middle of the second week for there was no other possibility to put him in.

To let John know his route sequence could you please tell me how I can reach Joy Tweed?

Sincerely yours,


Aloisia Strittmatter
Ass. Secretary Nepal

ICCO

6.5.93

Nellere vande Vleutin = für
Nepal zuständig

3. Chamberlain Raum am
23. 6. 93 kommen.
•
noch Vorzeit durchgeben.

(es Ostrau = Director

Piet - Vin Ommeaau
Leonard Atulbos?

BESTELLUNG / ORDER

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Cees Oskam
ICCO
P.O.Box 151

NL 3700 AD Zeist

May 5, 1993

UMN FEASIBILITY STUDY FOR THE HOSPITAL ENDOWMENT CAMPAIGN

Dear Mr. Oskam,

as you have recently heard from Ed Metzler the Executive Director of the UMN, Gossner Mission has agreed to organize and coordinate John Chamberlain's tour, visiting member bodies and donor organisations and ICCO is one of these organisations.

John Chamberlain is on a special mission to find means and ways to create an endowment fund which would provide a continuing source of funding to help the poor obtain basic medical services.

We understand that this task is not easy for him in times where financial support gets shorter and shorter everywhere. Hospitals are also here in Europe a bottomless pit and it is understood that nobody wants and likes recurrent payments these days.

This endowment fund is deemed to be appropriate to the monetary situation in Nepal. We are of the opinion that it is necessary to support the UMN in having this important feasibility study carried out.

John Chamberlain will be visiting Europe from June 14 to 25, 1993. I hope you are able to spend some time for seeing him during his stay.

Please contact Ms. Aloisia Strittmatter who will set up the appointments while I am on an Executive Committee meeting in Kathmandu.

Thank you in advance for all your support.

Yours sincerely

Ursula Hecker
Secretary for Nepal

on behalf of
Aloisia Strittmatter
Ass. Secretary Nepal

Shr.

Cees Oskar
ICCO
P.O. Box 121

NL 3200 AD Zeist

May 2, 1983

UNI FEASIBILITY STUDY FOR THE HOSPITAL ENDOWMENT CAMPAIGN

Dear Mr. Oskar,

As you have requested, I am sending from the Executive Director of the UNM Gossner Mission this letter to you. Our organization, Gossner Mission, is one of these foundations, visiting member parishes and donor organizations and ICCO is one of these organizations.

Our organization funds which would provide a continuing source of funding to help the Gossner Mission to continue to provide basic medical services.

We understand that this task is not easy for you to find where to find such support. Hospitals are also looking for ways to help the Gossner Mission.

This endowment fund is needed to be disbursed to the Gossner Mission in Mexico. We are of the opinion that it is necessary to support the UNM in Mexico. This important feasibility study carried out.

You can find some time to see us in Mexico on June 14 to 25, 1983. I hope you are able to spend some time for seeing this study.

Please contact Ms. Alotis Stittmeyer who will set up the appointments with me. I am on the Executive Committee meeting in Kappeln.

Thank you in advance for all your support.

Yours sincerely

Ursula Heckler
Secretary for Help

on behalf of
Alotis Stittmeyer
Ass. Secretary Help

Selber Workant an:
bei Osram (english)
S. Bindler
Fredi grob
U. Moll

Gossner Mission Fennstraße 31 D-1190 Berlin

Sophie

Gossner
Mission

Christoph Selin
S. Bindler

Gossner Mission
Fennstr. 31, 1190 Berlin
Neu Pfz: 12439 Berlin
Tel. ab sofort: 030 /
63178-09-33-37-73
Fax: 6361198

Herrn
Christoph Dehn
c/o Dienste in Übersee
Section C, DÜ
Postfach 10 03 40

W-7022 Leinfelden - Echterdingen

29. April 1993

Sehr geehrter Herr Dehn,

wie Sie von Ed Metzler, dem Exekutivdirektor der UMN in Nepal schon erfahren haben, hat sich die Gossner Mission bereit erklärt, die Reise von John Chamberlain zu verschiedenen, die UMN unterstützenden Organisationen zu koordinieren. "Brot für die Welt" ist eine dieser Organisationen.

John Chamberlain hat einen ganz konkreten Auftrag, nämlich Mittel zu schaffen, die es ermöglichen, die finanzielle Basis der Krankenhäuser der UMN zu verbreitern, damit sie in Zukunft nicht nur ein Zuschüßbetrieb bleiben. Das ist für ihn in der jetzigen Lage der immer knapper werdenden finanziellen Mittel kein leichtes Unterfangen. Und Krankenhäuser sind auch bei uns - und in unserem Bewußtsein - ein Fuß ohne Boden, so daß wir verständlicherweise nicht so gerne regelmäßige Verpflichtungen eingehen wollen. Daher ist die Gründung eines Endowmentfonds geplant, der sich bei den jetzigen Währungs- und Kostenverhältnissen in Nepal in einem überschaubaren Rahmen hält. Das Problem ist akut, und ich denke, es ist notwendig, die UMN bei ihren Bemühungen zu unterstützen.

So möchte ich Sie bitten, mit Mr. Chamberlain in der Zeit zwischen dem 14. und 28. Juni 1993 persönlich ein Gespräch zu führen. Gemeinsam können eher Ideen und Möglichkeiten zur Lösung des Problems entwickelt werden.

In unserem Büro wird Frau Strittmatter für Sie die Ansprechpartnerin sein, da ich im Mai an der Sitzung des Exekutivkomitees teilnehme.

Mit freundlichen Grüßen

Ursula Hecker
Nepalreferentin

Postgiro Berlin West
BLZ 100 100 10
Konto 520 50-100

EDG Kiel (Fil. Berlin)
BLZ 100 602 37
Konto 139 300

22.4.93

Fredi Grob
Nepal Mission
CH Baetswil

UHN - John Chamberlain
John braucht nicht extra
zu ihm fahren, da Org.
sehr klein, wenig Mittel.
Er ist aber gern bereit,
^{größere} Organis. + Sponsoren ausfindig
zu machen, braucht aber
Zeit.

John soll anrufen.:

0041 - 1 939 1939

Tel. 19.5.93

Fredi fährt am 22.5 - 5.6. nach Kath.
und trifft sich mit S. Dr. Nothnagel
anrufen nach dem 5.6.93

Sk.





THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
 Treasurer: Mr. Myles Walburn

Tel: 228118, 228060, 221379
 Telex: 2315 UMNEPA
 Telegrams: UMNEPAL
 Fax: 977-1-225559
 Location: K-1-325 Thapathali
 Mailing address:

POST BOX 126
 KATHMANDU, NEPAL

April 16, 1993

Ursula Hecker
 Gossner Mission
 Fennstrasse 31
 1190 Berlin
 Germany

Fax # 0049 30 636 11 98

Dear Ursula Hecker and Aloisia Strittmatter,

Thank you very much for your reply. I am glad you are now clear about the purpose of my visit, and I hope timings will be able to be established with you as conveniently and efficiently as possible.

I have informed all relevant organisations about your change of address, and a copy of one letter is enclosed. I have altered our records accordingly. I also enclose a copy of a letter sent to Christian Garms at Christoffel blindenmission.

I would be most grateful if you could chase people up (in the nicest possible way!) who haven't contacted you with meeting dates for my visit. Thank you for your kindness, and I look forward to meeting with you both.

Yours sincerely,

John Chamberlain
 Consultant



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
 Treasurer: Mr. Myles Walburn

Tel: 228118, 228060, 221379
 Telex: 2315 UMNEPA
 Telegrams: UMNEPAL
 Fax: 977-1-225559
 Location: K-1-325 Thapathali
 Mailing address:

POST BOX 126
 KATHMANDU, NEPAL

April 16, 1993

Ursula Moll
 Bread for the World
 P.O. Box 10 11 42
 Stafflenbergstraße 76
 D-7000 Stuttgart 10
 Germany

Dear Ursula,

Further to Edgar Metzler's fax to you on April 6th concerning my visit to Europe from June 14th - 25th, 1993 I would just like to correct the address for Ursula Hecker as Gossner Mission moved premises a year ago.

Ursula has kindly agreed to act as European co-ordinator for my visit, and I would appreciate it if you could contact her with possible times I can meet with you or others from your organisation. Additionally there may be organisations you know who United Mission to Nepal should be talking with about the funding of our medical services, and if these could also be given to Ursula to set appointments with I would be most grateful.

Thank you for all your help and support in this venture, and I look forward to seeing you in June.

Kindest Regards,

Yours sincerely,

John Chamberlain
 Consultant

Gossner Mission
 Fennstrasse 31
 1190 Berlin
 Tel: 0049 30 631 78 37
 Fax: 0049 30 636 11 98

Pg 2

16.4.93

H. Bergmann

Christoffel Blindenmission,
Bensheim

● 06251/131170

John Chamberlain

T. zwischen dem 15.-18.6. möglich
sicht aber grundsätzlich keine
Notwendigkeit eines Besuches von
z. C. ließe sich auch tel. erle-
digem.

Engagieren sich in bescheidenem
Zahmen in Ortsbildung.

Str. 16.4.93



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
 Treasurer: Mr. Myles Walburn

Tel: 228118, 228060, 221379
 Telex: 2315 UMNEPA
 Telegrams: UMNEPAL
 Fax: 977-1-225559
 Location: K-1-325 Thapathali
 Mailing address:

POST BOX 128
 KATHMANDU, NEPAL

April 15, 1993

Tel. 16. 4. 93

Christian Garms
 South Asia Desk
 Christoffel Blindenmission
 Nibelungenstraße 124
 6140 Bensheim 4
 GERMANY

Dear Mr Christian Garms,

I am writing to you as a long-serving and supportive partner in United Mission to Nepal's medical work serving the poor of this country.

In recent years the funds you have given to this organisation has allowed us to develop our medical activities in Tansen hospital. This year as a direct result of your partnership with Tansen 6000 operational procedures will be performed and over 5,200 in-patients attended to.

Last year a re-evaluation of your mission commitments made you decide to cease your support of Tansen, although you did invite UMN to submit new proposals if they involved services to the blind.

Over the next few weeks I am making a number of visits to UMN's Member bodies and donor organisations like yourself to discuss our future medical work in Nepal, and the opportunities and developments which lie ahead as we seek to build a better future for those in need.

I will be visiting Europe between June 14th and the 25th 1993, and would value a meeting during this time. The co-ordinator of my programme is Ursula Hecker, whose address, phone, and fax are listed below.

I would be most grateful if you could contact Ursula as soon as possible with the best time you or others from your organisation could meet.

Thank you in advance for your time and support. We all pray it will help us make the best decisions as to how we can be more effective as part of God's mission in this land. I enclose the latest copy of UMN News for your information.

Yours sincerely,

John Chamberlain
 Consultant

Ursula Hecker
 Gossner Mission Berlin
 Fennstrasse 31
 1190 Berlin
 Tel: 0049 30 631 78 37
 Fax: 0049 30 636 11 98

cc: Myles Walburn
 Tjerk Nap
 Ursula Hecker

15.4.93 13⁴⁰ 08

Gossner Mission Berlin - Telefon/Fax: 030 / 636 11 98

United Mission to Nepal
attn. John Chamberlain

Kathmandu - Nepal

April 15, 1993

Your FAX from April 14, 1993

Dear Mr. Chamberlain,

thank you very much for your fax arriving here this morning.
Things look much clearer now.

Thanks also for the letter/fax from April 6 which we did not receive before.

I just want to confirm that our address, fax and telephone number you are mention is correct now and we therefore hope that no fax will go the wrong way anymore.

Cordially

A. Strittmatter
Aloisia Strittmatter
Ass. Secretary Nepal

TELEFAX

UNITED MISSION TO NEPAL
P.O. Box 126
Kathmandu, NEPAL
Telephone: 977-1-228118
FAX NO: 977-1-225559

TO: Gossner Mission, Germany
ATTN: Ursula Hecker
FROM: John Chamberlain
DATE: April 14, 1993

FAX NO: 49 30 636 11 98

PAGE: 44 3 log.

Dear Ursula,

On behalf of Myles Walburn and as consultant involved in the feasibility study for the hospital endowment campaign, I would be most grateful if you could confirm that the new address, fax, and telephone number for Gossner Mission Berlin is:-
Gossner Mission
Fennstrasse 31
1190 Berlin.

Tel: 0049 30 631 78 37 ✓

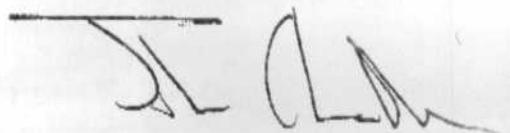
Fax: 0049 30 636 11 98 ✓

Today we received a fax from Aloisa Strittmatter advising us of these changes. If this is so we will inform other member bodies in Europe which have been asked to contact you to arrange meetings with myself to note the new address. I enclose another list of those organisation which I would like to meet during my visit to Europe which is from June 14th to 28th.

I also enclose a copy of a letter/Fax sent to you on April 6th which you may not have received due to the wrong address on it. This explains the reasons behind my visit.

Thank you for your kindness and support.

Kindest Regards,



Gossner Mission Berlin - Telefon/Fax: 030 / 636 11 98

**United Mission to Nepal
attn. Myles Walburn
P.O.Box 126**

Kathmandu - Nepal

April 14, 1993

Dear Mr. Walburn

on April 6, 1993, we received a fax from Berliner Missionswerk which came obviously from you. There were some addresses on it but nothing more. The given address of Ursula Hecker is wrong for Gossner Mission has moved about a year ago. Please note our new address, fax and telephone number:

**Gossner Mission
Fennstrasse 31**

1190 Berlin

Tel.: 0049 30 631 78 37

Fax : 0049 30 636 11 98

The fax bore no more information then the addresses but we combine them with the visit of John Chamberlain in Germany. Can you give us some more information about it?

Cordially

A. Strittmatter
**Aloisia Strittmatter
Ass. Secretary Nepal**

Apr. 6 '93 11:25

0223 UMN NEPAL - FAX:

TEL 00977-1-225559

P. 1

Director Interchurch Org. for Develop. Cooperation

* Cees Oskam ICCO, P.O. Box 151, 3700 AD Zeist, The Netherland Telephone
No. 3404-27811 Fax # 3404 256 14

* Susanne Kindler, Asia Desk, World Council of Churches, P.O. Box 2100, 1211
Geneva 2, Switzerland, Telephone No. 022 791 61 11 Fax # 022 791 03 61

Tel
22.4.93 ✓ Fredi Grob, Swiss Friends for Mission, Kehrstrasse 3, 8344 Baretswil,
Switzerland, Fax # 1939 2818

* Ursula Moll, Bread for the World, P.O. Box 10 11 42, Stafflenbergstraße 76,
D-7000 Stuttgart 10, Germany. Telephone No. 0711 2159-0, Fax # 0711 21 59-288
446

Christoph Dehn, UNO in Übersee, Section C, DU, Postfach 10 03 40, 7022 Leinfelden - Echterdingen Germany, Telephone No. 0711 7008-0, Fax # 711 7989
123

Ursula Hecker, Gossner Mission, Gossner Haus, Handjerystrasse 19/20, 1000
Berlin 41, West Germany Telephone No. 0311-851 3061, Fax # 308 593 011



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. Myles Walburn

Tel: 228118, 228060, 221379
Telex: 2315 UMNEPA
Telegrams: UMNEPAL
Fax: 977-1-225559
Location: K-1-325 Thapathali
Mailing address:

POST BOX 126
KATHMANDU, NEPAL



April 6, 1993

Ursula Hecker
Gossner Mission
Gossner Haus
handjerystrasse 19/20
1000 Berlin 41
(West) Germany

Dear Ursula,

The purpose of the United Mission to Nepal is to communicate the love of God by working with Nepali people in the name and spirit of Jesus so that they may have the capacity to fulfil their needs and aspirations. One aspect of this service has become increasingly difficult over the last few years. Assisting the poor to have access to health care requires a steadily rising subsidy from UMN.

One suggested solution is the creation of an endowment fund which would provide a continuing sources of funding to help the poor obtain basic medical services. The UMN Board has authorized a study to investigate the feasibility of an endowment campaign to raise between US\$10 - \$20 million.

I am pleased to inform you that UMN, with the assistance of a member body, has been able to recruit an experienced marketing and fundraising professional from the United Kingdom. John Chamberlain will be working for UMN for a period of 7 months up to the end of September. I enclose a brief resume of John's experience. I believe John will provide the guidance needed to this important project, as we seek God's way in providing essential services to those who could not otherwise afford them.

John will conduct interviews with member bodies and donor organisations to present the challenging opportunities which lie ahead for UMN in health services. Your guidance and support are essential to the future direction we take in this area and to the particular question of the feasibility of an endowment fund.

John will be visiting Europe June 14 to 25, 1993. I hope you can give time to see him during his stay. It would also be valuable if you could give us the names of any organisations, trusts and foundations, or indeed individuals you know who might be interested in funding work of this sort of life or death service. It is important for John to talk to as many potential supporters as possible.

The coordinator of John's programme in Europe is Ursula Hecker, whose address, phone, and fax are listed below. Ursula is currently a member of the Executive Committee of UMN. Please contact Ursula as soon as possible as to the best time for you or others from your organization to meet with John Chamberlain as well as any meetings you are able to set up for him with other organisations. Alternatively, give these contacts to Ursula who will set up the appointments.

Thanks in advance for all your support in this important feasibility study. We pray it will help us make the best decisions as to how we can all be more effective as part of God's mission in this land.

Yours in Christ

Edgar.

P.S. Thank you for helping coordinate this. See you soon in K'dn!

Edgar Metzler
Executive Director

EM/krs

cc: Ursula Hecker
Gossner Mission
Gossner Hous
Handjerystrasse 19/20
1000 Berlin 41
West Germany
Tel Ph. No. 0311-851-3061
Fax No. 308-593-011

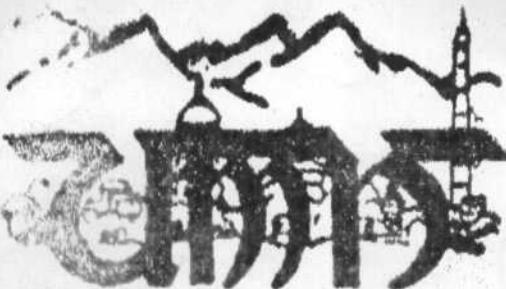
John Chamberlain
Myles Walburn
Tjerk Nap

BRIEF RESUME OF JOHN CHAMBERLAIN

John Chamberlain was born in London, England in 1958, and first entered the not-for-profit sector in 1988 after six years working for the English subsidiary of Henkel Chemicals KGaA, which has its headquarters in Dusseldorf, Germany. At Henkel John was responsible for the marketing and promotion of a popular range of adhesives, sealants, and DIY products in the UK market, many of them household names.

It was during this period John felt led to utilise his skills in a new and different way joining one of Britain's largest children's charities, the National Children's Home (NCH), as Marketing manager. It was through this Christian-based charity that John developed considerable experience, implementing fundraising programmes involving companies, trusts and foundations, volunteers and committed individual donors. In particular John has had valuable experience developing a major capital fundraising campaign involving a full feasibility study for NCH's 125th Anniversary in 1994.

Finally, but most importantly, as a committed Christian John shares in UMN's vision of its work in Nepal, serving its people and communicating the love of God through its service and our lives.



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
 Treasurer: Mr. Myles Walburn

Tel: 228116, 228060, 221379
 Telex: 2315 UMNEPA
 Telegrams: UMNEPAL
 Fax: 977-1-225559
 Location: K-1-325 Thapathali
 Mailing address:

POST BOX 126
 KATHMANDU, NEPAL

April 6, 1993

Ursula Hecker
 Gossner Mission
 Gossner Haus
 handjerystrasse 19/20
 1000 Berlin 41
 (West) Germany

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Thanks in advance for all your support in this important feasibility study. We pray it will help us make the best decisions as to how we can all be more effective as part of God's mission in this land.

Yours in Christ

Edgar

P.S. Thank you for helping coordinate this. See you soon in K'don!

Edgar Metzler
Executive Director

EM/krs

cc: Ursula Hecker
Gossner Mission
Gossner Hous
Handjerystrasse 19/20
1000 Berlin 41
West Germany
Tel Ph. No. 0311-851-3061
Fax No. 308-593-011

John Chamberlain
Myles Walburn
Tjerk Nap

* Cees Oskam, ICCO, P.O. Box 151, 3700 AD Zeist, The Netherland Telephone No. 3404-27811 Fax # 3404 256 14

* Susanne Kindler, Asia Desk, World Council of Churches, P.O. Box 2100, 1211 Geneva 2, Switzerland, Telephone No. 022 791 61 11 Fax # 022 791 03 61

Fredi Grob, Swiss Friends for Mission, Kehrstrasse 3, 8344 Baretswil, Switzerland, Fax # 1939 2818

* Ursula Moll, Bread for the World, P.O. Box 10 11 42, StafflenbergstraBe 76, D-7000 Stuttgart 10, Germany. Telephone No. 0711 2159-0, Fax # 0711 21 59-288

Christoph Dehn, Deintse in Ubersee, Section C, DU, Postfach 10 03 40, 7022 Leinfelden - Echterdingen Germany, Telephone No. 0711 7008-0, Fax # 711 7989 123

Ursula Hecker, Gossner Mission, Gossner Haus, Handjerystrasse 19/20, 1000 Berlin 41, West Germany Telephone No. 0311-851 3061, Fax # 308 593 011

New Telephone: 030/631 78 09
Fax: 030 / 635 11 98
Fax from April 6th: 030/636 11 98

Gossner Mission Fennstraße 31 D-1190 Berlin

Telefon
003 72 / 635 11 98
Telefax
003 72 / 635 11 98

OK

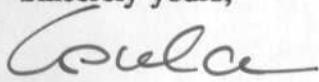
To the
Director of Finances of UMN
Mr. Myles Walburn
Post Box 126
Kathmandu - Nepal

Berlin, 30. März 1993

Dear Myles,

we agreed to be the coordinator for the appointments of John Chamberlain in Germany. Please send us more details about his dates and plans, so that we can organize his schedule accordingly.

Sincerely yours,



Ursula Hecker
Nepla Secretary

Postgiro Berlin West
BLZ 100 100 10
Konto 520 50-100

EDG Kiel (Fil. Berlin)
BLZ 100 602 37
Konto 139 300

Eingegangen

25. März 1993

Erledigt:.....

TELEFAX

UNITED MISSION TO NEPAL
 P.O. Box 126
 Kathmandu, NEPAL
 Telephone: 977-1-228118
 FAX NO: 977-1-225559

TO: Gossner Mission, GERMANYFAX NO: [REDACTED] 3085 93031FROM: The Rev. Ursula HeckerFROM: Myles WalburnDATE: March 19, 1993*er.*

Dear Ursula,

Greetings from Kathmandu, Nepal.

On March 10, 1993 John Chambless, Director of the UMTN, began a tour of Europe determining the feasibility of establishing a "pool of resources" for the poor in Nepal. The purpose of this tour is to gain experience in doing this kind of work, and to determine if this project until him and M. António Gómez. Starting in early May he will be in Europe for approximately 3 weeks, meeting with organizations as possible. His purpose in these meetings will be to establish contacts, seek reactions, suggestions and to identify possible sources of funds that member churches

We expect him to visit people in Germany between June 14 and June 28. He would like to visit with people from at least 6 organizations on "The Continent". To establish a schedule for him will require some coordination. The purpose of this fax is to ask if you (or someone you might designate) would be willing to do this. If you agree to be the coordinator for his appointments we will ask people from these 6 organizations to call you or your office with a specific date and time for his visit. You would have to the second week in June to complete this planning for his visit.

If you are able to help us in this matter we will send you more detailed information about each organization and additional suggestions. Please let me know by Fax if this is a possibility for you. I hope to hear from you soon.

Sincerely yours,


 Myles Walburn
 Director of Operations

Gossner Mission

Fennstr. 31, O - 1190 Berlin, Tel. / Fax: 030 / 6361198

Wir laden ein zu einem

Seminar

**in Berlin-Schöneweide
vom 23.-24.April 1993
über das Thema**

Neuer religiöser Fundamentalismus in Indien - Bleiben die Minderheiten auf der Strecke?

Programm:

Freitag, 23. April

18.00 Uhr: Podiumsdiskussion zum Thema

Frau Dr. Hiltrud Ristau, Asienwissenschaftlerin, Berlin

Dr. Marsallan Bage: Religionswissenschaftler, Indien

Frau Shalini Randeria, Soziologin, Berlin

Dieter Hecker, Gossner Mission, Berlin

Samstag: 24. April

9.00 Uhr: Dr. M. Bage

Adivasis in der indischen Gesellschaft.

11.00 Uhr: Dr. Hiltrud Ristau

**Kommunalismus als indische Erscheinungsform des
Fundamentalismus.**

14.00 - 15.30 Uhr: Arbeitsgruppen

- 1. Ureinwohner als gesellschaftliche Kraft.**
- 2. Gesellschaftliche Entwicklungen und
religiöses Bewußtsein in Deutschland.**

16.00 - 18.00 Uhr: Schlußgespräch.

Mit Gen.Sup. Dr. G. Krusche, Berlin:

- Visionen für Wege aus der Krise**
- Hoffnungen für die Welt**
- Erwartungen an die Religionen.**

Wir bitten um Anmeldung!

Juni 1993

Mo.

14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26.

Jü Jörg Schmäger

X
nach
Worms

0711 7989 231

Brot f. d. Welt

J. Lindau / blaue 3.-30.6. Moll 0711-2159
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Swiss Friends
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World Council
of Churches CH

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0031 3404 256 14 Fax
Nellere (Nepal) 0031 3404 27811 Tel.

DITÄM, Tübingen

ab
1400

Frau bei DITÄM Dr. Berthold
iheringhausen 07071 206 511

Christoffel Blindenm.

1400

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in iheringhausen

Bergmann

J. Heder hat T. notiert

grosser Mission

Hotel Badsee
Um Gern aus telefonieren

HH - EMW

John Chamberlain privat
004671 700 3439



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. Myles Walburn

Tel: 228118, 228060, 221379
Telex: 2315 UMNEPA
Telegrams: UMNEPAL
Fax: 977-1-225559
Location: K-1-325 Thapathali
Mailing address:

POST BOX 126
KATHMANDU, NEPAL

Eingegangen

26. Jan 1993

Erledigt:.....

To Ms Ursula Hecker
Secretary for Nepal
Gossner Mission
Gossner Hause
Handjerystrasse 19/20
1000 Berlin 41
Germany

18th January, 1993

Dear Ursula,

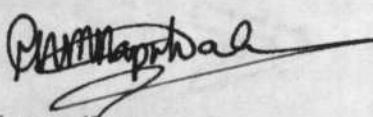
Thank you for your fax of January 6th. I was very encouraged to be informed about Gossner Mission going to transfer DM 1.000,00 to the UMN account for the Consultation on Theological Education in Nepal. Things seem to develop as planned and we are looking forward to the meetings in March.

Concerning your request for information about the Church for Nepali people in Germany: I talked about this with Simon Pandey, the Executive Secretary of NCF (National Church Fellowship, Nepal), and gave him your address. He has promised me to send the regular NCF Newsletter in Nepali to you.

I am happy for you to pass on the paper "The Church in Nepal" to the social worker for her private use. *er.*

Thank you again!

Yours sincerely,



Corry Nap,
Nepali Church Liaison.

Siegfried Rich
Postfach 2851
W-6550 Bad Sodenbach
0671 25165

6.1.93 1609 A

Gossner Mission Berlin - Telefon/Fax: 030 / 635 11 98

The United Mission to Nepal

Mrs. Corry Nap

Nepali Church Liason

P.O.Box 126

Kathmandu / Nepal

January 6, 1993

Consultation on Theological Education

Dear Corry,

first of all we from Gossner Mission wish you and your family a blessed and good New Year. May the promises of our God lead to a more peaceful and hopeful life for all the people in our world.

I would like to inform you that Gossner Mission is going to transfer DM 1.000,00 to the UMN account for the Consultation on Theological Education you are planning to organize.

Although I don't have much knowledge and experience about Nepal and the Nepali Church this topic seemed evident to me while staying in Kathmandu. So I think a coordination and evaluation of theological training might be necessary and a strategy to go further on with it. Therefore I hope this amount of money will be of a kind of help.

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Apart from that I would like to ask you something: I've got a request from a social worker who is working among asylum seeking people - also working among Nepalis. It seems that a lot of members of a kind of a free church from the USA are converting the Nepalis here in Germany. Normally, these people from Nepal don't know much about the Church in Nepal and sooner or later they might have to go back to Nepal. So we think they would be grateful to get some information about the Church in Nepal - preferable in Nepali due to their rather poor English. Can you provide them with something like newsletters, informations about the Church in Nepali etc.? If so I would be grateful if you could regularly send me a copy of this material which we would cyclostyle here in Berlin.

To provide the social worker with a bit of information I would like to send a copy of your paper "The Church in Nepal". I hope this will be fine with you and it is only for private use.

Thanking you so much
I remain with best wishes
yours sincerely

Ursula Hecker
Ursula Hecker
Secretary for Nepal

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Lochung verstärkt
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Weitere Transblätter bestellbar:
1652 in 6 Größenarten

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LEITZ Transblätter chamois
1650 Lochung hinterklebt
1654 Lochung mit Ösen

Gossner Mission
0049-30-636 1198

यूनाइटेड मिसन टु नेपाल



United Mission to Nepal

Lieke Ursula,

we are still waiting approval for TILL RATHERT, Solmsstr. 2b, 12361 Berlin as an medical elective. We kept a place for him, but need your approval. His application form is with us. Please, if possible, react before Christmas.

Greetings to you and to all of you!

I wish you a merry
Christmas!

Dorothee

Community Mental Health - A Model Pioneered In Nepal

THE PROBLEM:

Nepal has nearly 20 million people.

2% psychotic, 10-12% other mental illnesses (Shrestha 84)

There are 13 psychiatrists & 6 psychiatric nurses, mostly Kathmandu - based. There are about 64 psychiatric beds.

THE PROGRAM:

Starting in 1984, United Mission to Nepal's Mental Health Program has been involved in mental health training and supervision of community health-post workers. Rural Nepal has over 800 health posts, each with 5 trained staff, which are responsible for curative and preventive services at village level. Till recently training curricula for these staff had no mental health component. Yet mental health is part of primary care and can be provided at a simple level, commensurate with other health post activities. Program has so far been implemented in 3 of Nepal's 75 districts.

METHODS:

Health Post staff and some of their supervisors receive mental health training in 10-day blocks taking 12 staff at a time. After training, program staff visit the health posts for supervision, motivation and further teaching and also to elucidate problems that might be corrected in future training. Referral is encouraged as is discussion with the psychiatrist at the regional center. Next step is follow-up training, and community teaching in order to improve utilization of the service and slowly to change attitudes. Community health volunteers, traditional healers and village health workers have all begun to receive training.

INPUT:

Training includes lectures, demonstrations, clinical experience, discussion, videos and role-play. Pre- and post-training assessment is built in, and participants trained in a simple recording system. The most common mental illnesses are described: psychosis, organic and functional; neurosis, i.e. depression, anxiety and hysteria; epilepsy; mental retardation; alcoholism etc. Participants are instructed in the use of 5 drugs which are provided by the program: Chlorpromazine; Trihexyphenyl (anti-parkinsonian for side-effects; Amitriptyline; Phenobarbitone; depot-Fluphenazine (long-acting injectable antipsychotic.) Simple counselling techniques are taught. Clear and definite guidelines are laid down for diagnosis, starting dose, timing of dosage changes, hospital referral and discontinuation of treatment. In this way it is hoped that those most likely to benefit from treatment will be identified and helped. Successfully treated patients are our best advertisement.

FURTHER WORK:

The program has been implemented on a smaller scale and with some modification by an expatriate General Practitioner working in a fourth area, and during the course of his normal duties.

FUNDING:

Some government funding has been received but the bulk of project costs has come from Foreign aid organizations. The total cost of the program for 2 years including drugs, training, salaries and transportation will be somewhat under 14,000 US Dollars.

Presented by: *Sarah Acland*.

Dr. Sarah Acland, M.B.B.S., M.R.C. Psych.
Psychiatrist
Mental Health Program, UMN

February, 1993.

Ursula Heckev

20. Oktober 1992

Gespräch mit Dr. Chris Wright - UMN

Die fein-sinnige, differenzierte Engländerin koordiniert als Medizinerin innerhalb der UMN die Basis-Health-Programme und ist zuständig für die Beratung von Regierungsprogrammen im Gesundheitswesen. Gemäss ihren Ausführungen ist der partnerschaftliche Ansatz in der Programmarbeit inzwischen sehr weit entwickelt. Die Zusammenarbeit zwischen den Medizinern und den dörflichen Naturheilern ist kein Tau mehr und ermöglicht eine gemeinsame Weiterentwicklung.

Therapie-Programme für psychosoziale Störungen gibt es hier in unserem Sinne noch nicht. Für körper- und geistigbehinderte Kinder und Jugendliche sind einige wenige Einrichtungen vorhanden. Für psychisch kranke Erwachsene aber existiert nichts. Die 'Verrückten' leben so lange wie möglich in der Familie. Wenn das Zusammenleben unmöglich wird, werden die Betroffenen oft von den Angehörigen ins Gefängnis gebracht. Sie werden eingeschlossen, isoliert und entbehren jeglicher Behandlung. Neuerdings hat Chris Wright die Erlaubnis, im Frauengefängnis von Kathmandu psychisch kranke Frauen zu besuchen. Die dortigen Zustände sind mehr als bedenklich. Zum Teil angekettet leben die Frauen in einer Art Kloake. Immerhin werden die kranken Frauen von den anderen Insassinnen in einer umsorgenden Art betreut. Trotzdem treten praktisch keine Suizide auf. Selbstmord ist in Nepal gesetzlich verboten und Suizidversuche werden bestraft. Eine neu ins Leben gerufene Gefangenbetreuung mit entsprechender Öffentlichkeitsarbeit soll die Lage verbessern helfen.

An psychischen Krankheiten fallen vor allem Depressionen, Phobien und Neurosen auf, wovon Frauen mehr betroffen sind als Männer. Die Frauen werden sehr jung verheiratet. Solange sie keine Söhne gebären, stehen sie in der Familien-Hierarchie auf der untersten Stufe. Sie arbeiten innerhalb der Grossfamilie extrem viel und lange. Männer können sich von einer psychisch kranken Frau relativ leicht scheiden lassen, was umgekehrt nicht gilt. Kranke Männer werden in der Regel von ihren Frauen sehr lange versorgt, gepflegt und betreut.

Ein grosses Problem stellt der Umgang mit Epilepsie dar. Diese Krankheit tritt hier sehr häufig auf, bedingt durch Hirnhautentzündungen, Geburtsprobleme und Unfälle. In Unkenntnis über diese Ursachen verharren die Angehörigen im Glauben, dass die Betroffenen verflucht, respektive von Dämonen besessen wären. Die medikamentöse Hilfe ist weitgehend unbekannt. So wird versucht, über Radio-Hörspiele das Krankheitsbild und dessen Therapiemöglichkeiten aufzuzeigen. Es gilt die Gesellschaft aufzuklären, dass diese Krankheit keine Strafe der Götter ist. Die Familienangehörigen werden gesellschaftlich geächtet, weil man glaubt, dass diese Krankheit ansteckend sei. Da dem Kranken während einem Anfall aus Berührungsangst nicht geholfen wird, sterben viele an Erstickung, Verletzungen, Verbrennung oder Ertrinken.

Im Bereich geistiger Behinderung (3% der Bevölkerung) dominieren die Krankheitsbilder Dow Syndrom und Kretinismus. Eine 5-Jahresplanung zur Impfung gegen Kretinismus ist angelaufen. Die Hebammen-Ausbildung wird zusehends verbessert, so dass die noch relativ häufigen, durch Sauerstoffmangel bedingten Schädigungen bald verringert werden können. Nach der neuen Verfassung ist die Regierung für die Betreuung geistig und psychisch Behindeter zuständig.

Die Alkohol-Problematik ist in den Dörfern ein grösseres Problem als in den Städten Nepals. Dorfälteste und traditionelle Heiler werden oft in Form von Alkohol bezahlt. Während der häufigen Feste und bei offiziellen Anlässen wird oft im Uebermass getrunken. Alkohol wird auch als Mittel eingesetzt um die kalten Winter in den Bergregionen zu überstehen. Bei manchen ethnischen Gruppen, z.B. bei den Sherpas findet man auch alkoholabhängige Frauen.

Der illegale Drogenkonsum ist vor allem in Kathmandu bekannt. Zahlen über Drogentote sind keine bekannt. Man weiss aber, das mittlerweile auch viele Kinder drogenabhängig sind. Weil der Stoff selten rein ist sind auch hier die Sekundärkrankheiten häufig. Durch den Touristeneinfluss und der anwachsenden Landflucht mit gleichzeitiger Entwurzelung wird mit einer Zunahme des Problems gerechnet.

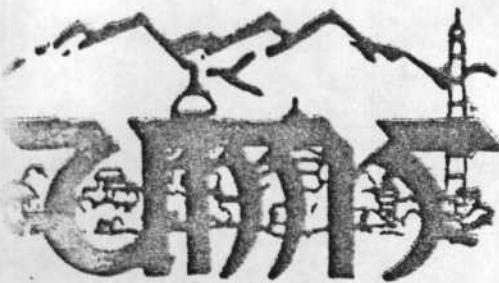
Margot Kienzle

Darf veröffentlich
werden mit Hinweis
auf Reisebericht der
Erwachsenenbildung
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Dornbirn

Eingang 22.1.93

THE UNITED MISSION TO NEPAL



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Treasurer: Mr. Myles Walburn

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POST BOX 126
KATHMANDU, NEPAL
January 12, 1993

Dear Co-workers.

For several years we have all been concerned about the seemingly insolvable dilemma in the cost of UMN related hospitals. We want to keep hospital fees as low as possible to provide services to the poor. Yet, to do so, means that UMN must subsidize hospital operating expense at a cost that increases each year.

One suggested solution to this dilemma is that an endowment fund be established. But is it possible for UMN to raise an endowment to provide hospital care for some of the poor of Nepal? It is estimated that the amount needed might approximate US \$ 20 million. How would we go about raising such a large sum from friends in Europe, North America, Australia, New Zealand and other countries in East Asia?

The UMN staff has proposed that now is the time for us to find out whether or not such an effort might be successful. A proposal was made to the Finance Committee on November 25, 1992. They agreed and recommended it to the Executive Committee who approved. The Board of Directors added its encouragement. So, this letter is to start the process of testing the feasibility of an endowment campaign that might begin in 1994 to help celebrate the 40th Anniversary of the founding of the United Mission to Nepal.

The plan calls for feasibility study to be done by an experienced, professional fund raising consultant. It is vitally important that we locate the right person for this task which, we estimate, could take six to 10 months to accomplish. Below is a list of characteristics that would be found in the ideal person for this important assignment.

Do you know of someone who might qualify and be willing to consider such an assignment? If so, could your organization consider appointing such a person to UMN for this task? If you don't have such a person in your organization, do you know of some one among the wider network of friendships who might be interested in this challenge? If not could you help with the support of a person found outside the UMN family?

Since we would really like to get this project under way by early spring, 1993 your prompt attention to this request would be appreciated.

The ideal fund raising consultant we are seeking would have the following characteristics.

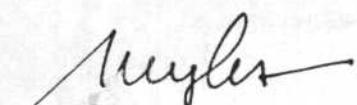
1. Experience in capital (endowment) fund raising. Additional competence in annual giving programs would be desirable. If possible, the person should also have experience in planned giving (deferred giving) methodologies.

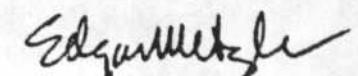
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2. Judgment and Decision Making - The ability to evaluate relevant information, recognize alternatives, reach conclusions based on evidence without undue vacillation.
3. Planning and Organizing - The ability to structure activities for maximum advantage & efficiency; establish measurable objectives, set priorities; a self-starter.
4. Oral Communication Skill - Able to project an image of credibility and sincerity in both informal and group settings.
5. Written Communication Skill in English - The ability to write in a clear, direct, interesting & effective way.
6. Human Relations Skill - The ability to develop relationships that enhance understanding, confidence, communication; the ability to understand the needs and feelings of others; the ability to persuade, motivate and convince others.
7. Maturity - Ability to handle frustration & ambiguity; emotional and behavioral self-awareness;
8. Commitment An understanding of and loyalty to the purpose of UMN and a willingness to learn about its history and program. This will involve a willingness to undertake extensive travel.

Since we would like to begin this feasibility study within the first three months of 1993 your prompt attention to this request would be appreciated.

Sincerely yours.


Myles Walburn
Finance Director


Edgar Metzler
Executive Director

Summary of Paper For Symposium On

**"EMERGING COUNTRY MENTAL HEALTH PROGRAMS
IN DEVELOPING COUNTRIES"**

NOVEMBER 1992.

AT WORLD CONGRESS OF SOCIAL PSYCHIATRY.

TITLE: "MENTAL HEALTH SERVICES IN NEPAL: PAST, PRESENT AND FUTURE"

AUTHOR: Dr. C. Wright, Director, Mental Health Program, United Mission to Nepal, Kathmandu.

SUMMARY

This paper first describes the context of mental health care in Nepal; outlines the history of it's development since the first psychiatrist was appointed in 1961; and summaries present arrangements for mental health care planning, funding and training.

Then follows a detailed description of existing Community Mental Health Programs, as run in three districts of the country. The programs are based on primary care provided by non physician health workers; supervision being provided by District Public Health Supervisors and the locally based psychiatrist - who also provides hospital based secondary care. First line psychotropic drugs are provided to the Health Posts through the usual drug distribution. Training is given to all levels of community health staff, with 9-10 day block training for senior level curative staff. Initially held in Kathmandu, these are now often held in regional centres, as two five day blocks. Pre and post training assessments are carried out. All three programs use the same patient record form; and the computerized database derived from these is now providing invaluable feedback to local staff. The costs of in-service training, drugs, and record system in these programs is met from external funding, other costs by the usual district budget. Some of the important issues relating to services - prescribing, record-keeping, training and supervision - revealed by a recent 5 Year Evaluation Study are presented.

The draft 'National Mental Health Plan' submitted to the Nepal Medical Association in 1991 is described; with strategies focusing on decentralization of mental health services, and their integration into general health care structures; and activities outlined for each level of that structure. The present progress in the Plan's implementation is given.

The distinctive features of Community Mental Health Services in Nepal are discussed, along with the shifts of emphasis that have occurred over recent years. In particular, the key role of paramedical health workers; the development of a simple four step diagnostic process; the system of ongoing process evaluation and feedback through a computerized database of the patient record forms; the shift to more emphasis on common presentations of depression and anxiety; and the development of local training centres are highlighted.

"Mental Health Services In Nepal: Past, Present and Future"

PAPER FOR SYMPOSIUM ON
 "EMERGING COUNTRY MENTAL HEALTH PROGRAMS
 IN DEVELOPING COUNTRIES"

BACKGROUND TO MENTAL HEALTH CARE IN NEPAL

As many of you will know, Nepal, though a relatively small country, has a very varied terrain - ranging from the high Himalayas in the north to the plains of the terai in the south. The country's geography has had a very major impact on development of all kinds, as the terrain makes communications and transportation in general difficult, and many communities remain isolated and far from any centre.

The country is divided (from west to east) into 5 development regions. These development regions are divided into 14 zones and thence into 75 districts. The total population is 19 million, of whom only 10% are in urban areas. The G.N.P per capita is 180\$ U.S. and there are a large proportion of people below the absolute poverty line - approx. 40%. Life expectancy is around 54 yrs (55 for men, and 52 for women) and under 5 mortality is 189 per 1000 live births. The overall literacy rate is 43% with 51% in urban areas. (figures from "State of Worlds Children 1992" and "Health Information Bulletin, HMG Nepal - HMG Census Figures, Asia Week.")

What is the availability of health care services? There are 4,768 hospital beds in the country (including private) - a hospital bed to population ratio of 1: approximately 4,000 population. There are approximately 11,600 doctors giving a doctor to population ratio of 1:11,875 but much lower in rural than in urban areas. The mainstay of community health services is the health post system - and there are 816 in the country - 1:23,181 overall, though coverage populations are much lower in the mountain areas.

The structure for health care services is from the central Ministry of Health through Regional Directors of Health, who have responsibility both for hospitals and for public health care in their region. Each district has a district public health office which, through a number of supervisors supervise the work of the health posts (9-16 per district). These health posts have a basic staffing of a health assistant (in-charge), 2 Auxiliary Health Workers, 2 Auxiliary Nurse Midwives, and a number of village health workers, who are the grassroots level workers. In some areas there

may also be specialist workers e.g. in Malaria, Family Planning etc. There is also a system of Women Community Health Volunteers, who are trained and supervised through the District Public Health Office and the local health post.

Recently a lower level of health facility - the 'sub health post' has been added to the system for areas where a health post covers a very large area or population, and in the near future 1 Primary Health Care Centre will be developed in each electoral districts (total No. 205) which will have 1 doctor per each Primary Health Care Centre.

The staff of these health posts are key to our approach to community mental health services. At present there are:

1,168 Health Assistants;
 2,021 Auxiliary Health Workers
 2,126 Auxiliary Nurse Midwives
 4,015 Village Health Workers
 and 14,000 Women Community Health Volunteers
 in the country.

There are also 655 trained nurses in government service, but almost all of these are working in hospitals with a very few District Public Health Nurses.

MENTAL HEALTH SERVICES

It is against this background that the Mental Health Service figures maybe seen. At present there are a total of 65 psychiatric beds available in the public sector for the whole country - 58 of which are in Kathmandu. i.e. a hospital bed to population ratio of 1:292,300.

There are 14 psychiatrists - 10 of whom are in Government service: a psychiatrist to population ratio of 1 : 1,357,140.

There are 6 psychiatrically trained nurses, and no clinical psychologists or psychiatric social workers.

The local N.G.O. sector has been active in the area of drug abuse with around 22 local N.G.Os. now operating: and 2 I.N.G.Os have provided funding and personnel for general mental health work.

THE HISTORY OF DEVELOPMENT OF MENTAL HEALTH SERVICES IN NEPAL

Psychiatry is still a young specialty in Nepal. Until 1960 there were no specialist psychiatric services available and patients who could afford it travelled to Ranchi (from mid Nepal), Agra or Bareilly (from West Nepal) and Tejpur or Lucknow from East

Nepal. However the majority remained untreated; received treatment from traditional healers or Auyrvedic Practitioners; or ended up in jails.

To summarize this history

- 1961 The first psychiatrist returns from his studies and a small O.P.D. Psychiatric Unit is opened at the main national level hospital, only extending to in-patient care in 1965.
- 1975 Army Psychiatric Unit is opened in Kathmandu.
- 1980 W.H.O. first provides funds for Mental Health Work in Nepal. This is ongoing.
- 1983 The Psychiatric Unit is transferred out of the national general hospital and into a separate site, to become the present 'Mental Hospital' of 42 beds.
- 1984 A Pilot Community Mental Health services program starts in part of Lalitpur District, Central Nepal, under United Mission to Nepal, an I.N.G.O.
- 1986 The Psychiatry Department is opened at Tribhuvan University Teaching Hospital, Institute of Medicine, and regular input into some of the health worker curriculae commences.
- 1987 For the first time a government psychiatrist starts works outside of Kathmandu, in Pokhara.
- 1987 Mental Health Project of Institute of Medicine starts intensive short-term training courses for health worker tutors to enable integration of mental health teaching into general health worker curriculae. Revisions start on some curriculae to include more mental health.
- 1988 Bhaktapur District Community Mental Health Services Program starts under Mental Hospital, with W.H.O. funding.
- 1989 National level workshop on 'National Mental Health Planning' is held in Kathmandu.
- 1990 Mental Health Project of Institute of Medicine starts a Community Mental Health Services Program in Morang District, Eastern Nepal and, at the request of the project, 6 months later Ministry of Health posts a psychiatrist to the local zonal hospital, which is in that district.

1990 Following the political revolution in the country Home Ministry gives permission to the Mental Hospital and United Mission to Nepal to work with mentally ill prisoners in one particular jail designated as being a jail hospital for the mentally ill.

1991 The Nepal Medical Association requests the drafting of a 'National Mental health plan' as they consider mental health services a neglected area: this plan to be for consideration by Nepal Medical Association and consequent submission to Ministry of Health. A draft plan is prepared by psychiatrists at the Institute Of Medicine.

1991 The new constitution of Nepal states, in its "Directive Principles" that it is the responsibility of the government to look after mentally ill and mentally retarded persons, and their health, social and other needs.

1992 The Mental Health Project, Institute of Medicine, starts a Community Mental Health Services Program in Kaski District in Western Nepal in cooperation with the locally based psychiatrist and the District Public Health Office.

1992 Community Mental Health Services in Lalitpur District are extended to the whole of the district through the Government District Public Health Office.

1992 A national seminar on "Community Mental Health Services in Nepal" is held in Kathmandu, bringing together people from the different programs with central health planners and others.

AT PRESENT:

Community Mental Health Services
 - reach only 7% of the population nationally.

Mental Health Planning

- is all done through Ministry of Health but with no mental health planning unit. It is covered only by other general health sections in Ministry of Health.

Training

- all health worker curriculae with the exception of one paramedical group (Auxiliary Nurse Midwives) now contain a significant and appropriate content in mental health.

MBBS and nursing curriculae contain high levels of

mental health teaching, and the M.D.G.P. contains one month psychiatry also.

There are no post-graduate training facilities for psychiatry nor any psychiatric nursing training.

Funding for Mental Health Services

- At present funding for the Mental Hospital, Teaching Hospital Psychiatry Department, Psychiatrists posts, and mental health planning at Ministry of Health are met by government funding.
- W.H.O. supplies a biannual Mental Health Budget to be used as directed by the Ministry of Health.
(i.e. This will now be the second item in the funding for mental health service section.)
- Funding for the Community Mental Health Programs has had to be sought outside - one from W.H.O., (through Mental Hospital) and 3 from 2 other I.N.G.Os. (through Institute of Medicine).
- A small amount of funding for the Mental Health Project, Institute of Medicine is received from Tribhuvan University.

EXISTING COMMUNITY MENTAL HEALTH SERVICES PROGRAMS

Community Mental Health Services Programs now exist in four districts of Nepal - two adjacent to the Kathmandu valley, one in the South Eastern Terai, and one in the middle hills of West Nepal. The areas vary greatly in topography, population density, level of development etc. and the programs have differed according to these factors.

However 3 of the 4 programs follow a similar model with the following features:

- i) An integrated approach into general community health services.
- ii) Primary Mental Health Care services being provided by non-physician health workers based at health posts.
- iii) Secondary level mental health care being provided by a hospital based psychiatrist.
- iv) Supervision being provided by local District Public Health Office supervisors (again non physician) with less frequent supervision by the locally based psychiatrist.

In one program only there is a designated mental health supervisor (a DPN Nurse).

- v) All staff, (with the exception of central project staff visits to each program) being regular staff of that area's community health services; or psychiatrists in employment at the major hospital in that region.
- vi) In one district the referral centre and psychiatrists are at the National Mental Hospital which lies on the edge of that district; in another the psychiatrist is at the major regional level hospital and in a full time hospital post: and in the third district the psychiatrist has a hospital post but his job description includes time for supervision of Community Mental Health Services Programs.
- vii) Training is given to all levels of community health staff, according to their designated mental health tasks. The block training for senior health post staff, who have both curative and preventive roles, is task orientated and has heavy emphases on the interrelationship of physical and mental health, the somatic presentations of psychiatric disorder, and on clinical exposure.
- viii) Block trainings were initially all held in Kathmandu but now are also held at regional centres: they were initially 9-10 days but now are often two 5 day periods instead: in each district they are first attended by supervisors, then by senior level health post staff: and teaching is carried out by psychiatrists, psychiatric nurses, or other trained supervisors. Pre- and post-training assessments are carried out on all attending.
- ix) First line psychotropic medicines are provided to the health posts through the usual drug distribution system of the District Public Health Offices.
- x) In-service training costs, drug costs, and record system costs are being met by funding external to the usual District Public Health Office budget. No funding is being provided to the referral hospitals except a few free medicines for very poor patients.
- xi) All 3 programs are using the same patient record form, and information from these is regularly fed into a computerized data base. Feedback is also given regularly to local staff from this.

The fourth district program is not working through the health post system, although initially some training was given to health post in-charges. A regular psychiatric clinic is

run through the district hospital where attendance rates have been very high, despite the relative proximity to Kathmandu.

ISSUES IDENTIFIED IN THE COMMUNITY MENTAL HEALTH PROGRAMS

Through the recent 5 year Evaluation of one Community Mental Health Services Program, as well as the ongoing experience of the other programs several issues have been identified as needing consideration in the future:

1. That the Community Mental Health Services Programs do constitute a significant workload addition for the health post workers: but that overall staff attitudes to their mental health work were very positive with high job satisfaction recorded.
2. That there is a need in psychiatrist's job descriptions for a proportion of their time to be designated for training and supervision of Community Mental Health Services in their area.
3. That the patients using health post based services do constitute a group who largely do not use centralized specialist services.
4. That regular and good supervision following initial training is a key issue in the development of such services.
5. The issue of record keeping by paramedical staff needs ongoing review. Our present forms seem more effective than previous ones, but we are not yet satisfied that this is the optimum.
6. Regarding paramedical staffs' prescribing of psychotropic medicines: that firstly, dosages are often too low, especially in psychosis and epilepsy: and secondly, that duration of treatment in depression is often too long. This area needs emphasis in training.
7. That the costs of psychotropic medication are too high to be met within the routine district health budget, and that these, and training costs, need at present to remain as an external budget.
8. That this model is effective and possible within the Nepal rural context, but that further study needs to be made of appropriate models for urban areas.
9. That community involvement in these programs is a key factor, and that there is a need to experiment with

new ways of working with community groups, to enhance their input and confidence in these programs.

SUMMARY OF DRAFT NATIONAL MENTAL HEALTH PLAN

In November 1991 a draft National Mental Health Plan was submitted to the Nepal Medical Association for consideration, adoption and forwarding to Ministry of Health for their adoption.

OBJECTIVES of the National Plan are as follows:

1. To ensure the availability and accessibility of minimum mental health care for all in Nepal in the foreseeable future, and in particular to the most vulnerable and under - privileged groups of the population.
2. To ensure an adequate awareness and knowledge of Mental Health issues amongst general health workers; both for the assessment of psychosocial aspects of any disease and use of appropriate intervention measures, and also for ability to manage mental illness.
3. To encourage the application of Mental Health principles in the planning and implementation of socio-economic development.
4. To encourage the role of indigenous community structures in meeting the mental health needs of their own communities, and in the promotion of mentally healthy lifestyles in keeping with the cultural traditions of Nepal.
5. To ensure the fundamental human rights of the mentally ill in Nepal through appropriate legislation and adequate health services.

Strategies of the plan focus on the decentralization of mental health services, and their integration into general health care; on training in mental health for all general health workers; on the adequate supply of essential psychotropic drugs; on the development of specialist psychiatric manpower; and on the development of a coordinated approach to mental health services at different levels of care. Other strategies include research and evaluation into services; the active interaction of services with the communities they serve and the enhancement of these communities participation; the development and implementation of a Mental Health Act; and the involvement of mental health professionals in wider socio-economic planning processes.

The plan outlines activities needing to be undertaken, in

consideration of the real constraints for health services in the country. Activities are divided according to their level - ranging from the activities of a centralized coordinating and planning unit; through the regional mental health teams' work with regional clinical, training and coordination roles: to the provision of 5 bedded psychiatric units at zonal hospitals: and the district level community mental health programs and district hospital support from a general doctor who has received short-term mental health training. A Central Advisory Committee is recommended to be chaired by the Ministry of Health and containing representation from other ministries as well as from mental health and other professionals.

PROGRESS IN IMPLEMENTATION IN NATIONAL PROGRAM

To date the draft National Mental Health Plan for Nepal has been received by the Nepal Medical Association and has been circulated for comment. A committee in the Nepal Medical Association will then revise it, and in March 1993 it will be adopted as an official policy document of Nepal Medical Association: who will then request the Ministry of Health to adopt it as national policy.

Copies have also been circulated to Ministry of Health section heads and to National Planning Commission members. In addition, at the recent Community Mental Health Seminar a discussion session on the draft was held, and Ministry of Health, National Planning Commission, and Members of Parliament were present.

Through this process, although there is not yet an adopted National Mental Health Plan, there has been an influence on the coming 5 year Health Plan that now includes a general statement on the need for mental health care to be included as part of general health care. So, it is now possible to include mental health care in the yearly plans. A central Mental Health Unit, which will probably be attached to Public Health Division has been approved by Ministry of Health in principle, very recently, and should be implemented within the next few months.

Probably the most encouraging area to date is in the development of mental health components in existing health worker curriculae. All paramedical courses except one now have a significant mental health input, and this is recognized as an important part of the training. All permanent tutors from every health worker campus in the country have attended short intensive 10 day block training courses in mental health, and at present in a follow up phase to this work 1 or 2 tutors from each campus are receiving a longer period (1 month) of training to further their skills and confidence in their teaching. The MBBS curriculum now has 50 hours theory classes, and 186 hours clinical in psychiatry - with 2 weeks part time clinical attachment in 4th year and 2 weeks

full-time in the 5th year.

The development of suitable training modules for different levels of health personnel, and of a core group of psychiatrists and nurses (even though limited in numbers) now able to carry out such training is also significant progress.

Lastly, 3 of Nepal's five regions have, at least, a psychiatric presence - with a referral hospital psychiatrist and at least one district health program.

We have a long way to go - at present only 7% of the population are covered by these community mental health services, but momentum is now increasing for further expansion.

INNOVATIONS IN MENTAL HEALTH CARE

The extreme shortage of professional mental health workers and psychiatric facilities in Nepal has greatly limited the development of mental health services to date. However there have been some positive aspects to these shortages: one of which is that there is no residue of large chronic mental hospitals. Some chronic mentally ill are in jails, but the majority have remained in their communities, though with high cost to their families.

Secondly, and this is the distinctive quality of community mental health services in Nepal, these services are based on non physician health workers - not only in identification and referral as is happening elsewhere, but also in diagnosis, treatment and overall management of the patients and of the program. Not only at the health post staffed by non-physician health workers, but so are their district level supervisors. These supervisors are general, multipurpose supervisors, and in each district there are between 5 and 8. At present they have a psychiatrist to technically advise them locally, but until psychiatrists are more widely spread in Nepal, this may not be possible in new areas - where psychiatrists input may be periodic only.

Similarly our identification and referral system rests primarily on female community health volunteers, and village health workers, who have little health training: as well as local N.G.Os., traditional healers, and traditional birth attendants in the communities served. We have actively sought the involvement of local N.G.Os. and it has been encouraging that as we have instigated services in an area, the local N.G.Os. have developed their own mental health interests.

There have been 5 major shifts in our emphases in the community mental health services over time:

Firstly, we have shifted from an emphasis more on major

mental illness - psychosis and epilepsy - to one more on common (somatic) presentations of depression and anxiety. Our training blocks have reflected this shift and early figures for the first 6 months of one program recently showed as many cases of depression identified as of psychosis - showing a similar shift in health worker recognition.

Secondly, as the programs in the two regional centres have developed, we have been able to shift the site of block training activities more to the local base.

Thirdly, out of experience in training and working with paramedical workers, we developed a simple 4 step diagnostic process to be worked through by health workers with each patient. These 4 steps, focus on differentiating between firstly, physical and mental illness; psychosis, neurosis and "other"; secondly, different kinds of psychosis, neurosis or "other"; and lastly defining severity of depression or course of psychosis: we feel they allow health workers a clear, simple process, which gives them a framework for all psychiatric disorder, rather than a focus on particular diagnoses. The process is included on our patient record forms. To date we have found this very effective with our health workers, and indeed we feel that if most doctors were to reach this level of diagnostic accuracy we would be pleased!

Fourthly, our patient record forms have also evolved over the years. Initially we used the 5 separate forms developed and used in W.H.O. centres in India. However we found that for paramedical workers these were too cumbersome and complicated and we have now moved to a single form which is designed to correlate with their training - especially on the diagnostic process. The form therefore includes symptom check lists for the health worker to test out his/her provisional diagnosis as well as items to be checked to exclude the possibility of missing important alternative diagnoses. Our monitoring process allows us to know which items on the forms are not being well completed and to monitor this for individual health posts and so give any needed training input.

Lastly, in the last year we have introduced a system for ongoing process evaluation. All patient record forms from 3 districts are entered by one programmer into a Dbase on the computer, and updated 3 monthly. This not only allows for research into the programs, and comparison from district to district, but also for regular feedback to the district health staff regarding their individual health post performances, as well as general information and figures for their district. As I mentioned earlier, there can also be feedback on satisfactory completion of the record forms; and on issues such as referral sources, and medicine stocks etc.

ADMINISTRATIVE AND LEGAL MEASURES TO SUPPORT THE MENTAL HEALTH PROGRAMS

The present administrative and legal system causes certain major problems for mental health care:

Firstly, there is no central unit for planning, and therefore no coordinated approach or philosophy to community mental health services. There has been no acceptance by government that mental health care is a public health issue - except in the area of drug abuse where there is more awareness (but this comes largely under a different ministry.). Different funding has had to be sought for each community mental health services program.

In the absence of availability of services the penal system is prominent in relation to the mentally ill in Nepal, where a large number of the disturbed psychotic population may have come into contact with the legal system through disturbed behaviour, or their family may bring them out of desperation. Thus the jails have become a very basic level of asylum care. The new constitution of Nepal in 1991 recognized in its "Directive Principle" - that it is the responsibility of the government to look after the mentally ill and mentally retarded, and their health, social and other needs. The present legislation regarding mental health and illness is very outdated, and needs revision.

The needs for administrative and legal measures to support a National Mental Health Program are outlined in the draft Mental Health Plan, and include rationalization of planning through a central unit; coordination of Ministry of Health and Institute of Medicine mental health activities; development of a Mental Health Act to ensure the human rights of the mentally ill; and a political commitment in the Ministry of Health to extend mental health services to other areas of the country.

There also need to be changes in health worker job descriptions to cover their mental health activities; and an administrative commitment to not use mental health professionals as general medical officers or nurses.

LIMITATIONS AND PROBLEMS

Many of the limitations and problems faced relate to the administrative and legal issues outlined above.

The acute shortage of psychiatrically trained manpower is a major limitation to extending services at present. Even the majority of psychiatrists already trained are not in a position to

be exposed to, and to practice, community mental health - they are hospital based with no provision in their job description for wider activities. Also the skills needed for community mental health services implementation are different from those needed for hospital based services.

The unavailability of Ministry of Health designated finances has also been a big limitation, meaning that for each community mental health services area much time and effort has been spent in securing alternative funding.

In our own medical community many doctors trained some time ago did not have effective psychiatric input in their training, and therefore their own attitudes to mental health care often need updating - and this of course has an effect and bearing on promotion of mental health activities in the country.

RESEARCH RELATED TO COMMUNITY MENTAL HEALTH SERVICES

To date we have carried out a 5 year impact evaluation on one Community Mental Health Services Program, and now are able to do ongoing process evaluation in 3 district programs.

We have started to formulate some research into urban attitudes regarding mental health issues in two areas of Nepal.

Other areas of research we would like to look at in the near future include:

- a) Assessment of optimum staffing levels of health posts.
- b) Psychosocial sensitivity of general health workers and physicians.
- c) Therapeutic endpoints for management of mental illness at health post level.
- d) Effective means of community education in mental health.

CONCLUSION

This paper is entitled "Mental Health Services in Nepal: Past, Present and Future".

The "past" of mental health services in Nepal is relatively short compared to many other countries. However, there have been important and noteworthy developments and these have gained momentum recently. These include the extension of mental health input into health worker training curriculae; the development of Community Mental Health Services in four districts in the country:

and recently the increasing awareness amongst the medical community of the need to consider this previously neglected area of health care. This last has resulted in the drafting of a National Mental Health Plan for the country, and in the present the need for adoption and implementation of such a plan is our major concern.

These things allow us to take hope for the future of mental health services in Nepal - that there may be an implemented and coordinated national approach to services; that there may be revision of mental health legislation to Protect the rights of the mentally ill: and that relevant mental health services will become an accessible reality to all in Nepal.

Dr. Chris Wright, M.R.C.Psych., M.Med.Sci.(Psych)
Director
UMN Mental Health Program
United Mission to Nepal
Kathmandu
Nepal

16.2/10

Okhaldhunga Project Primary Health Care Programme

Summary Annual Report 1991 - 1992

Introduction

In mid-1989 the former Community Health Programme split into a Primary Health Care Programme (PHCP) and a Rural Development Project. At that time the working area in health decreased from 14 Village Development Committees (VDCs) to four. All of these four VDCs had been in the working areas of the former CHP. During 1991-92, PHCP expanded into two new VDCs Phul Bari and Phedigut in the western part of the District, where UMN had never worked before. Thus, PHCP now works in four geographically distinct areas: 1. Umbu 2. Harkapur, Prapcha, Rangadip 3. Phul Bari and Phedigut 4. Sobru Maternal and child health clinic (MCH) which is only a clinic, without the other aspects of PHCP work.

As all UMN health work, PHCP works under an agreement with HMG Health Ministry, with the advice and cooperation of the District Public Health Officer (DPHO).

There are 16 staff, with three supervisory and administrative staff based in Sobru, and the rest are based in one of the VDCs returning to Sobru at the end of each Nepali month for reporting and study days.

Programme Objectives and Results

Because the major health problems in Nepal (as seen by the high infant and maternal mortality) are mother and child issues, PHCP had four main foci this year that addressed these problems:

1. **Expanded Programme of Immunization:** Goals of BCG and measles vaccine coverage of more than 80%: our resulting coverage at the end of this year is 88.2%. Goal of three doses of DPT was more than 70%: our result was 64.7%. Goal in Tetanus toxoid in antenatal cases was set at more than 50%: since this could not be measured, the new goal is 80% of women between 14 and 45 years old: two dose coverage was 81.5%.
2. **Nutrition:** The goal was to decrease the number of severely malnourished children in our working area from 6% to 1-3%. The result was a decrease to 1.5% overall.
3. **Family Planning:** The target is to motivate at least 20% of couples to use family planning methods, including 10% permanent. The result was 22% coverage, but only 5.9% permanent methods.
4. **Antenatal:** The goal was to motivate significantly more women to accept antenatal care, especially early in the pregnancy, and accurately identify high-risk pregnancies for treatment, advice, and referral. The result was a total of 514 visits this year, more than double the number seen last year.

Methods used to achieve these objectives

1. **Mother-Child (MCH) clinics:** Monthly MCH clinics are held (weekly in Sobru) in which weight and nutrition monitoring, immunizations, family planning, antenatal exams, and simple curative care are offered. In addition, group and personal health education is given in a relaxed and enjoyable setting.

10.07.11

2. **Immunization camps:** In the third week of each month two or three days of immunization camps are held in each VDC in wards distant from the MCH clinic.
3. **Home-based nutrition programme:** Severely malnourished children (identified by measuring red on upper arm circumference) in four VDCs were visited weekly for three weeks, then monthly for three months. The visits focused on improving the caretaker's knowledge of child nutrition and overcoming unhelpful attitudes, and utilizing locally available food, particularly sarbottam pitho, a porridge made of a mix of local grains and pulses.
4. **Family Planning Ramailo Evenings:** Our staff have presented community evenings in three VDCs which have presented information and positive attitudes toward family planning through songs, role plays, film strips and group discussion.
5. **Special home visits:** Beginning in February the home surveys were analyzed to give information on which homes need home visits for immunization defaulters, family planning, and other relevant topics. Staff then visit the homes to give personal advice. Depo Provera defaulters and high-risk pregnancies identified in the MCH clinics are also visited.
6. **Trainings:** PHCP works closely with the DPHO staff in conducting trainings for women health volunteers and traditional birth attendants. There is an attempt to involve the women volunteers in clinics and the home-based nutrition programme, and special training was provided for this. Health Committees are also given relevant information on health issues, as well as being informed about PHC's programme and giving advice and help in the running of the programme.

Additional aspects of the programme

1. **Through an agreement with the DPHO,** PHCP performs district-wide follow-up home visits for tuberculosis and leprosy patients who are late coming to the hospital for their medication.
2. **Epidemic surveillance and Control:** PHCP has responded to requests by the DPHO to investigate, report, and offer treatment in diarrheal/dysentery outbreaks in four VDCs during this reporting period.
3. **Evaluation surveys:** In order to better evaluate and plan our work, house-to-house surveys are done every six months, January and July.
4. **Community clinics:** In Rangadip and Umbu curative care clinics for adults are held weekly.

Results and Conclusions

The objectives of the programme have been generally met. UMN PHCP staff look forward to another year ahead to work in Okhaldhunga's communities.

| <u>Personnel:</u> | <u>Nepali</u> | <u>Expat.</u> | <u>Total</u> |
|-------------------|---------------|---------------|--------------|
| Approved posts | 20 | 1.3 | 21.3 |
| Filled posts | 18 | 1.3 | 19.3 |

| <u>Finance:</u> | <u>Budget</u> | <u>Actuals</u> |
|-----------------------|---------------|----------------|
| Recurring Expenditure | 1,538,000 | 1,396,578 |

16.2/12

OKHALDHUNGA PRIMARY HEALTH CARE PROGRAMME

Community Annual Report 1991-1992

| | PHCP Area | District | National |
|---|-----------|----------|------------|
| Target Pop | 17,785 | 119,436 | 19 million |
| Crude Birth Rate | 21.6/1000 | | 41/1000 |
| Crude Death Rate | 5.4/1000 | | 15/1000 |
| Infant mortality Rate | 16.4 | | 105 |
| <5 mortality Rate | 7.8 | | 197 |
| Maternal Mortality Rate* | 3934 | | 830 |
| Natural Growth Rate | 16/1000 | | 26/1000 |
| % of Measles vaccine coverage
<3 yrs | 88.8 | | 61 |
| % of couples using family planning | 22 | | 15 |
| % with latrines | 30.3 | | 6% |
| % of households with water source
<15 min away | 42.6 | | 37% |
| Female literacy Rate | 15.2 | | 12 |
| Male literacy Rate | 48.8 | | 35 |

* Based on all female deaths (12) from age 14-45 and total births reported (305)

111111

PRIMARY HEALTH CARE PROGRAMME
Income & Expenditure Statement
For the Year Ended 15 July 1992

| | Programme
Budget
1990/93 | Budget
1991/92 | Actuals
1991/92 | Percent
Over(Under)
Budget | Not. |
|--------------------|--------------------------------|-------------------|--------------------|----------------------------------|------|
| Income | | | | | |
| Donors | 4,472,000 | 1,375,000 | 648,579 | -53% | 1 |
| Miscellaneous | 105,000 | 35,000 | 19,967 | -43% | 2 |
| PCS | 477,000 | 138,000 | 127,912 | -7% | |
| | 5,054,000 | 1,548,000 | 796,458 | -49% | |
| Expenditure | | | | | |
| Salaries | 215,000 | 120,000 | 116,071 | -3% | |
| PCS | 69,000 | 28,000 | 22,252 | -21% | 3 |
| Administration | 54,000 | 18,000 | 22,944 | 27% | 4 |
| Maintenance | 42,000 | 10,000 | 11,064 | 11% | |
| Evaluation | 103,000 | 10,000 | 19,171 | 92% | 5 |
| Travel | 75,000 | 15,000 | 7,791 | -48% | 6 |
| Rent | 69,000 | 6,000 | 7,790 | 30% | 7 |
| Capital Items | 90,000 | 35,000 | 54,659 | 56% | 8 |
| | 717,000 | 242,000 | 261,742 | 8% | |
| Health | | | | | |
| Salaries | 2,816,000 | 894,000 | 800,146 | -10% | |
| PCS | 408,000 | 110,000 | 105,660 | -4% | |
| Medicines | 475,000 | 50,000 | 31,495 | -37% | 9 |
| T.B. Drugs | | 100,000 | 93,904 | -6% | |
| Materials | 205,000 | 67,000 | 34,003 | -49% | 10 |
| Training | 265,000 | 45,000 | 18,819 | -58% | 11 |
| Health Education | 150,000 | 25,000 | 13,166 | -47% | 12 |
| Miscellaneous | 18,000 | 5,000 | 1,649 | -67% | 13 |
| Bad Debts | | -- | 36,946 | | 14 |
| | 4,337,000 | 1,296,000 | 1,135,788 | -12% | |
| Capital | | | | | |
| | 5,054,000 | 1,538,000 | 1,397,530 | -9% | |
| | | 10,000 | -- | | |
| | 5,054,000 | 1,548,000 | 1,397,530 | | |
| Surplus | | | (601,072) | ===== | |

FTE: Nepali 16
 Expatriate 1

NOTES:

1. Not received from KTM
2. Over Budgetted - Clinic income lower than expected
3. Mis - calculation
4. Under Budgetted - included mail and bank charges
5. Includes survey equipment family folders - house plates
6. Staff Development under utilized
7. Under budgetted - Actual Rs 11,000 per year
8. More cupboards, racks than in budget
9. Audit report
10. Over Budgetted
11. Staff Development under utilized
12. Not as many volunteer trainings as expected
13. Difficult to budget
14. Expired medicines + figures from audit report

OKHALDHUNGA PROJECT
TRIAL BALANCE
For the Year Ended 15 July 1992

| | | |
|------------------------|------------|------------|
| Bank | 1,171,700 | |
| Cash | 253,382 | |
| Cash "A" | 1,365 | |
| Treasurer's | | 4,285,948 |
| RD 89/90 | 1,566,356 | |
| RD 90/91 | | 2,290,780 |
| RD 91/92 | | 920,098 |
| Guest House | | 4,929 |
| ASO | 137,130 | |
| Hospital | 1,162,006 | |
| PHCP 90/91 | 684,469 | |
| PHCP 91/92 | 601,072 | |
| Stock of Drugs | | |
| Stock of Mats | 1,274,214 | |
| Personal | | 109,073 |
| Loan Clearing | | 686,960 |
| Debtors | 222,358 | |
| Creditors | | 547,490 |
| P.F. Loans | 686,960 | |
| Capital Items | 303,832 | |
| new Building | 903,512 | |
| Okh. Project Capital | | 3,938,802 |
| Building and Equipment | 3,813,637 | |
| Bridge | | 57,263 |
| N.R.C. | 59,350 | |
| | 12,841,342 | 12,841,342 |
| | ===== | ===== |

10.3/3

VISION FOR UMN'S HOSPITAL INVOLVEMENT

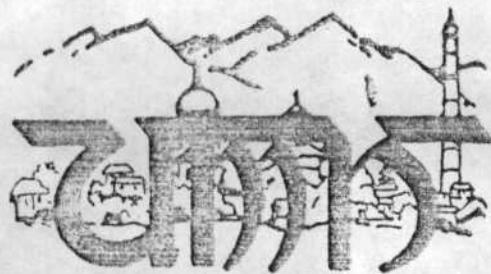
The UMN Hospital Directors, and Hospital Administrative Officers, CHP Directors, Ex Director, Treasurer, Health Services Secretary and Assistant Health Services Secretary together with several others met in Dhulikhel from Nov 1 - 3rd, 1992.

In their meeting they reaffirmed that it is appropriate for UMN to continue to be involved in the provision of Hospital Services.

In all the Hospital work in which UMN is or will be involved the following elements need to find expression:

1. Service as ministry in its own right (compassionate care)
2. Service as catalyst (providing a model of care)
3. Provision of health care which is appropriate in the local contexts of Nepal.
4. Optimal local cost - recovery.
5. Reducing barriers in order to ensure access for the poor.
6. Supporting and strengthening the local health care delivery infrastructure.
7. Emphasis on training at all levels.
8. Indigenous ownership, management, and staffing.
9. Openness to change.

T.H. Nap
16/11/1992



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. L. Miller

Tel: 228118, 228060, 221379
Telex: 2315 UMNEPA
Telex: UMNEPAL
Fax: 977-1-225559
Location: K-1-325 Thapathali
Mailing address:

POST BOX 126
KATHMANDU, NEPAL

To: UMN Appointees
Member Bodies
Dr Kerstin Westbacke, Director, Oral Health Programme
Suzanne Linnell, Assistant to the Personnel Secretary

From: Mary Lewis, Medical Coordinator

Date: 19 October 1992 (3 Kartik 2049)

Re: Appointees' Dental Care

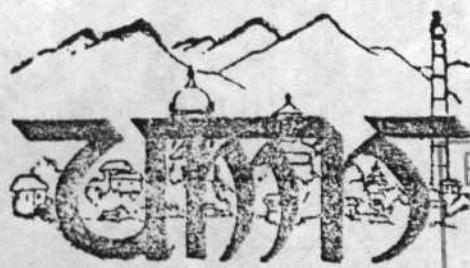
1. I wish to remind you that it is the policy of the UMN Oral Health Programme "that appointees' planned dental treatment should be done during furloughs and before coming to Nepal". UMN Dentists are very busy and are keen to pay increasing attention to community dentistry needs. "Of course, they are very happy to provide checkups for those in Nepal for several years as well as emergency treatment as necessary".

Please can we make sure that we use these services appropriately.

2. In the light of the recent air disasters it has been brought to my attention that dental charting is a useful tool for forensic identification. Therefore, before appointees first come to Nepal or during furlough could they request a copy of their dental chart from their dentist. This should be forwarded by the member body to the UMN Personnel Department for filing.



m\dentcare



THE UNITED MISSION TO NEPAL

HEALTH-SERVICE OFFICE

Eingegangen

3. Jan 1992

Erledigt:.....

MEMORANDUM

228060, 221379, 228118, 227016

Telephone : ~~228060~~

Telex: 2315 UMNEPA

Telegrams: UMNEPAL

Location: K-1-325 Thapathali

Mailing address:

POST BOX 126
KATHMANDU, NEPAL

Date: November 21, 1991

From: Mary Lewis, Medical Coordinator, UMN *Mary Lewis*

To: Medical Officers; Personnel Secretaries of Member Bodies
of United Mission to Nepal

On May 31, 1991 I circulated to you copies of "The UMN Medical Criteria for selection" and the "Initial Medical Examination" form. Today the UMN Executive Committee decided to continue with the 2 options for medical and psychological screening and assessment for potential UMN appointees i.e.

a) the Member Body will inform UMN that the applicant has been medically and psychologically screened and cleared according to UMN criteria. The Appointee will hand over medical reports to the Medical Coordinator on arrival in Nepal.

Here the final responsibility for declaring someone medically and psychologically fit rests with the Member Body.

OR

b) the Member Body will send full medical and psychological papers to UMN for screening and clearance.

Here the final responsibility for declaring someone medically and psychologically fit rests with UMN.

I assume that you will stay with your choice of May 1991 of which you informed me.

The discussion in the Executive Committee today made me aware that different member bodies will have particular difficulties in strictly adhering to the selection criteria or the full medical examination required and I have not fully appreciated these. In the same way I may raise questions about a candidate because of our local conditions that may seem unreasonable to you. Therefore, I wish to:

1. present some of the issues that UMN thinks are important.

2. open discussion with you about our selection criteria (medical and psychological) and the medical examination paper.

Concerning 1

It is useful for me to see an Appointee's papers before the Appointee comes to Nepal. From today's discussion I understand that in some countries it is illegal to post medical papers, but perhaps a letter from the assessing doctor to me to discuss any specific issues could be possible. From this prior knowledge I can give specific advice on.

1. the suitability of a specific posting (e.g. someone with gait problems will have difficulties in hilly terrain or someone needing specific biochemical monitoring should be in Kathmandu).
2. the availability of medicines or treatment facilities in a particular area.
3. particular investigations necessary before coming that will make caring for someone easier while here (e.g. baseline thyroid function tests in someone on thyroid therapy or baseline haematology in Hodgkins).

Concerning 2

I am open to member bodies making comment on our present examination paper and selection criteria. Already 2 medical officers have done this and their changes will be incorporated into the new printing in the new year. I would prefer to know your opinions on these matters than to have particular parts of the papers ignored and not understand why.

The selection and placement of appointees to UMN is a shared responsibility and I look forward to an effective working rapport with you all.

sending



THE UNITED MISSION TO NEPAL

HEALTH SERVICE OFFICE

Telephone : 212179, 215573, 212668.
Telex: 2315 UMNEPA
Telegrams: UMNEPAL
Location: K-1-325 **Thapathali**
Mailing address:

POST BOX 126
KATHMANDU, NEPAL

To: Personnel Directors of all Member Bodies and Sending Bodies of United Mission to Nepal

From: Mary Lewis, Medical Co-ordinator, UMN

Date: May 31, 1991



Re: Medical Screening Procedures for new Applications to UMN

Dear Sir/Madam,

We have recently revised our medical criteria for selection of candidates for work in Nepal and our initial medical examination for candidates.

Please find enclosed copies for your information and please make further copies for your own use. These forms supersede previous printings.

May I also remind you that in December 1989 the previous Medical Coordinator asked you to state your assessment and clearance preference, i.e. Either a) the Member Body informs UMN that the applicant has been medically and psychologically screened according to UMN Health Criteria; and the appointee hands over these medical reports to the medical coordinator on arrival or b) the Member Body sends full medical and psychological papers to UMN for selection and clearance.

To date only 18 out of 44 sending/member bodies have replied. As the new medical co-ordinator it is easier for me to know which option you are choosing as I do not necessarily know your previous practice. If a red dot appears in this space [•] please notify me of your screening preference (a) or (b) by the end of July.

Thank you for your assistance and please do not hesitate to contact me if you have any questions or discussions on medical matters.

With kind regards,

Dr. Mary Lewis, FRACGP
Medical Coordinator
United Mission to Nepal

ML:drm

let-alms

UMN Hospital Sustainability Study

TERMS of REFERENCE

1. BACKGROUND

The United Mission to Nepal is responsible for the founding and operation of four hospitals in Nepal: Patan, Tansen, Amp Pipal and Okhaldhunga. Each of these is quite different in location and the level of services provided. It has been the intention, from the beginning, that the work of these hospitals should be characterized by service according to Christian values and the availability of charity care for the poor. It has also been intended that these hospitals should eventually evolve into indigenous institutions - whether within the governmental or private sector. The UMN is also concerned with the long-term financial sustainability of these hospitals as well as their organizational development.

2. PURPOSE

The result of this study should be a clear and comprehensive analytical documentation of the various issues and options in the area of long-term sustainability for the UMN hospitals. Particularly this should address:

2.1 Issues relating to ownership

This would need to include looking at how these hospitals could fit into the Government's Health Care system, whether there are prospects for private Nepali ownership (NGO or otherwise) and perhaps other options.

2.2 Issues relating to management

This would need to include (but not limited to) looking at the potential for local management boards either for each individual hospital or as an "association" of hospitals as well as internal management structures and related staffing needs.

2.3 Issues relating to Financing and Funding

This would need to include looking at the scope for local income-generating possibilities, either through medical or non-medical activities in light of the economic status of the communities served as well as the given hospital facilities including land-holdings; the availability of endowment or investment funds as well as the long-term administration of such funds.

3. ACTIVITIES

The study process should include the following activities prior to production of the final documentation:

3.1 A visit to the site of each hospital of no less than one week at each site. This time to include consultations with local community leaders, local government officials as well as hospital managers and staff both Nepali and expatriate.

- 3.2 Consultations with officials from the central offices of the Ministry of Health as well as the Finance Ministry and the National Planning Commission.
- 3.3 Consultations with various UMN-headquarters personnel.
- 3.4 Consultations with officials of other organizations that might have useful information to share or be potential funding agencies. This activity would not need to be restricted to within Nepal.

RESPONSIBILITIES: - A short term (+ 3 months) consultant to complete the listed activities and produce a report that fulfills the objectives of the study

- Tjerk Nap, UMN Health Services Secretary to be the official representative of the UMN for the purposes of managing this study
- The Health Services Office to provide required secretarial and logistical assistance including the use of an interpreter where necessary

PERIOD: - Depending upon availability of a consultant

BUDGET: - It is hoped that one of our member bodies will be able to provide a short term consultant free of charge. In-country travel costs and secretarial support would be paid from the regular UMN-HQ budget. If it is necessary to pay consultancy fees, a supplementary budget will be requested.

May 14, 1991

PERTINENT QUALIFICATIONS for the CONSULTANT TO UNDERTAKE THE UMN HOSPITAL SUSTAINABILITY STUDY.

ESSENTIAL: -

- understanding of, and commitment to, Christian values of mission, service and charity
- well-developed skills in diplomacy, analysis and communication (both verbal and written)
- sensitivity to the issues of work and service in a multi-cultural environment
- senior level management or consultancy experience in a human service organization
- an understanding of economics and in particular of developing country economics.
- experience of the developing world

PREFERRED: -

- background that includes employment at senior management level in a Christian human service agency that delivers health services and charity in a developing country
- established contacts with potential funding agencies
- a professional degree related to human service management

** All these qualifications should be looked at in relation to the terms of reference for this study.

May 10, 1991

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mental
Health

LEITZ
1656 Trennblatt
zum Selbstausschneiden
von Registertasten

Abe.

Evangelischer Stadtverband Köln
Haus der Evangelischen Kirche
Kartäusergasse 9

50678 Köln

6.12.1993

Ihre Zeichen: 2.45 53-0-0

Sehr geehrte Damen und Herren,

für Ihre Zuweisung von 55.000,-- DM danke ich Ihnen im Namen der Gossner Mission sehr herzlich.

Seit Jahren haben Sie die Arbeit der Gossner Mission durch Ihren finanziellen Beitrag mitgetragen, in diesem Jahr besonders durch die zusätzliche Unterstützung von 25.000,-- DM. Die Arbeit in Nepal - speziell die Arbeit, die Frau Friedrich beginnen soll - können wir nur durchführen, wenn wir zusätzliche Geldmittel zur Verfügung haben. Deshalb sind wir sehr froh über Ihre Hilfe. Durch die geographischen Bedingungen ist die Entwicklungsarbeit in Nepal sehr mühsam und kann vor allem in den Bergregionen und neu in kleinen Projekten durchgeführt werden. Alle Mitarbeiterinnen und Mitarbeiter der Gossner Mission arbeiten in solchen Kleinprojekten, die die Menschen befähigen sollen, ihre Lebenssituation durch die vorhandenen Ressourcen zu verbessern. Dazu gehören Erziehung, auch Gesundheitserziehung, und vor allem das Wecken von Verständnis für psychische Schwierigkeiten, die in Nepal genau so häufig auftreten wie bei uns, aber mit einem Tabu belegt sind. Wir sind überzeugt, Frau Friedrich kann dort sinnvolle Pionierarbeit leisten.

Es wäre schön, wenn sich zwischen der Arbeit der Gossner Mission in Nepal und den Gemeinden in Köln eine besondere Beziehung ergäbe. Wir bieten Ihnen auch gern Berichte, Informationen und Gemeindebesuche an, um die Beziehung lebendiger zu gestalten.

Haben Sie nochmals herzlichen Dank. Wir wünschen Ihnen eine gesegnete Advents- und Weihnachtszeit. Mögen wir auch weiterhin über die Nepalarbeit in guter Verbindung bleiben.

Mit freundlichen Grüßen
Ihre

(Ursula Hecker)

Gossner-Mission in der DDR

1195 Berlin,

Rodelbergweg 6

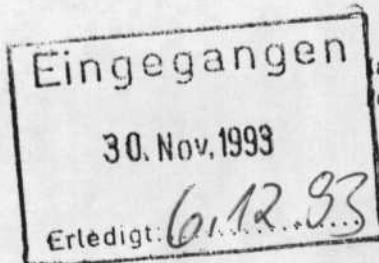
Ruf 6328077

Postscheck: Berlin 7199-58-4408 / Bank: Berliner Stadtkontor 6691-16-296

Evangelischer Stadtkirchenverband Köln

Ev. Stadtkirchenverband Köln · Postfach 250104 · 5000 Köln 1

Gossner Mission
Fennstr. 31
12439 Berlin



Neue Postleitzahlen:
Kartäusergasse 9: 50678
Postfach : 50517

Haus der Evangelischen Kirche
Kartäusergasse 9 · 5000 Köln 1
0221/3382-0
Telefax 0221/3382-103
Durchwahl 3382-
Sachbearbeiter: 245



Herr Kreft

Parkplatz und Eingang

Datum und Zeichen
Ihres Schreibens

Unser Zeichen
bei Antwort bitte angeben

Datum

2.45 53-0-0

24.11.1993

Zuweisung von Mitteln für Weltmission

Sehr geehrte Damen und Herren,

der Vorstand des Evangelischen Stadtkirchenverbandes Köln hat auf Vorschlag der Kölner Synodalbeauftragten in seiner Sitzung am 09.11.1993 für Weltmission 1993

wiederum 30.000,-- DM für die Arbeit der Gossner Mission bewilligt.

Zudem wurden weitere 25.000,-- DM bewilligt für die Arbeit der Gossner Mission in Nepal. Der Vorstand hat diesen Beschuß aus Anlaß der Berufung von Frau Dipl. Psychologin Georgia Friedrich für den Dienst in Nepal gefaßt.

Wir haben unsere Kasse angewiesen, den Betrag in Höhe von 55.000,-- DM auf Ihr Konto Nr. 52050-100, BLZ 100 100 10, beim Postgiroamt Berlin zu überweisen.

Über die Verwendung der bewilligten Mittel bitten wir uns zu gegebener Zeit zu informieren.

Mit freundlichen Grüßen

lkw

(Manfred Kock)

55.000,- eingeg. 30.11.93

An den
Gemeindekirchenrat Bergkirchen
zu Hd. Herrn Pfarrer
Uwe Wiemann
Bergkirchen 54a

32108 Bad Salzuflen

24. August 1993

Sehr geehrte Damen und Herren,

mit großer Freude haben wir Ihre Zusage aufgenommen, daß Sie in Ihrer Gemeinde das Mental Health Program in Nepal mit DM 10.000,00 für drei Jahre und die Arbeit im Referat für Gesellschaftsbezogene Dienste mit DM 5.000,00 unterstützen werden. Ihre Zusage hat es dann auch ermöglicht, daß das Programm in Nepal im nächsten Jahr angefangen werden kann.

Inzwischen war ich auch in Nepal und konnte mich ausführlich über Hintergründe und Notwendigkeiten des Aufbaus eines psychosozialen Netzes informieren. Die psychisch Kranken gehören zu einer der hilflosesten und am meisten vernachlässigten Menschengruppen in Nepal. Durch die Katastrophen, von denen das Land in den letzten Wochen heimgesucht wurde, ist auch die letzte Hoffnung zunichte gemacht, daß der nepalische Staat kurzfristig selbst einen Beitrag leisten kann zu diesem Projekt. Er sieht die dringende Notwendigkeit dazu, aber ist jetzt mehr denn je auf unsere Hilfe angewiesen, denn in den nächsten Monaten werden die knappen Mittel für die Katastrophenhilfe verwendet werden müssen.

So sind wir Ihnen sehr dankbar für Ihre Zuweisung und sind gern bereit, Sie im Rahmen von Gemeindeveranstaltungen über den Verlauf des Projektes zu informieren, damit Sie das Anliegen nicht nur durch Ihre finanziellen Mittel unterstützen, sondern auch durch Ihr Gedenken und Ihr Gebet mittragen können.

Mein Kollege in den Gesellschaftsbezogenen Diensten wird Ihnen selbst noch danken für Ihre finanzielle Unterstützung. Das Anliegen der Gossner Mission war immer gewesen, die Herausforderungen im eigenen Land mit denen der 3. Welt zusammenzubringen und als etwas Gemeinsames zu sehen.

Sie haben mit Ihrer finanziellen Hilfe uns unterstützt auf diesem Weg. Dafür danken wir Ihnen allen sehr herzlich.

Mit freundlichen Grüßen

Ursula Hecker
Nepalreferentin

6.12

LIPPISCHES LANDESKIRCHENAMT

Aktz.:

241-4 Nr. 19292 (Kon)

Bei Antwort bitte Aktenzeichen angeben

Gossner Mission
Frau Pfarrerin Ursula Hecker
Fennstraße 31

12439 Berlin



32756 Detmold, den

Leopoldstraße 27

Postfach 2153 · PLZ: 32711

• Sammelnnummer (05231) 976-60

Telefax: (05231) 976850

12.07.1993

Konten der Landeskirchenkasse:

23184 Sparkasse Detmold (BLZ 47650130)

950702 Ev. Darlehnsgenossenschaft Münster (BLZ 40060104)

14410-302 Postscheckamt Hannover (BLZ 25010030)

Durchwahl-Nr.

Referat für Ökumene, Weltmission
und Konziliaren Prozeß

Telefonnr. z.Zt.: 05231/20015

Antrag vom 15.04.1993 auf einen Zuschuß zum Projekt "Aufbau einer psychosozialen Versorgung in Nepal durch die Arbeit der Vereinigten Nepalmision (UMN)"

Sehr geehrte Frau Hecker,

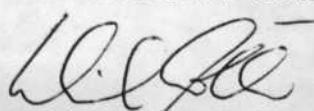
wie wir Ihnen schon telefonisch mitteilten, hat das Kollegium des Landeskirchenrates der Empfehlung des Missionsrates entsprochen und den folgenden Beschuß gefaßt:

"Das Kollegium des Landeskirchenrates beschließt auf einstimmige Empfehlung des Missionsrates, das Projekt der Gossner Mission "Aufbau eines psycho-sozialen Netzes in Nepal" mit insgesamt 210.000,-- DM aus lippischen KED-Mitteln zu unterstützen. Die aus dem Haushalt 1993 zur Verfügung gestellten Mittel werden in einer Summe auf das Konto der Gossner Mission überwiesen und sollen von dort, jährlich abfließend für einen Zeitraum von 3 Jahren, dem geplanten Projekt zugeführt werden."

Die Überweisung der Mittel wird in der 2. Jahreshälfte 1993 erfolgen.

Wir freuen uns, daß wir das Projekt der Gossner Mission im Rahmen unserer Möglichkeiten unterstützen können und wünschen Ihnen und Ihren MitarbeiterInnen Gottes Segen für diese so wichtige Aufgabe.

Mit freundlichen Grüßen



(Pfr. Dr. Ulrich Möller)

LIPPISCHES LANDESKIRCHENAMT

Aktz.:

241-4 Nr. 19292 (Kon)

Bei Antwort bitte Aktenzeichen angeben

Gossner Mission
Frau Pfarrerin Ursula Hecker
Fennstraße 31

12439 Berlin



32756 Detmold, den

Leopoldstraße 27

Postfach 2153 · PLZ: 32711

• Sammelnummer (05231) 976-60

Telefax: (05231) 976850

12.07.1993

Konten der Landeskirchenkasse:

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950 702 Ev. Darlehnsgenossenschaft Münster (BLZ 400 601 04)

14410-302 Postscheckamt Hannover (BLZ 250 100 30)

Durchwahl-Nr.

Referat für Ökumene, Weltmission
und Konziliaren Prozeß

Telefonnr. z.Zt.: 05231/20015

Antrag vom 15.04.1993 auf einen Zuschuß zum Projekt "Aufbau einer psychosozialen Versorgung in Nepal durch die Arbeit der Vereinigten Nepalmision (UMN)"

Sehr geehrte Frau Hecker,

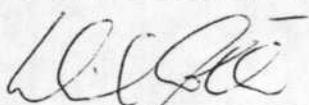
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Mit freundlichen Grüßen



(Pfr. Dr. Ulrich Möller)

**An das
Lippische Landeskirchenamt
Leopoldstraße 29**

32756 Detmold

5. Juli 1993

Aufbau einer Psychosozialen Versorgung in Nepal

Sehr geehrte Damen und Herren,

am 29. Juni 1993 haben Sie in der Kirchenleitung beschlossen, mit 210.000,00 das Mental Health Program der United Mission to Nepal für drei Jahre zu unterstützen. Für diese großzügige finanzielle Hilfe möchte ich mich im Namen der Gossner Mission ganz herzlich bedanken.

Es ermöglicht uns, eine erfahrene Psychotherapeutin nach Nepal zu schicken. Sie wird als erste Psychotherapeutin in Nepal mit den wenigen Psychiatern und Psychiatern in einigen Distrikten versuchen, ein funktionierendes und den Gegebenheiten angepaßtes psychosoziales Netz aufzubauen. Dazu gehören Bewußtseinsarbeit bei der Bevölkerung, Training für die Gesundheitsarbeiter, das Erstellen von Lehrplänen und Trainingsprogrammen, Lobbyarbeit bei staatlichen Stellen, Überzeugungsarbeit bei traditionellen Heilern und Priestern. Es ist im wahrsten Sinne des Wortes Pionierarbeit und könnte ohne Ihre Unterstützung so nicht durchgeführt werden.

Wir sind Ihnen sehr dankbar für Ihre Aufgeschlossenheit den Problemen in Nepal gegenüber und für Ihre Bereitschaft zur Hilfe. Von uns aus sind wir auch gern bereit, in Ihren Gemeinden und Kirchenkreisen über den Verlauf dieser Arbeit zu berichten.

***Mit freundlichen Grüßen auch von meinem Mann, dem Direktor der Gossner Mission, bin ich
Ihre***

***Ursula Hecker
Referentin für Nepal***

*An die Mitglieder des
Nepal-Ausschusses*

5. Juli 1993

Liebe Mitglieder des Nepalausschusses,

zuerst muß ich mich bei Ihnen entschuldigen, daß ich Sie von dem folgenden nicht früher informiert habe.

Nach unserer letzten Sitzung, auch mit dem Verwaltungsausschuß, empfand ich es als eine Aufgabe, die Sie mir gestellt haben für die nächsten Wochen, an die ich mich mit solchen Eifer gemacht habe, daß ich gar nicht auf die Idee gekommen bin, noch einmal bei Ihnen zurückzufragen. Es tut mir leid, dieser Arbeitsstil ist nicht gut und ich bitte Sie, es mir nicht allzu übel zu nehmen. Nur mit dem Argument Zeitmangel und Hektik möchte ich mich nicht so gern herausreden.

Der Verwaltungsausschuß im März beschloß, daß Frau Georgia Friedrich für das Mental Health Program der UMN angestellt werden kann, falls Mittel dafür erschlossen werden können. Und das ist geschehen. Nachdem ich mehrere Stellen - Gemeinden, Kirchenkreise und die Lippische Kirche - angeschrieben hatte, wurden mir folgende Mittel verbindlich zugesagt (für jeweils drei Jahre):

| | |
|--------------------------------|------------------------------|
| <i>Lippische Kirche</i> | <i>DM 70.000,00 pro Jahr</i> |
| <i>Kirchenkreis Wesermünde</i> | <i>DM 15.000,00 pro Jahr</i> |
| <i>Gemeinde Bergkirchen</i> | <i>DM 10.000,00 pro Jahr</i> |
| <i>Privatspenden</i> | <i>DM 10.000,00 pro Jahr</i> |

Außerdem versuchen wir über DÜ noch Zuschüsse zu bekommen. Somit ist die 3. Stelle für Nepal finanziert und der Verwaltungsausschuß hat am 28. Juni beschlossen, daß Friedrichs angestellt werden. Das mußte so eilig passieren, damit sie noch im Januar den Sprachkurs beginnen können, und Frau Friedrich ja ein halbes Jahr Kündigungszeit hat. Auch von der UMN liegt die Zustimmung vor. Sie sind glücklich, daß es noch geklappt hat.

Als ich im Mai in Nepal war, bestürmten sie mich regelrecht, da es für sie eine einmalige Gelegenheit schien, eine erfahrene Psychotherapeutin zu bekommen. Ich hoffe, daß Sie mit dem Ergebnis einverstanden sind.

Von der UMN kam die Anfrage, ob Röthlisbergers nicht schon im November ausreisen könnten, damit sie noch von dem jetzigen Projektdirektor eingeführt werden könnten. Wir haben zugestimmt. Herr Röthlisberger wird im Educational Department arbeiten und Projektdirektor des Jajarkotprojektes werden.

Dorothea scheint es gut zu gehen, sie ist nur sehr über die politische Situation besorgt. In der letzten Woche war in Kathmandu Ausgangssperre verhängt. Leider erfahren wir hier ja nicht viel in den Nachrichten.

Entschuldigen Sie bitte nochmals, vom 12. Juli bis 8. August sind wir in Urlaub. Auch Ihnen wünsche ich ein paar ruhige Sommerwochen und grüße Sie herzlich

*Ursula Hecker
Referentin für Nepal*

Gossner Mission · Fennstraße 31 · D-1190 Berlin · Neue PLZ 12439

Telefon
030 / 631 78 09
Telefax
030 / 636 11 98

An das
Lippische Landeskirchenamt
Leopoldstr. 29
W - 4930 Detmold

Neue Postleitzahl
12439

32756

Berlin, den 18. Juni 1993

Antrag vom 15. April 1993 auf einen Zuschuß zum Projekt: "Aufbau einer Psychosozialen Versorgung in Nepal durch die Arbeit der Vereinigten Nepalmision (UMN)"

Sehr geehrte Damen und Herren,

seit dem Herbst 1992 liegt der Gossner Mission eine Anfrage der UMN zur Mithilfe beim Aufbau der psychosozialen Versorgung in Nepal vor. Inzwischen hat sich ergeben, daß eine erfahrene Psychotherapeutin aus Deutschland bereit wäre, für diese Aufgabe nach Nepal zu gehen. Die Gossner Mission konnte dies aber wegen knapper finanzieller Mittel nicht zusagen. Bei meinem Besuch im Mai 1993 zur Sitzung des Exekutiv-Komitees in Kathmandu wurde ich nochmals händeringend darum gebeten, ob die Gossner Mission diese Stelle nicht besetzen könnte. Das Projekt kostet insgesamt 360.000.- DM für einen Zeitraum von drei Jahren. Die Gossner Mission ist zur Zeit leider nicht in der Lage, diese Mittel aus eigener Kraft aufzubringen. Sie stellt deshalb den Antrag an die Lippische Landeskirche um einen Gesamtzuschuß von DM 210.000.- DM. Die Restsumme wird aufgebracht durch Spenden und Zuschüsse von verschiedenen Gemeinden, Kirchenkreisen und Einzelpersonen. Der Projektbeginn liegt am 1. Januar 1994.

Es wird geschätzt, daß von den 20 Millionen Einwohnern Nepals ca. 14 % psychisch krank oder geschädigt sind. Es ist sehr deprimierend zu sehen, daß diese Menschen in der nepalischen Gesellschaft keine Beachtung und Anerkennung finden. Am meisten sind Epilepsie, Schizophrenie und Depressionen verbreitet. Die traditionellen Heiler verbinden diese Krankheiten mit dem Einwirken böser Geister oder Hexerei. Die Menschen werden isoliert, gelegentlich von Verwandten sogar aus Verlegenheit in Gefängnisse gebracht. Missionen beschäftigen sich ebenfalls nur selten mit dieser Patientengruppe. Obwohl es in Nepal wesentlich weniger Leprafälle gibt, sind diese seit langem stärker im Mittelpunkt des Interesses und der Fürsorge.

Ich bin gerne bereit, jetzt und über den weiteren Verlauf des Projektes, das auch über Nepal hinaus für die missionarisch-diakonische Aufgabe der Kirchen von Bedeutung ist, in Ihren Gemeinden und Gremien zu berichten. Wegen der festen Zeiten der Sprach- und Vorbereitungskurse in Nepal müssen wir in den nächsten Tagen eine Entscheidung fällen, um den Beginn nicht um ein halbes Jahr zu verzögern.

Wir möchten Ihnen nochmals sehr für die bisherige großzügige Unterstützung unserer Arbeit danken. In der Hoffnung auf eine baldige Antwort bin ich mit einem herzlichen Gruß,

Ihre


Ursula Hecker
Indienreferentin

14. Juni 1993

Sehr geehrte Mitglieder des Missionsrates der Lippischen Landeskirche,

Herr Pfarrer Mische hat mir mitgeteilt, daß Sie auf Ihrer nächsten Sitzung am Donnerstag, dem 22. Juni 1993, über den Antrag der Gossner Mission auf einen Zuschuß zum Projekt "Aufbau einer psychosozialen Versorgung in Nepal" entscheiden werden. Die Begründung dieses Antrages liegt Ihnen vor.

Im Mai war ich selbst in Nepal und konnte mich persönlich von der Notwendigkeit des Aufbaues eines solchen Netzes überzeugen. Es war die einstimmige Meinung aller Mitarbeiterinnen und Mitarbeiter in der Vereinigten Nepalmission, daß diese Arbeit dringend notwendig ist, daß dafür aber kaum Mittel zur Verfügung gestellt werden. Die Vereinigte Nepalmission hat die Gossner Mission gebeten, den Plan zur Unterstützung des Projektes nicht aufzugeben. Deshalb sind wir auf Ihre Hilfe angewiesen.

Auf drei Jahre hinaus sind jährlich DM 120.000,00 erforderlich. Wir haben Sie um einen Sonderzuschuß von jeweils DM 60.000,00 gebeten. Dies ist als Teilfinanzierung gedacht. DM 35.000,00 sind durch die Zusagen aus anderen Quellen (Kirchenkreise, Gemeinden, Einzelspenden) schon gesichert. Über den Restbetrag laufen Verhandlungen, und es besteht eine begründete Aussicht, daß wir bis zum Beginn des Programmes am 1. Januar 1994 dafür Zusagen erhalten werden.

In der Vergangenheit sind ähnliche Projekte in einer Art Umlageverfahren durch die verschiedenen Landeskirchen finanziert worden. Diesmal haben wir andere Landeskirchen für spezifisch andere Projekte um Hilfe gebeten - im Bereich der Indienarbeit und der Gesellschaftsbezogenen Dienste. So bitten wir Sie, unseren Antrag positiv zu entscheiden. Wir danken Ihnen für Ihre große Bereitschaft, die Arbeit der Gossner Mission mitzutragen. Über das Projekt eines psychosozialen Netzes habe ich genauere Informationen aus Nepal mitgebracht und bin gern bereit, in Ihren Gemeinden davon zu berichten.

Mit einem herzlichen Gruß auch von den übrigen Mitarbeiterinnen und Mitarbeitern der Gossner Mission bin ich
Ihre

Ursula Hecker
Nepal Referentin

Frau Dekanin
Doris Fuchs
Schloßstraße 13

W-7777 Salem 11

04703-45

21. April 1993

Liebe Frau Fuchs,

Sie werden sich wundern, nach so vielen Jahren etwas von mir oder uns zu hören. Natürlich - so vermuten Sie vielleicht schon richtig - habe ich eine Bitte an Sie.

Da wir weiterhin die Badischen kirchlichen Nachrichten erhalten, wissen wir, daß Sie jetzt in dem Dekanat arbeiten, in dem wir als Vikarin und Vikar vor unserer Indienarbeit waren. So sind sie mir neulich nachts eingefallen, als ich verzweifelt nach möglichen Lösungen für das - finanzielle - Problem gesucht habe.

Mein Mann ist seit 9 Jahren Direktor der Gossner Mission, und ich habe seit einem halben Jahr das Indien- und Nepalreferat übernommen. Seit 1992 hat sich die Gossner Mission Ost und die Gossner Mission West zusammen geschlossen und alle Mitarbeiterinnen und Mitarbeiter übernommen (das ist auch bei kirchlichen Stellen nicht selbstverständlich gewesen). Da die Gossner Mission zu keinem landeskirchlichen Missionswerk gehört, hat sie nicht deren finanzielle Absicherung.

Nun zu meinem Problem:

Die Gossner Mission arbeitet seit 1970 im Rahmen der Vereinigten Nepalmission (UMN) mit bei Entwicklungsprojekten in Nepal. Sie ist neben "Dienst in Übersee" die einzige deutsche Mitgliedsorganisation in der UMN. Seit 1970 haben wir regelmäßig Mitarbeiterinnen und Mitarbeiter vor allem in integrierte Dorfentwicklungsprogramme geschickt, wo sie unter schwierigen Bedingungen in entlegenen Gebieten mit den Menschen gearbeitet haben. Jetzt werden nach dem langsam erfolgreichen Aufbau von Dorfentwicklungsprogrammen andere Schwachstellen in der Gesellschaft offenbar, denen die Regierung von Nepal hilflos gegenübersteht.

Eines der schwierigsten Kapitel dabei ist die Versorgung der psychisch Kranken und unter ihnen wieder gerade die vielen hilflosen Frauen, wie Sie aus dem beiliegenden Interview mit der einzigen Ärztin in der UMN auf diesem Gebiet sehen können. Die UMN hat dringend um unsere Hilfe gebeten.

Die Unterstützungswilligkeit der Organisationen ist offenbar nicht sehr ausgeprägt. Wir finden diese Arbeit nach den Informationen, die wir haben, auch dringend notwendig. Aber unsere Haushaltsslage lässt es nicht zu, das Mental Health Program noch aus unserem laufenden Haushalt zu unterstützen.

Mir liegt sehr viel an dieser Arbeit - vielleicht kommt es daher, weil ich 15 Jahre Krankenhauspfarrerin war und auch bei psychisch Kranken gearbeitet habe - so wollte ich Sie um Hilfe bitten, ob Sie eine Möglichkeit sehen, für den Aufbau eines psychosozialen Netzes Mittel zu finden oder zum Beispiel die Frauenarbeit in Ihrem Dekanat für dieses Projekt zu interessieren.

Ich weiß, es ist vielleicht etwas dreist, an so lange liegengebliebene Verbindungen anzuknüpfen, aber ich glaube, es darf nichts unversucht bleiben, den wirklich hilflosen Menschen angemessen helfen zu können. Ich kann mir eigentlich keine hoffnungslosere Lage vorstellen, als die der psychisch Kranken in Nepal, wie sie in dem Reisebericht geschildert wird.

Da in Baden die Gossner Mission ja eigentlich nicht zu Hause ist, schicken wir Ihnen getrennt noch einiges Informationsmaterial über unsere Arbeit - daß Sie nicht eventuell die Katze im Sack kaufen.

Mit der Familie Friedrich in Immenstaad haben wir immer noch Kontakt. ich werde eines Kopie dieses Briefes an sie schicken.

Wie gefällt Ihnen Ihre Aufgabe? Fühlen Sie sich am Bodensee wohl? Grüßen Sie bitte auch Ihren Mann recht herzlich von uns! Ich danke Ihnen schon im voraus für die Gedanken, die Sie sich wegen dieses Antrages machen und würde mich über eine positive Reaktion sehr freuen.

*Mit herzlichen Grüßen auch von meinem Mann
bin ich Ihre*

*Ursula Hecker
Nepal/Indien Referentin*

Anlagen

Herrn
Wolfgang Zarth
Südheide 45

W-2104 Hamburg 92

16. April 1993

Sehr geehrter Herr Zarth,

es ist gut zu wissen, daß Sie sich in Ihrer Gemeinde für die Nöte und Belange der Menschen in Nepal einsetzen. Und Sie tragen ein gutes Stück dazu bei, daß die Gossner Mission die Arbeit der Vereinigten Nepalmision unterstützen kann. Die Gossner Mission hat immer versucht, den Ärmsten und Hilflosen zu helfen. Wir haben uns dabei auch auf die Einschätzung der United Mission to Nepal verlassen - neben den Erfahrungen der eigenen Mitarbeiterinnen und Mitarbeiter. Das Rural Development Department der UMN hat viel zur Aufklärung der Nöte und Schwierigkeiten der ländlichen Bevölkerung getan und zur Verbesserung ihrer Lebensbedingungen beigetragen. Wie mir die Mitarbeiterinnen und Mitarbeiter im November versicherten, sind sie auch auf offene Ohren bei manchen der Mitgliedsorganisationen gestoßen. Die letzte Spende von DM 433,16 hat erneut das Engagement gezeigt, das die Glieder Ihrer Gemeinde für die Nöte und Probleme der Menschen in Nepal haben. Wir danken Ihnen und allen, die dazu beigetragen haben sehr herzlich.

Jetzt werden nach dem langsam erfolgreichen Aufbau von Dorfentwicklungsprogrammen andere Schwachstellen in der Gesellschaft offenbar, denen die Regierung von Nepal hilflos gegenübersteht.

Eines der schwierigsten Kapitel dabei ist die Versorgung der psychisch Kranken und unter ihnen wieder gerade die vielen hilflosen Frauen, wie Sie aus dem beiliegenden Interview mit der einzigen Ärztin in der UMN auf diesem Gebiet sehen können. Die UMN hat dringend um unsere Hilfe gebeten.

Die Unterstützungswilligkeit der Organisationen ist offenbar nicht sehr ausgeprägt. Wir finden diese Arbeit nach den Informationen, die wir haben, auch dringend notwendig. Aber unsere Haushaltsslage lässt es nicht zu, das Mental Health Program noch aus unserem laufenden Haushalt zu unterstützen.

Mir liegt sehr viel an dieser Arbeit - vielleicht kommt es daher, weil ich 15 Jahre Krankenhauspfarrerin war und auch bei psychisch Kranken gearbeitet habe - so wollte ich Sie um Hilfe bitten, ob Sie eine Möglichkeit sehen, für den Aufbau eines psychosozialen Netzes zusätzliche Mittel zu finden oder einen Teil Ihrer Spenden für das Mental Health Program zur Verfügung zu stellen. Als genauere Information lege ich Ihnen einen Antrag bei, den wir verschiedenen Kirchenleitungen vorgelegt haben und einen Auszug aus einem Reisebericht, der mir zufällig, ungeplant und nicht vorhersehbar letzte Woche zugesandt wurde.

Ich hoffe sehr, daß die Kirchenleitungen einen Teil des benötigten Geldes zusichern können. Ich bin aber überzeugt, daß es nicht alles sein wird.

Die Gossner Mission unterstützt natürlich weiterhin die Basisarbeit in den Gemeinden. Wir haben gerade wieder einen neuen Mitarbeiter für das Rural Development Department angestellt. Wir sind Ihnen für die Hilfe in dieser Arbeit dankbar.

*Ihnen alles Gute. in der Hoffnung von Ihnen zu hören bin ich
Ihre*

*Ursula Hecker
Nepal Referentin*



Herrn Pfarrer
Harald Bollermann
Brastruper Straße 6

W-4933 Blomberg

16. April 1993

Sehr geehrter Herr Pfarrer Bollermann,

schon lange unterstützt Ihre Gemeinde die Arbeit der Gossner Mission. Dafür sind wir Ihnen sehr dankbar.

Heute wenden wir uns an Sie mit einer ganz konkreten Bitte - in der Hoffnung, daß Sie uns helfen können.

Die Gossner Mission hat mit ihrer Arbeit in Nepal immer versucht, den Ärmsten und Hilflosen zu helfen. Wir haben uns dabei auch auf die Einschätzung der United Mission to Nepal verlassen - neben den Erfahrungen der eigenen Mitarbeiterinnen und Mitarbeiter. Das Rural Development Department der UMN hat viel zur Aufklärung der Nöte und Schwierigkeiten der ländlichen Bevölkerung getan und zur Verbesserung ihrer Lebensbedingungen beigetragen. Wie mir die Mitarbeiterinnen und Mitarbeiter im November versicherten, sind sie auch auf offene Ohren bei manchen der Mitgliedsorganisationen gestoßen.

Jetzt werden nach dem langsamen erfolgreichen Aufbau von Dorfentwicklungsprogrammen andere Schwachstellen in der Gesellschaft offenbar, denen die Regierung von Nepal hilflos gegenübersteht.

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Als genauere Information lege ich Ihnen einen Antrag bei, den wir verschiedenen Kirchenleitungen vorgelegt haben und einen Auszug aus einem Reisebericht, der mir zufällig, ungeplant und nicht vorhersehbar letzte Woche zugesandt wurde.

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Die Gossner Mission unterstützt natürlich weiterhin die Basisarbeit in den Gemeinden. Wir haben gerade wieder einen neuen Mitarbeiter für das Rural Development Department angestellt. Wir sind auf Ihre Hilfe angewiesen und wären Ihnen dankbar, wenn Sie den Antrag wohlwollend bedenken könnten.

Ihnen alles Gute in der Hoffnung von Ihnen zu hören bin ich

mit freundlichen Grüßen
Ihre

Ursula Hecker
Nepal Referentin

Herrn
Superintendent
Dieter Baden
Mushardstraße 3

W-2854 Loxstedt

16. April 1993

Sehr geehrter Herr Superintendent Baden,

seit vielen Jahren unterstützen Sie und die Gemeinden in Ihrem Kirchenkreis die Arbeit der Gossner Mission innerhalb der Vereinigten Nepalmission. Ohne die Hilfe Ihrer Gemeinden wäre vieles nicht möglich gewesen. Bei unserem Engagement in Nepal haben wir immer versucht, den Ärmsten und Hilflosen zu helfen. Wir haben uns dabei auch auf die Einschätzung der United Mission to Nepal verlassen - neben den Erfahrungen der eigenen Mitarbeiterinnen und Mitarbeiter. Das Rural Development Department der UMN hat viel zur Aufklärung der Nöte und Schwierigkeiten der ländlichen Bevölkerung getan und zur Verbesserung ihrer Lebensbedingungen beigetragen. Wie mir die Mitarbeiterinnen und Mitarbeiter im November versicherten, sind sie auch auf offene Ohren bei manchen der Mitgliedsorganisationen gestoßen. Jetzt werden nach dem langsam erfolgreichen Aufbau von Dorfentwicklungsprogrammen andere Schwachstellen in der Gesellschaft offenbar, denen die Regierung von Nepal hilflos gegenübersteht.

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*In der Hoffnung von Ihnen zu hören Grüße ich Sie herzlich
Ihre*

*Ursula Hecker
Nepal Referentin*

Schwester
Monika Schutzka
Blumenstraße 1/1

W-7400 Tübingen

15. April 1993

Liebe Schwester Monika,

haben Sie herzlichen Dank für Ihren Brief. Wir haben uns beide darüber gefreut.

Nun bin ich also auch bei Gossners gelandet, - was ich eigentlich nie wollte. Aber die Arbeit macht Spaß, sie ist so ganz anders als das Krankenhauspfarramt, und nach den Jahren tut es gut, wieder etwas anzufangen.

Vor dem Nepalreferat hatte ich anfangs ziemlich Angst, denn da habe ich ja keinerlei Vorkenntnisse, und ich versuche mich durchzufinden. Es macht aber auch Freude.

Ich will Sie um Hilfe bitten, hoffentlich sind Sie mir nicht böse darum. In Nepal brauchen sie dringend jemanden für das Mental Health Program. Und die Gossner Mission hat eine geeignete Kandidatin dafür gefunden. Eigentlich wollten wir sie Anfang März 1993 anstellen, dann kam aber die Ausarbeitung des Haushaltsplanes dazwischen. Und das Ergebnis war, daß die Stelle gestrichen wurde bis auf weiteres. Dem wollte ich mich nicht so gern fügen. So bekam ich die Auflage, für zusätzliche Funds zu sorgen. Mir liegt sehr viel an diesem Programm, vielleicht ist dies durch meine Arbeit im Krankenhaus und durch die Arbeit mit psychisch Kranken bestimmt. Sie leben hier schon am Rande der Gesellschaft, - wieviel schlimmer mag es in Nepal sein. Und sie können sich wenigstens nicht ohne anfängliche Hilfe selbst helfen.

Meine Frage an Sie ist jetzt - da Sie sich im medizinischen Bereich besser auskennen als ich - ob es irgendwelche Möglichkeiten gibt, für dieses Programm Unterstützung zu bekommen. Ob Sie Institutionen (Schwesternschulen, Krankenhäuser, Vereine) kennen oder auch Einzelpersonen, die sich daran beteiligen würden?

Ich schicke Ihnen meine Ausarbeitungen mit und einen Auszug aus einem Reisebericht, der mir gerade jetzt zugesandt wurde und zur richtigen Zeit kam.

Geht es Ihnen gut? Ich würde mich freuen, wenn wir uns einmal treffen könnten. Wollen Sie nicht die neuen Räume der Gossner Mission besuchen?

*Herzliche Grüße auch von Dieter
Ihre*

*Ursula Hecker
Nepal Referentin*

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An das
Lippische Landeskirchenamt
Leopoldstr. 29
W 4930 Detmold

Copy

Berlin, den 15. April 1993

Antrag auf einen Zuschuß zum Projekt: "Aufbau einer psychosozialen Versorgung in Nepal durch die Arbeit der Vereinigten Nepalmision"

Sehr geehrter Herr Melchert,

nach einigen Vorgesprächen mit Herrn Pfarrer Wiemann und Herrn Pfarrer Mische über die dringende Notwendigkeit der Verbesserung der psychosozialen Versorgung in Nepal, senden wir Ihnen anbei einen Antrag auf einen Zuschuß mit der Bitte, diesen an den Missionsrat weiterzuleiten. Sie können aus dem Haushaltsvoranschlag 1994 ersehen, daß die Gossner Mission die Vereinigung der beiden Teile in Ost und West bisher mit einer sehr niedrigen Ausgabensteigerung bewältigen und dank eines erheblich gestiegenen Spendenaufkommens vor allem aus dem Ostbereich einen erträglichen Haushaltsabschluß 1992 erreichen konnte. Wir sind aber wegen der bevorstehenden Kürzungen der EKD-Gehaltsstützung und der großen finanziellen Schwierigkeiten der Berliner Kirche, auf die sich ein Großteil unserer Aktivitäten aus dem bisherigen Ostbereich bezieht, nicht in der Lage, die Aufgaben in Nepal so zu erfüllen, wie wir sie für nötig und geboten halten.

Durch die politischen Veränderungen in Nepal sind neue Arbeitsmöglichkeiten gegeben. Gleichzeitig werden nach einem langsam erfolglichen Aufbau von Dorfentwicklungsprogrammen andere Schwachstellen in der Gesellschaft offenbar, denen die Regierung von Nepal hilflos gegenübersteht. Eines der traurigsten Kapitel dabei ist die Versorgung der psychisch Kranken und unter Ihnen wiederum gerade der vielen hilflosen Frauen, wie Sie aus dem beiliegenden Interview mit der einzigen Ärztin in der UMN auf diesem Gebiet sehen können. Daher hat der nepalische Staat die UMN ersucht, Ihr beim Aufbau eines Psychosozialen Dienstes zu helfen, um die Menschen dort behandeln zu können, wo sie leben. Die UMN hat die Bitte an uns weitergeleitet und uns sehr dringend um die Unterstützung gerade dieser Arbeit gebeten. Wir sehen uns aber gegenwärtig nicht in der Lage, mit unseren sehr knappen Haushaltssmitteln, diese Aufgabe zu finanzieren.

Wir möchten Sie daher bitten, uns bei der Durchführung dieses Projektes für die nächsten drei Jahre von 1994 bis 1997 mit einem jährlichen Sonderzuschuß zu helfen. Wir haben selten in den letzten Jahren eine so deutliche Bedarfsanzeige aus Nepal erhalten. Daher täte es uns sehr leid, die Hoffnungen in Kathmandu enttäuschen zu müssen.

Haben Sie vielen Dank für die wirklich großzügige Unterstützung unserer Arbeit durch die Lippische Landeskirche. Wir wissen das sehr zu schätzen und hoffen nur, daß wir in Zukunft auch wieder etwas mehr durch unsere Öffentlichkeitsarbeit und Besuche in Ihrer Landeskirche einen kleinen Beitrag zur missionarischen Verantwortung der Gemeinden leisten können.

Mit einem herzlichen Gruß, auch an die Kirchenleitung und die Mitglieder des Missionsrates bin ich

Ihr

Dieter Hecker

Dieter Hecker
Direktor

**Gossner Mission, Fennstr. 31, D-1190 Neu-Berlin - Tel.
030/6317809 - Fax: 6361198**

**Antrag auf Zuschuß zum Aufbau eines Netzes zur psychosozialen
Versorgung in Nepal im Rahmen der Arbeit der Vereinigten Nepalmision**

Die Gossner Mission arbeitet seit 1970 im Rahmen der Vereinigten Nepalmision mit bei Entwicklungsprojekten in Nepal. Sie will dort mit ihren Mitarbeiterinnen und Mitarbeitern in Fortführung ihrer langen Tradition ein missionarisches Zeugnis durch den praktischen Einsatz für die Verbesserung der Verhältnisse leisten. Es ist ein wichtiger Teil der gesamten Arbeit der Gossner Mission, im Verbund mit den anderen Mitgliedsorganisationen den Ärmsten der Welt Hoffnung zu bringen, wo Hoffnung nicht mehr möglich scheint, Mut zu machen und Selbstachtung zu fördern, die Erfüllung der Grundbedürfnisse zu ermöglichen helfen, solidarisch zu sein, und soweit es geht, die Lebensbedingungen der Menschen am eigenen Leibe zu verspüren. Es ist auch wichtig für unser Bewußtsein in Deutschland, daß es weiterhin Menschen gibt, die durch eigene Anschauung, eigenes Erleben und Erleiden, die Anliegen der Menschen in Nepal vertreten können. Damit schaffen sie Verständnis für deren Probleme und können Impulse geben für unseren eigenen Glauben und unsere Hoffnung stärken.

Die Gossner Mission ist neben "Dienste in Übersee" die einzige deutsche Mitgliedsorganisation in der Vereinigten Nepalmision. Seit 1970 haben wir regelmäßig Mitarbeiterinnen und Mitarbeiter vor allem in integrierte Dorfentwicklungsprogramme geschickt, wo sie unter schwierigen Bedingungen in entlegenen Gebieten mit den Menschen gearbeitet haben.

Jetzt hat die UMN die Gossner Mission dringend gebeten, bei dem Aufbau eines psychosozialen Netzes zu helfen. Psychisch kranke Menschen können in Nepal bis heute keine fachgerechte oder eben nur menschenwürdige Behandlung erwarten. Es gibt keinerlei soziale und kaum medizinische Versorgung. Sind die Kranken - oft versteckt vor der Außenwelt - in den Familien nicht mehr tragbar, werden sie von den eigenen Angehörigen ins Gefängnis gebracht, wo sie nicht selten angekettet dahinvegetieren. Aus Hilflosigkeit der psychischen Krankheit gegenüber, aus Unkenntnis der Ursachen solcher Krankheiten, aus fehlender Beratung und wegen mangelnder Behandlungsmöglichkeiten werden Angehörige zu einem solchen Schritt gezwungen.

Der nepalesische Staat hat erkannt, daß die psychisch Kranken zu einer der am meisten benachteiligten und hilflosesten Gruppen gehören, und er hat die Vereinigte Nepal Mission um Hilfe gebeten.

Zunächst muß Bewußtseinsarbeit in den Dörfern geleistet und die Zahl der psychisch Kranken erfaßt werden, um dann die Familien kompetent beraten und die Kranken behandeln zu können. Dazu soll ein psychosoziales Netz aufgebaut werden, Krankenschwestern, Ärzte und Ärztinnen weitergebildet und geeignete Einrichtungen für die Betreuung der Kranken gegründet werden. Die Vereinigte Nepalmision weiß, daß dies ein längerfristiges und schwieriges Programm ist.

Wir sehen diese Arbeit als sehr dringend und als unsere Aufgabe an. Aber zur Zeit ist es unmöglich, aufgrund der schwierigen Haushaltslage, diese Arbeit zu unterstützen. Es wäre ein großer Verlust in der Qualität unserer Arbeit, wenn wir uns einfach und klaglos den Beschränkungen unseres Haushaltes beugen würden und diese Aufgabe an den am meisten Benachteiligten einfach liegen ließen.

Unsere Bitte an Sie ist daher, ob Sie uns nicht für die nächsten drei Jahre einen festen Betrag für diesen Zweck - zusätzlich zu den regulären Haushaltmitteln - zusagen könnten. Der Gesamtbedarf pro Jahr beträgt DM 100.000,--. Wir würden uns über eine positive Reaktion auf diese Anfrage sehr freuen. Wir sind selbstverständlich bereit, über diese Arbeit in Ihrer Landeskirche und auf Wunsch auch in den Gemeinden zu berichten.

In der Anlage erhalten Sie einen Bericht über die Lage der psychisch Kranken in Nepal und einige Hintergrundinformationen über die Vereinigte Nepal Mission.

Haben Sie schon jetzt vielen Dank für alle Mühe, die Sie sich mit den Beratungen und Überlegungen über diese Anfrage machen.

Berlin, den 15. April 1993
Für die Gossner Mission:

Dieter Hecker
Direktor

Ursula Hecker
Nepal Referentin

Hintergrundinformationen über die Arbeit der Gossner Mission in Nepal.

Nepal ist der einzige Hindustaat in der Welt. Der König verkörpert den Gott Vishnu und ist damit gottgleich. Bis vor zwei Jahren bedeutete das, daß jeder, der seinen Hinduglauben aufgab und z. Bsp. Christ wurde, mit Gefängnisstrafen rechnen mußte. Trotzdem bildete sich eine kleine einheimische Kirche im verborgenen, die vor allem unterstützt wurde von den christlichen Nepalis in Indien. Seit der Revolution vor zwei Jahren und den ersten demokratischen Wahlen ist es auch nepalesischen Christen erlaubt, öffentlich ihren Glauben zu praktizieren. Dennoch steht ihre Freiheit auf brüchigem Fundament, denn die Verfassung ist in der Frage der Religionsausübung seit der Revolution nicht geändert worden, und es sind Anzeichen vorhanden, daß die Lockerungen wieder rückgängig gemacht werden könnten.

Nepal gehört zu den ärmsten Ländern der Welt. Jahrhundertlang war es abgeschlossen von der übrigen Welt und konnte so, zwar arm, aber einigermaßen ungestört und im Gleichgewicht leben. Dieses System ist schon lange gestört. Nepal hat jetzt mit besonders harten äußeren Bedingungen zu kämpfen: der größte Teil des Landes ist unwegsames Gebirge, wo es besonders schwierig und teuer ist, eine Infrastruktur zu entwickeln. Und es ist ein Binnenland, eingekeilt zwischen den Riesenstaaten und Erzfeinden Indien und China. Nepal ist auf die Gunst dieser Großmächte angewiesen. 1989 wurde dies sehr deutlich als Indien begann, Nepal abzuriegeln (keine Waren mehr ins Land kommen ließ), weil es nicht bereit war, die Bedingungen Indiens zu erfüllen.

Christen aus aller Welt begannen Verantwortung zu übernehmen für die Nöte dieses Landes - nicht nur, um zu missionieren, sondern auch um den Menschen zu helfen, ihre Situation zu verbessern und eine Entwicklung einzuleiten, die nicht nur auf Profit und Zerstörung der Umwelt (durch Abholzung der wertvollen Wälder) aus war. So entstand die Vereinigte Nepalmision (UMN), der inzwischen 38 Kirchen, Missionsgesellschaften und kirchliche Organisationen aus der ganzen Welt angehören. Die UMN hat einen Vertrag mit der Regierung, daß sie ausschließlich Entwicklungsarbeit leistet und nicht evangeliert. Das bedeutet aber nicht, daß sie ihre christliche Identität verliert - im Gegenteil, die UMN will "den Menschen dienen im Namen Jesu Christi." (To serve the people in the name of Jesus Christ.) Darum akzeptiert sie nur Mitarbeiter, die ihre Aufgabe in Nepal aus dem christlichen Glauben heraus verstehen und diesen in ihrem persönlichen Leben verwirklichen. Da die UMN aber auch kompetent den Menschen helfen will, ist sie auf qualifizierte Fachkräfte angewiesen, die die einzelnen Mitgliedsorganisationen schicken. Und auch die Gossner Mission will mit ihren Mitarbeitern einen Beitrag leisten zur befreienden, selbstbestimmten Entwicklung der Armen des Landes, damit sie in Zukunft ihr Leben selbst in die Hand nehmen und sich gegen egoistische Interessen der Reichen und Einflußreichen wehren können.

Die UMN hat in den entlegenen Gebieten kleine, integrierte Dorfentwicklungsprogramme begonnen, um den Menschen Würde, Selbstrespekt und Freiheit zu ermöglichen, aber auch, um ihre Überlebensmöglichkeiten zu stärken.

Dem nepalesischen Staat ist es selbst bei gutem Willen nicht möglich, Mittel für qualifizierte Menschen, die die nötige Entwicklungsarbeit leisten, aufzubringen. So wendet er sich bei besonderen Aufgaben an die UMN um Hilfe.

Seit der Revolution hat sich auch das Verhältnis zur nepalesischen Kirche geändert. Jetzt können die nepalesischen Christen die UMN offen um Beratung, Mithilfe und Kooperation bitten, wozu sich die UMN auch bereit erklärt hat, ohne sich selbst in die Angelegenheiten der Kirche einmischen zu wollen.

Wir in der Gossner Mission sind davon überzeugt, daß die Arbeit in der UMN durch den Beitrag unserer Mitarbeiter unterstützt werden soll und möchten Sie daher um Ihre Mithilfe bitten.

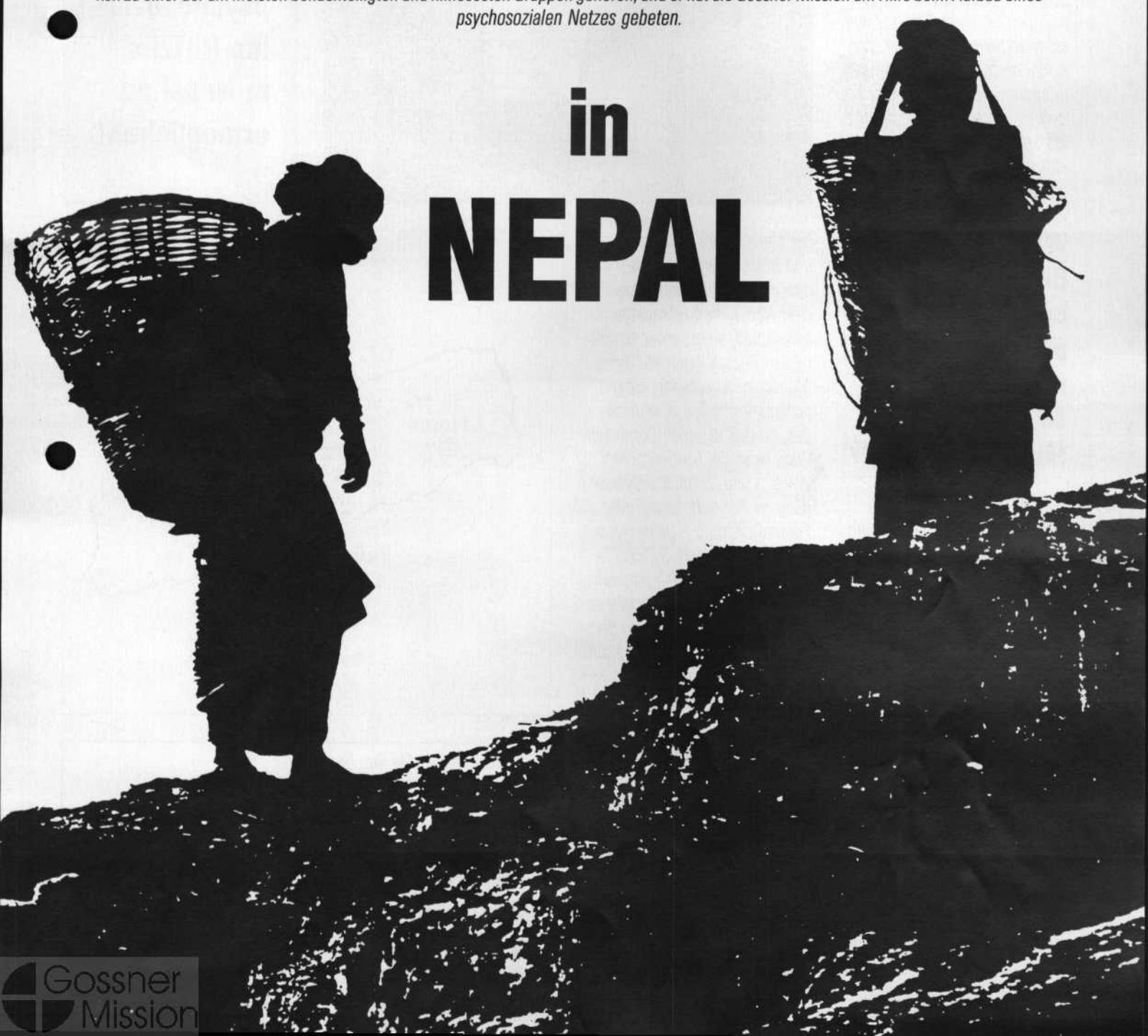
Berlin, den 22. März 1993

Ursula Hecker, Nepalreferentin

Psychisch Kranke vegetieren in Gefängnissen – helfen Sie den Erkrankten

Nepal, das „Dach der Welt“ am Fuße des Himalaya, zählt zu den vier ärmsten Ländern der Erde. Hier ist für Menschen, die an einer psychischen Krankheit leiden, kein Platz. Sie können bis heute keine fachgerechte, menschenwürdige Behandlung erwarten. In Nepal gibt es keinerlei soziale und kaum medizinische Versorgung. Sind die Kranken – oft versteckt vor der Außenwelt – in den Familien nicht mehr tragbar, werden sie von den eigenen Angehörigen ins Gefängnis gebracht, wo sie nicht selten angekettet dahinvegetieren. Aus Hilflosigkeit der psychischen Krankheit gegenüber, aus Unkenntnis der Ursachen solcher Krankheiten, aus fehlender Beratung und wegen mangelnder Behandlungsmöglichkeiten werden Angehörige zu einem solchen Schritt gezwungen. Der nepalesische Staat hat erkannt, daß die psychisch Kranken zu einer der am meisten benachteiligten und hilflosesten Gruppen gehören, und er hat die Gossner Mission um Hilfe beim Aufbau eines psychosozialen Netzes gebeten.

in
NEPAL

A high-contrast, black and white photograph showing two silhouetted figures against a bright, hazy background. The figure on the left is carrying a large, woven basket on their head. The figure on the right is carrying a large, dark, cylindrical object, possibly a barrel or a sack, also balanced on their head. They appear to be walking along a rocky, mountainous path.

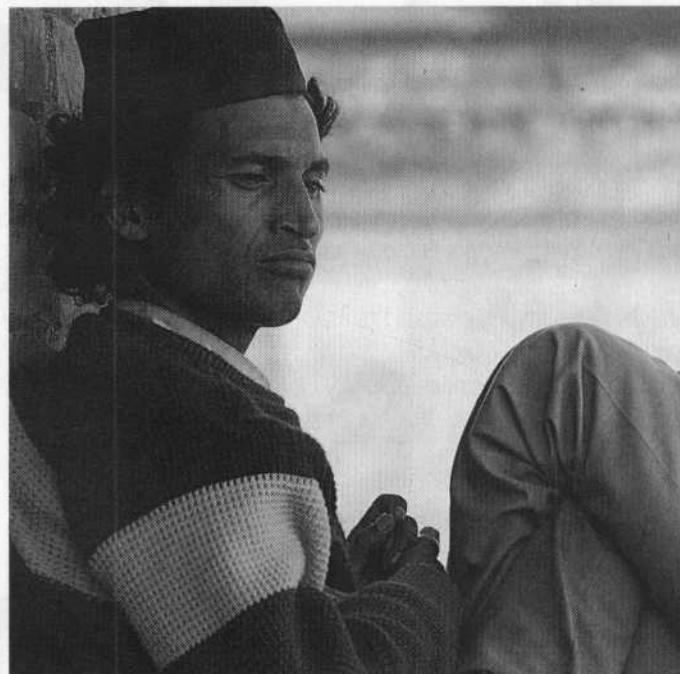
Warum benötigen wir Ihre Spende?

Wie sieht die Hilfe konkret aus –

Für ein psychosoziales Netz muß zunächst Bewußtseinsarbeit in den Dörfern geleistet und die Zahl der psychisch Kranken erfaßt werden, um dann die Familien kompetent beraten und die Kranken behandeln zu können. Dafür sollen Krankenschwestern, Ärzte und Ärztinnen weitergebildet und geeignete Einrichtungen für die Betreuung der Kranken gegründet werden. Wir wissen, daß dies ein längerfristiges und schwieriges Programm ist. Wir sehen diese Arbeit als eine sehr dringende Aufgabe an. Aber zur Zeit ist es unmöglich, aufgrund der knapper werdenden Haushaltssmittel, diese Arbeit zu unterstützen.

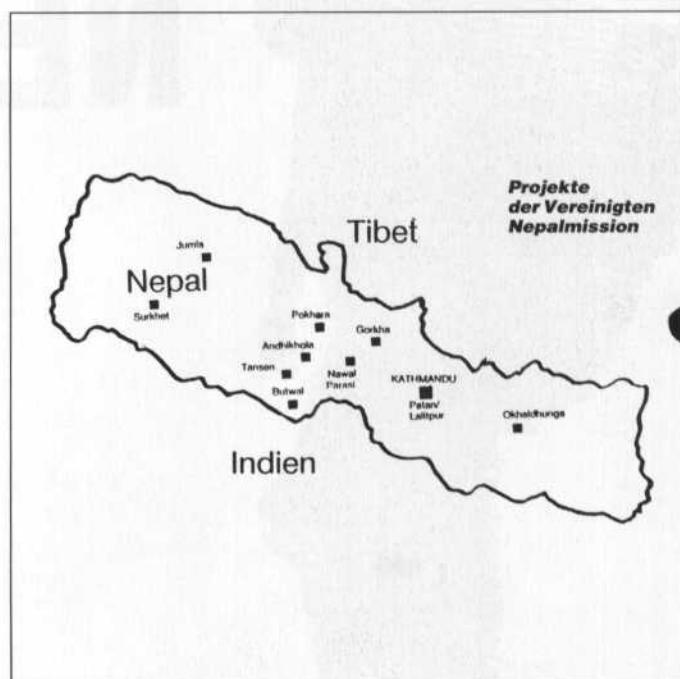
Warum ist die Bitte um Mithilfe beim Aufbau eines psychosozialen Netzes gerade an die Gossner Mission gerichtet?

Die Gossner Mission arbeitet seit 1970 in Nepal. Sie ist dort im Verbund mit der Vereinigten Nepalmission, einem ökumenischen Zusammenschluß von 39 Missions- und Entwicklungsorganisationen aus 19 Ländern, tätig. Schwerpunktmäßig entsendet die Gossner Mission Fachpersonal in basisorientierte integrierte Dorfentwicklungsprojekte. Diese liegen vor allem in den abgelegenen Bergregionen des Landes, die für große Hilfsorganisationen aufgrund einer völlig fehlenden Infrastruktur (keine Verkehrs- und Kommunikationswege, kein Strom und Wasser, keine Gesundheitsversorgung) in der Regel unerreich-



**Wir bitten
Sie deshalb,
durch Ihre
Spende den
Aufbau eines
psychosozia-
len Netzes
in Nepal zu
ermöglichen!**

bar bleiben. Unsere Mitarbeiter und Mitarbeiterinnen haben in den vielen Jahren kontinuierlicher Nepalarbeit Erfahrungen gesammelt, selbst unter schwierigsten Bedingungen mit den Menschen zu arbeiten. Gegen seitiges Vertrauen ist entstanden, so daß in vielen Bereichen – sei es in der Landwirtschaft, Wasser- und Gesundheitsversorgung, in der Aufforstung oder Frauenförderung – gemeinsam Schritte zur aktiven Selbsthilfe unternommen werden konnten. Nun erwarten die Menschen so lidarische Hilfe von uns an der Stelle, wo unsere eigenen Kräfte und Mittel nicht ausreichen. Mit Ihrer Hilfe können und wollen wir diese Erwartung nicht ent täuschen!



Bitte überweisen Sie Ihre Spende auf eines der Konten der Gossner Mission, EDG Kiel (Fil. Berlin), BLZ 100 602 37, Konto 139 300 Postgiroamt Berlin, BLZ 100 100 10, Konto 520 50-100

Für den Inhalt verantwortlich:

**Gossner
Mission**

Fennstraße 31,
0-11190 Berlin, Neue PLZ 12439
Tel. (030) 631 78 09

Antrag auf Zuschuß zur Besetzung einer 3. Stelle bei der Vereinigten Nepalmision (UMN).

Die Gossner Mission arbeitet seit 1970 im Rahmen der Vereinigten Nepalmision mit bei Entwicklungsprojekten in Nepal. Sie will dort mit ihren Mitarbeiterinnen und Mitarbeitern in Fortführung ihrer langen Tradition ein missionarisches Zeugnis durch den praktischen Einsatz für die Verbesserung der Verhältnisse leisten. Es ist ein wichtiger Teil der gesamten Arbeit der Gossner Mission, im Verbund mit den anderen Mitgliedsorganisationen den Ärmsten der Welt Hoffnung zu bringen, wo Hoffnung nicht mehr möglich scheint, Mut zu machen und Selbstachtung zu fördern, die Erfüllung der Grundbedürfnisse zu ermöglichen helfen, solidarisch zu sein, und soweit es geht, die Lebensbedingungen der Menschen am eigenen Leibe zu verspüren. Es ist auch wichtig für unser Bewußtsein in Deutschland, daß es weiterhin Menschen gibt, die durch eigene Anschauung, eigenes Erleben und Erleiden, die Anliegen der Menschen in Nepal vertreten können. Damit schaffen sie Verständnis für deren Probleme und können Impulse geben für unseren eigenen Glauben und unsere Hoffnung stärken.

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Ein Grundsatz der Arbeit in der UMN ist, möglichst schnell und gut nepalische Mitarbeiterinnen und Mitarbeiter heranzubilden, die die Verantwortung der Entwicklungsarbeit übernehmen können. Das ist in den letzten Jahren in vielen Bereichen gelungen. Ausländer werden dann nur noch gebraucht zur Koordination, zur Entwicklung von Trainingsprogrammen und zur Fort- und Weiterbildung. Das bedeutet aber für die Gossner Mission, daß sie in Zukunft keine Berufsanfänger mehr nach Nepal schicken kann, sondern nur noch ältere und erfahrene Mitarbeiterinnen und Mitarbeiter.

Bis jetzt hatte die Gossner Mission immer drei Stellen in Nepal besetzt. Zur Zeit ist es unmöglich, aufgrund der schwierigen Haushaltslage, die benötigten drei Stellen entsprechend den veränderten Anforderungen zu besetzen. Es wäre aber ein großer Verlust in der Qualität unserer Arbeit, wenn wir uns einfach und klaglos den Beschränkungen unseres Haushaltes beugen würden und eine von den drei Stellen unbesetzt ließen. Deshalb hat das Kuratorium beschlossen, nach zusätzlichen Mitteln für diese Stelle zu suchen.

Unsere Bitte an Sie ist daher, ob Sie uns nicht für die nächsten drei Jahre einen festen Betrag aus Mitteln der Gemeinde für diesen Zweck zusagen könnten. Der Bedarf ist insgesamt 120.000.- DM pro Jahr einschließlich der Kosten für Ausreise und Rückkehr. Wir werden selbstverständlich auch andere Gemeinden und Kirchenkreise dafür ansprechen, würden uns aber freuen, wenn Sie einen Betrag von etwa 20 - 30.000.- DM dafür einsetzen könnten.

Wir sind selbstverständlich auch daran interessiert, daß in Zukunft eine enge inhaltliche Verbindung Ihrer Gemeinde zur Nepalarbeit entsteht und sind gerne bereit, zu Veranstaltungen über Nepal in Ihre Gemeinde zu kommen. Wo immer es möglich ist, werden wir auch Urlauber und ehemalige Mitarbeiterinnen und Mitarbeiter aus Nepal daran beteiligen.

Wir würden uns über eine positive Reaktion auf diese Anfrage sehr freuen. In der Anlage finden Sie noch ausführlichere Angaben über die Vereinigte Nepalmision und die Situation der Christen in Nepal zu Ihrer Information. Haben Sie schon jetzt vielen Dank für alle Mühe, die Sie sich mit den Beratungen und Überlegungen über diese Anfrage machen.

Berlin, den 21. März 1993

Dieter Hecker, Direktor

Ursula Hecker, Nepalreferentin

Hintergrundinformationen über die Arbeit der Gossner Mission in Nepal.

Nepal ist der einzige Hindustaat in der Welt. Der König verkörpert den Gott Vishnu und ist damit gottgleich. Bis vor zwei Jahren bedeutete das, daß jeder, der seinen Hinduglauben aufgab und z. Bsp. Christ wurde, mit Gefängnisstrafen rechnen mußte. Trotzdem bildete sich eine kleine einheimische Kirche im verborgenen, die vor allem unterstützt wurde von den christlichen Nepalis in Indien. Seit der Revolution vor zwei Jahren und den ersten demokratischen Wahlen ist es auch nepalesischen Christen erlaubt, öffentlich ihren Glauben zu praktizieren. Dennoch steht ihre Freiheit auf brüchigem Fundament, denn die Verfassung ist in der Frage der Religionsausübung seit der Revolution nicht geändert worden, und es sind Anzeichen vorhanden, daß die Lockerungen wieder rückgängig gemacht werden könnten.

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Christen aus aller Welt begannen Verantwortung zu übernehmen für die Nöte dieses Landes - nicht nur, um zu missionieren, sondern auch um den Menschen zu helfen, ihre Situation zu verbessern und eine Entwicklung einzuleiten, die nicht nur auf Profit und Zerstörung der Umwelt (durch Abholzung der wertvollen Wälder) aus war. So entstand die Vereinigte Nepalmision (UMN), der inzwischen 38 Kirchen, Missionsgesellschaften und kirchliche Organisationen aus der ganzen Welt angehören. Die UMN hat einen Vertrag mit der Regierung, daß sie ausschließlich Entwicklungsarbeit leistet und nicht evangelisiert. Das bedeutet aber nicht, daß sie ihre christliche Identität verliert - im Gegenteil, die UMN will "den Menschen dienen im Namen Jesu Christi." (To serve the people in the name of Jesus Christ.) Darum akzeptiert sie nur Mitarbeiter, die ihre Aufgabe in Nepal aus dem christlichen Glauben heraus verstehen und diesen in ihrem persönlichen Leben verwirklichen. Da die UMN aber auch kompetent den Menschen helfen will, ist sie auf qualifizierte Fachkräfte angewiesen, die die einzelnen Mitgliedsorganisationen schicken. Und auch die Gossner Mission will mit ihren Mitarbeitern einen Beitrag leisten zur befreienden, selbstbestimmten Entwicklung der Armen des Landes, damit sie in Zukunft ihr Leben selbst in die Hand nehmen und sich gegen egoistische Interessen der Reichen und Einflußreichen wehren können.

Die UMN hat in den entlegenen Gebieten kleine, integrierte Dorfentwicklungsprogramme begonnen, um den Menschen Würde, Selbstrespekt und Freiheit zu ermöglichen, aber auch, um ihre Überlebensmöglichkeiten zu stärken.

Dem nepalesischen Staat ist es selbst bei gutem Willen nicht möglich, Mittel für qualifizierte Menschen, die die nötige Entwicklungsarbeit leisten, aufzubringen. So wendet er sich bei besonderen Aufgaben an die UMN um Hilfe.

Seit der Revolution hat sich auch das Verhältnis zur nepalesischen Kirche geändert. Jetzt können die nepalesischen Christen die UMN offen um Beratung, Mithilfe und Kooperation bitten, wozu sich die UMN auch bereit erklärt hat, ohne sich selbst in die Angelegenheiten der Kirche einmischen zu wollen.

Wir in der Gossner Mission sind davon überzeugt, daß die Arbeit in der UMN durch den Beitrag unserer Mitarbeiter unterstützt werden soll und möchten Sie daher um Ihre Mithilfe bitten.

Berlin, den 22. März 1993

Ursula Hecker, Nepalreferentin

**Antrag auf Zuschuß zum Aufbau eines Netzes zur psychosozialen
Versorgung in Nepal im Rahmen der Arbeit der Vereinigten Nepalmision**

Die Gossner Mission arbeitet seit 1970 im Rahmen der Vereinigten Nepalmision mit bei Entwicklungsprojekten in Nepal. Sie will dort mit ihren Mitarbeiterinnen und Mitarbeitern in Fortführung ihrer langen Tradition ein missionarisches Zeugnis durch den praktischen Einsatz für die Verbesserung der Verhältnisse leisten. Es ist ein wichtiger Teil der gesamten Arbeit der Gossner Mission, im Verbund mit den anderen Mitgliedsorganisationen den Ärmsten der Welt Hoffnung zu bringen, wo Hoffnung nicht mehr möglich scheint, Mut zu machen und Selbstachtung zu fördern, die Erfüllung der Grundbedürfnisse zu ermöglichen helfen, solidarisch zu sein, und soweit es geht, die Lebensbedingungen der Menschen am eigenen Leibe zu verspüren. Es ist auch wichtig für unser Bewußtsein in Deutschland, daß es weiterhin Menschen gibt, die durch eigene Anschauung, eigenes Erleben und Erleiden, die Anliegen der Menschen in Nepal vertreten können. Damit schaffen sie Verständnis für deren Probleme und können Impulse geben für unseren eigenen Glauben und unsere Hoffnung stärken.

Die Gossner Mission ist neben "Dienste in Übersee" die einzige deutsche Mitgliedsorganisation in der Vereinigten Nepalmision. Seit 1970 haben wir regelmäßig Mitarbeiterinnen und Mitarbeiter vor allem in integrierte Dorfentwicklungsprogramme geschickt, wo sie unter schwierigen Bedingungen in entlegenen Gebieten mit den Menschen gearbeitet haben.

Jetzt hat die UMN die Gossner Mission dringend gebeten, bei dem Aufbau eines psychosozialen Netzes zu helfen. Psychisch kranke Menschen können in Nepal bis heute keine fachgerechte oder eben nur menschenwürdige Behandlung erwarten. Es gibt keinerlei soziale und kaum medizinische Versorgung. Sind die Kranken - oft versteckt vor der Außenwelt - in den Familien nicht mehr tragbar, werden sie von den eigenen Angehörigen ins Gefängnis gebracht, wo sie nicht selten angekettet dahinvegetieren. Aus Hilflosigkeit der psychischen Krankheit gegenüber, aus Unkenntnis der Ursachen solcher Krankheiten, aus fehlender Beratung und wegen mangelnder Behandlungsmöglichkeiten werden Angehörige zu einem solchen Schritt gezwungen.

Der nepalesische Staat hat erkannt, daß die psychisch Kranken zu einer der am meisten benachteiligten und hilflosen Gruppen gehören, und er hat die Vereinigte Nepal Mission um Hilfe gebeten.

Zunächst muß Bewußtseinsarbeit in den Dörfern geleistet und die Zahl der psychisch Kranken erfaßt werden, um dann die Familien kompetent beraten und die Kranken behandeln zu können. Dazu soll ein psychosoziales Netz aufgebaut werden, Krankenschwestern, Ärzte und Ärztinnen weitergebildet und geeignete Einrichtungen für die Betreuung der Kranken gegründet werden. Die Vereinigte Nepalmision weiß, daß dies ein längerfristiges und schwieriges Programm ist.

Wir sehen diese Arbeit als sehr dringend und als unsere Aufgabe an. Aber zur Zeit ist es unmöglich, aufgrund der schwierigen Haushaltsslage, diese Arbeit zu unterstützen. Es wäre ein großer Verlust in der Qualität unserer Arbeit, wenn wir uns einfach und klaglos den Beschränkungen unseres Haushaltes beugen würden und diese Aufgabe an den am meisten Benachteiligten einfach liegen ließen.

Unsere Bitte an Sie ist daher, ob Sie uns nicht für die nächsten drei Jahre einen festen Betrag für diesen Zweck - zusätzlich zu den regulären Haushaltssmitteln - zusagen könnten. Der Gesamtbedarf pro Jahr beträgt DM 100.000,--. Wir würden uns über eine positive Reaktion auf diese Anfrage sehr freuen. Wir sind selbstverständlich bereit, über diese Arbeit in Ihrer Landeskirche und auf Wunsch auch in den Gemeinden zu berichten.

In der Anlage erhalten Sie einen Bericht über die Lage der psychisch Kranken in Nepal und einige Hintergrundinformationen über die Vereinigte Nepal Mission.

Haben Sie schon jetzt vielen Dank für alle Mühe, die Sie sich mit den Beratungen und Überlegungen über diese Anfrage machen.

Berlin, den 15. April 1993
Für die Gossner Mission:

Dieter Hecker
Direktor

Ursula Hecker
Nepal Referentin

20. Oktober 1992

Gespräch mit Dr. Chris Wright - UMN

Die fein-sinnige, differenzierte Engländerin koordiniert als Medizinerin innerhalb der UMN die Basis-Health-Programme und ist zuständig für die Beratung von Regierungsprogrammen im Gesundheitswesen. Gemäss ihren Ausführungen ist der partnerschaftliche Ansatz in der Programmarbeit inzwischen sehr weit entwickelt. Die Zusammenarbeit zwischen den Medizinern und den dörflichen Naturheilern ist kein Tau mehr und ermöglicht eine gemeinsame Weiterentwicklung.

Therapie-Programme für psychosoziale Störungen gibt es hier in unserem Sinne noch nicht. Für körper- und geistigbehinderte Kinder und Jugendliche sind einige wenige Einrichtungen vorhanden. Für psychisch kranke Erwachsene aber existiert nichts. Die 'Verrückten' leben so lange wie möglich in der Familie. Wenn das Zusammenleben unmöglich wird, werden die Betroffenen oft von den Angehörigen ins Gefängnis gebracht. Sie werden eingeschlossen, isoliert und entbehren jeglicher Behandlung. Neuerdings hat Chris Wright die Erlaubnis, im Frauengefängnis von Kathmandu psychisch kranke Frauen zu besuchen. Die dortigen Zustände sind mehr als bedenklich. Zum Teil angekettet leben die Frauen in einer Art Kloake. Immerhin werden die kranken Frauen von den anderen Insassinnen in einer umsorgenden Art betreut. Trotzdem treten praktisch keine Suizide auf. Selbstmord ist in Nepal gesetzlich verboten und Suizidversuche werden bestraft. Eine neu ins Leben gerufene Gefangenensbetreuung mit entsprechender Öffentlichkeitsarbeit soll die Lage verbessern helfen.

An psychischen Krankheiten fallen vor allem Depressionen, Phobien und Neurosen auf, wovon Frauen mehr betroffen sind als Männer. Die Frauen werden sehr jung verheiratet. Solange sie keine Söhne gebären, stehen sie in der Familien-Hierarchie auf der untersten Stufe. Sie arbeiten innerhalb der Grossfamilie extrem viel und lange. Männer können sich von einer psychisch kranken Frau relativ leicht scheiden lassen, was umgekehrt nicht gilt. Kranke Männer werden in der Regel von ihren Frauen sehr lange versorgt, gepflegt und betreut.

Ein grosses Problem stellt der Umgang mit Epilepsie dar. Diese Krankheit tritt hier sehr häufig auf, bedingt durch Hirnhautentzündungen, Geburtsprobleme und Unfälle. In Unkenntnis über diese Ursachen verharren die Angehörigen im Glauben, dass die Betroffenen verflucht, respektive von Dämonen besessen wären. Die medikamentöse Hilfe ist weitgehend unbekannt. So wird versucht, über Radio-Hörspiele das Krankheitsbild und dessen Therapiemöglichkeiten aufzuzeigen. Es gilt die Gesellschaft aufzuklären, dass diese Krankheit keine Strafe der Götter ist. Die Familienangehörigen werden gesellschaftlich geächtet, weil man glaubt, dass diese Krankheit ansteckend sei. Da dem Kranken während einem Anfall aus Berührungsangst nicht geholfen wird, sterben viele an Erstickung, Verletzungen, Verbrennung oder Ertrinken.

Im Bereich geistiger Behinderung (3% der Bevölkerung) dominieren die Krankheitsbilder Dow Syndrom und Kretinismus. Eine 5-Jahresplanung zur Impfung gegen Kretinismus ist angelaufen. Die Hebammen-Ausbildung wird zusehends verbessert, so dass die noch relativ häufigen, durch Sauerstoffmangel bedingten Schädigungen bald verringert werden können. Nach der neuen Verfassung ist die Regierung für die Betreuung geistig und psychisch Behinderter zuständig.

Die Alkohol-Problematik ist in den Dörfern ein grösseres Problem als in den Städten Nepals. Dorfälteste und traditionelle Heiler werden oft in Form von Alkohol bezahlt. Während der häufigen Feste und bei offiziellen Anlässen wird oft im Uebermass getrunken. Alkohol wird auch als Mittel eingesetzt um die kalten Winter in den Bergregionen zu überstehen. Bei manchen ethnischen Gruppen, z.B. bei den Sherpas findet man auch alkoholabhängige Frauen.

Der illegale Drogenkonsum ist vor allem in Kathmandu bekannt. Zahlen über Drogensterbe sind keine bekannt. Man weiss aber, das mittlerweile auch viele Kinder drogenabhängig sind. Weil der Stoff selten rein ist sind auch hier die Sekundärkrankheiten häufig. Durch den Touristeneinfluss und der anwachsenden Landflucht mit gleichzeitiger Entwurzelung wird mit einer Zunahme des Problems gerechnet.

Margot Kienzle

Community Mental Health Services in Nepal - Early Experiences

Introduction

In our thinking about, and planning for, mental health services in Nepal, we need to consider all levels of our health care structure: from central services, through regional, zonal and district levels, to the most remote health posts, and the communities they serve. Other speakers will address the needs of other levels: in this paper I wish to consider the role of community based health services in mental health care for Nepal.

It is well accepted now, in both the east and the west, that however good specialist services may be, the vast majority of care for the mentally ill needs to, indeed must, happen at primary care level. A W.H.O. report in 1973 concludes

"The primary medical care team is the cornerstone of community psychiatry," and in the U.K., Professor Michael Shepherd, as early as 1966, stated that "The cardinal requirement for improvement of mental health services is not large expansion and proliferation of psychiatric agencies, but rather a strengthening of the primary care doctor in his therapeutic role."

So, community based mental health services are not a new concept. From the early 1970s, W.H.O., through its international collaborative study "Strategies for extending mental health care" had, in 7 countries, looked to evaluate alternative and low cost methods of mental health care. We, in our programme here, have drawn much from their work, and in particular from the work of the centres in Chandigarh and Bangalore, India. Since then, many other health services in every continent, have sought ways to provide psychiatric care in community settings. In some cases this has involved the use of mobile specialist teams of psychiatrists or psychiatric nurses carrying out psychiatric clinics and care on a visiting basis: in other areas, there have been attempts to fully integrate mental health care into existing health care structures.

Why community mental health services in Nepal?

It used to be thought that mental illness was a problem of western and urban societies only. We now know that it is not only a universal problem, but that within Nepal there is an prevalence of approximately 2% of serious, treatable mental illness and a much higher prevalence (14.6%) of total identifiable, mental disorder. In Nepal's population of around 17.5 million this means a population of 3.5 lakh suffering from serious treatable mental disorder. This is a problem that will not decrease, and indeed, given the rapid rate of social change in the country, is likely to increase.

Most of the 2% severely mentally ill suffer from epilepsy, schizophrenia, or severe depression, and the vast majority of these are curable with treatment. To take comparison with other disease groups, this constitutes a larger number of patients than, say, those with leprosy, to whom community based services have long been available. Not only is much human suffering continued by lack of services for these mentally ill, but chronic mental illness often leads to secondary handicap. For instance, untreated epilepsy may cause secondary brain damage, and mental retardation: or chronic schizophrenia may lead to loss of work or studies, economic problems, family breakdown, disastrous consequences on the emotional development of the patient's children, violence or other social disruption etc. There may even be suicide. There is, truly, a heavy price to pay in any family, or community, or country for lack of mental health care both in personal and economic terms.

At present most of these patients in the villages are contained within their families, often confined to one room, even on occasions tied or beaten, or locked up. The family, distressed and upset, usually seek help from a traditional healer or priest: or if the person is severely disturbed - perhaps creating a lot of noise, or violent, - they may even be put in jail. We also know that the vast majority of mentally ill in Nepal do not present to the specialist services we have available. Why?

There are several reasons:

Firstly, from the patients point of view, distance from the centre, transport problems and expense are all major obstacles. Community attitudes and beliefs, that see mental illness as primarily a spiritual problem - from the gods, or a curse - rather than a health problem, also discourage attendance at allopathic health facilities. But the majority of the rural community are simply unaware that there is any possible ^{med} treatment for mental illness.

Secondly, there are undoubtably some mentally ill patients presenting to primary or district level services who are not being recognised as such by the health workers, because of lack of training and experience in mental health issues. In a recent study the number of patients with identifiable psychological disorder presenting to a Lalitpur health post was found to be 23% : and in a large W.H.O. study they found between 14% and 20% of all patients presenting to primary health care had primarily psychiatric disorder, and of these only 1/3 were recognised as such by the health workers.

The third important factor in considering patient attendance and mental health planning is the relative lack of specialist manpower. As present Nepal has

11 working psychiatrists and

3 psychiatrically trained nurses.

(no clinical psychologists or psychiatrically trained social workers.) for a population of approximately 17.5 million i.e. 1 psychiatrist per 1.6 million population. At the present time all the specialist manpower is based in Kathmandu: and while we hope for future deployment to regional or zonal levels, it is not realistic to expect that specialists will move to the remote areas. Neither is it realistic to expect that the majority of mentally ill patients will reach even zonal level.

The Need for a Model

So, in looking for a model of community mental health services for Nepal, we need a model that is aimed at developing a basic level of mental health care for all, through the existing local health care structures. We need a model that is realistic in terms of staffing needs i.e. it cannot rely on ongoing specialist involvement at a rural level; and thirdly it must be economically feasible.

In light of these considerations a pilot community mental health program was established in 2041 B.S. in part of the Lalitpur District, on the basis of an integrated philosophy of mental health care: that is - that mental health care, as care for any other illness group, should be an integral part of the work of the community health worker, and of the health post.

We, of course, had questions about such an approach. Is it really possible to provide mental health services in this way? Will community level health workers be able to do mental health work? Will they have time for it amongst their other work? Will the mentally ill in the community use such a service? etc.

In the next part of this paper I should like to briefly describe the programme, some of its results, and the issues it raises for other subsequent community mental health work in Nepal.

Programme area

Lalitpur district to the south of Kathmandu includes both valley and hill areas. United Mission to Nepal has had an integrated community health programme (community development in health programme) functioning in parts of this district for 13 years, and it was in this community health programme that in 2041 a mental health component was introduced.

The rest of the Lalitpur District is serviced by His Majesty's Government Health Services and at present Lalitpur has 14 health posts, 9 run by His Majesty's Government Health Services and 5 by United Mission to Nepal. The population covered by the United Mission to Nepal programme is approximately 99,610. Health post funding in United Mission to Nepal health posts, as in His Majesty's Government's health posts, follows recommendations established by the Ministry of Health with staffing of health assistant, community medical auxiliary, assistant nurse midwives, village health workers and neons also following H.M.G. health services guidelines.

The only extra staffing necessitated by the mental health component was approximately half time specialist (psychiatrist) role initially, for the first year and a half, and then gradually decreasing: at this time one of the already existing supervisory staff in Community Development and Health Programme took on a part-time role in supervision of the mental health work as part of his usual duties.

Finally, in the block training courses for staff, other psychiatric colleagues have assisted in taking classes.

The activities of the programme have been in 7 areas:

1. Community Involvement

Discussion with the communities and involvement by them has been sought on every possible occasion: in particular through visits to community leaders, village health committee meetings, discussions with school teachers, shop owners, voluntary organisations, social workers, traditional healers and others - all to try and bring the mental health needs of the area into higher awareness and focus, and to define possible inputs the programme might have.

2. Training

The training input for staff has varied according to their levels and job role..

For supervisory and curative health staff a 8 or 9 day block training in mental health was arranged, each block consisting of 4 to 6 staff of approximately the same level.. There was a strong emphasis on direct clinical involvement as well as theoretical input, as it was recognised that health worker's attitudes to the mentally ill also needed to change, and for this practical experience was necessary. Clinical attachments were carried out at the health posts' mental health clinics, at Government Mental Hospital, Lagankhel, at Tribhuvan University Teaching Hospital, and at Nirmal Bal Bikas Kendra, the school for mentally retarded in Baneswar. The block training courses were initially taught only by psychiatrists: more recently some of the teaching has been done by a senior level health assistant, who has part time special responsibility for mental health supervision.

Content covered in the courses (see appendix 1) included an introduction to brain function and understanding of causes of behaviour: development of health worker - patient relationship, and psychiatric history taking and examination; prevalence of mental illness and methods of identification: psychiatric assessment of general medical patients: practical aspects of management of the mentally ill within a community setting: community education about mental health issues; rehabilitation of the psychiatrically ill: as well as information on the specific topics deemed priority :- i.e. Psychosis, Epilepsy, Depression, Mental Retardation, and Neurosis.

One or two open sessions were kept for topics of particular relevance to the group of participants: e.g. mental illness associated with childbirth, drug abuse, alcoholism etc. This was found useful to extend flexibility of content according to need. To facilitate training and as an ongoing resource a mental health manual suitable for community health workers was used, and this is now being published in a revised form by Health Learning Materials Project, Institute of Medicine.

It was felt that after the block training these staff could start to diagnose and manage patients presenting to the health post, although they continued to be taught and supervised in the health post for some months, and then later as time allowed.

For Auxiliary Nurse Midwives seminars were arranged to cover topics relating to mental health and childbirth, and the possible mental health problems of early childhood.

For Village Health Workers, at the end of each month when they reported to the health post their figures for the month, a class was held by either a psychiatrist or one of the health post staff who had received block training. These sessions covered symptoms of mental illness, and identification of mentally ill in the community.

Following block training a mental health newsletter and occasional update seminars have also continued the training process.

3. Case Finding

Initially this was planned around the use of a questionnaire (modified Indian Psychiatric Survey Schedule) by the village health worker in the course of their usual house visits. Later this was abandoned as it was found too difficult for the VHWS to use, but they were still encouraged to identify and refer suspected mentally ill people in their panchayat.

In addition visits by VHWS with a member of the project staff were undertaken to certain key individuals in the panchayat who knew their community well as a further means of identification.

Non medical health post staff were found to be very helpful in identifying patients in their own communities.

Medical staff at the health post were after training, increasingly able to recognise mental health problems amongst their general patients; and as the programme continued, previously successfully treated patients and their families became an increasing source of referrals.

4. Weekly Clinics

Initially in two health posts and later in all 5 U.M.N. health posts and one MCH sub-centre, regular mental health clinics were established. Initially these were closely supervised by a psychiatrist, with gradually increasing autonomy being handed over to the health assistant or community medical auxiliaries, as their training allowed and their skill and confidence increased. Patients identified in the community were referred to these clinics, from the earliest days of the programme.

Standardized record sheets were implemented at these clinics to allow accurate data to be simply and quickly recorded, and to allow later access to data for research.

5. Psychotropic Medication

For the purposes of the clinics it was necessary to have available at the health posts one anti epileptic drug (phenobarbitone), one anti psychotropic (chlorpromazine), one anti parkinsonian for possible side effects (Trihexyphenidyl) and one anti depressant (Amitriptyline). Phenobarbitone already being available at health post level, the remaining 3 were chosen and introduced, after consideration of cost, availability, safety, and W.H.O. recommendations; for prescribing only by health workers who had completed their block training.

Later a long acting antipsychotic injection (Fluphenazine - Anatenol) was also introduced, as it needs to be given only once every 3-4 weeks and is therefore very useful in chronic psychosis.

6. Evaluation and Research

Data on patients was regularly reviewed in each health post, and staff knowledge and attitudes was assessed before and after training. I will discuss some of the results a little later.

7. Referrals to Hospital

One of the reasons for choosing Lalitpur for the pilot programme was the possibility of referral from the health posts to the Lagankhel Government Mental Hospital: and we have been very grateful for the support and cooperation colleagues there have given.

In order to consider the further implementation of community mental health programmes in other districts the need for the district hospital doctor to be experienced enough in psychiatry to act as secondary level of care is very important.

Results of the Programme

I mentioned that we collected data on mental health patients seen in the health posts. This produced some interesting facts:

Age

The majority of patients seen were aged 15-35 (over 50%) - an age when mental illness will have terrible consequences on family life, economic productivity, and for reaching life decisions e.g. marriage. But there were also a significant number of children (15%), mainly presenting with epilepsy or mental retardation. This has implications for training of child health workers.

Sex

Almost half the patients were female - interesting since in hospital figures for the mentally ill male patients predominate. This may reflect the difficulties for women to attend hospital.

Diagnosis

These of course reflect the training given to our workers as to which conditions they recognise. 32% of patients were epileptic, 25% psychotic, and 15% suffered from depression.

Duration of Illness

It is very sobering to note that two thirds of these patients had been ill for more than one year, and almost 40% for more than 5 years. This is especially sad since the majority of these diseases are eminently treatable. Epilepsy is especially dramatic with 88% of patients having suffered for more than 1 year many having sustained injuries or burns or brain damage as a result of their uncontrolled fits.

Distance of Patients Home from Health Post

Many studies in general health care have found high correlations between attendance at health facilities and the distance the patient has to travel. Here also only 10.5% of our patients lived more than one hour from the health post. This is very important since whatever specialist facilities may be made available centrally, many patients will not avail themselves of these because of distance and its related issues - cost, time, work loss, fear etc. It is interesting that although this programme was functioning in an area relatively close to specialist facilities, only 11.6% of the patients had sought such help previously. This has obvious implications for mental health services planning, which must include dispersion of services to local levels.

Previous Treatment Sought

61% of our patients said they had been or were currently attending traditional healers, but we suspect this figure is under reported. Only 11.6% had sought specialist psychiatric care, and another 20% other forms of allopathic care. Thus less than one third of all the patients had received any allopathic medical care at all.

What Happens after Presentation to Community Mental Health Services?

The vast majority (83.3%) of all patients were felt by the health workers to be treatable at a health post level: only 8.6% were felt to necessitate referral to other facilities. This clearly has great implications for the provision of low cost, effective mental health care in the community in Nepal; - as well as lessening the disruption caused by treatment in a distant facility, to the patient's life, family and work. It does not, of course, remove the necessity for specialist referral facilities: but allows them to become what they should be - a secondary or tertiary level of expertise. These figures would suggest that community education combined with community mental health services, would meet the needs of the majority of Nepal's mentally ill population.

69% of patients appeared to comply with treatment whereas 31% dropped out. Although 31% may sound a high non-compliance rate, this compares favourably with other diseases needing a longer duration of treatment e.g. T.B. noncompliance in the Lalitpur C.D.H.P. programme is 55%.

Conclusion

So, to conclude, what of our initial questions and uncertainties about such a community mental health programme? What have we learnt from the Lalitpur experience?

Firstly, we have learnt that if services and health education are made available, the mentally ill in our rural communities will attend for treatment at a health post level.

And secondly, we have learnt that the majority of mentally ill can be treated successfully at a community health level by general health workers who have received some basic mental health training.

Thirdly, we have learnt that there is a small percentage of patients who will need secondary referral, and for this district doctors will need a working knowledge of psychiatric care.

I would then like to respectfully offer this as one model of mental health care delivery which can be made available within the health care structures already existing in Nepal, at relatively low cost, and which it should be noted is a method that many other nations have been, and are still seeking, to implement.

Acknowledgements

I should like to express my thanks to those who have contributed to the development of this programme: in particular to the U.M.N. Community Development and Health Project in Lalitpur District without whose cooperation and enthusiasm this programme could not have been attempted. Throughout, we have received much support, encouragement and advice from psychiatric colleagues at the Lagankhel mental hospital and Tribhuvan University Teaching Hospital to whom we are very grateful. Valuable ideas and materials were also generously shared with us by the community mental health unit at N.I.M. HAWS Bangalore and we are in their debt.

Dr. Christine Wright.
Consultant Psychiatrist
United Mission to Nepal

Training Programme in Mental Health for Community Health Workers

| | | |
|-------|--------------|---|
| Day 1 | 9.00 - 11.00 | Introduction/pre training assessment. |
| | 11.00 - | Orientation to Mental Hospital |
| | 11.30 - 1.30 | Mental illness - prevalence and identification |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 4.00 | Brain and behaviour |
| | 4.00 - 5.00 | Approach to the mentally ill (part 1) |
| Day 2 | 9.00 - 10.00 | Approach to the mentally ill (part 2) |
| | 10.00 - 1.30 | Clinical attachments |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 3.00 | Psychosis |
| Day 3 | 9.00 - 10.00 | Psychosis |
| | 10.00 - 1.30 | Clinical attachments |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 5.00 | Epilepsy |
| Day 4 | 9.00 - 10.00 | Mental health assessment of general medical patients. |
| | 10.00 - 1.30 | Community Mental health clinic |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 5.00 | Depression |
| Day 5 | 9.00 - 10.00 | Review/Open session |
| | 10.00 - 1.30 | Clinical attachments |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 5.00 | Neurosis |
| Day 6 | 9.00 - 10.00 | Introduction to mental retardation |
| | 10.00 - 1.30 | Programme at school for the mentally retarded |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 5.00 | Mental retardation |
| Day 7 | 9.00 - 10.00 | Rehabilitation and community education |
| | 10.00 - 1.30 | Clinic attachments |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 4.00 | Practical aspects of health most management |
| | 4.00 - 5.00 | Open session |
| Day 8 | 7.00 - 10.30 | Post training assessment |
| | 10.30 - 1.30 | Clinical assessment |
| | 1.30 - 2.30 | Lunch |
| | 2.30 - 3.30 | Medications, referrals, records |
| | 3.30 - 5.00 | Discussion of programme and review. |

* * * * *



THE UNITED MISSION TO NEPAL
DRUG ABUSE PREVENTION PROGRAMME (DAPP)

Programme Director
Uli Kohler

Telephone : 212179, 215573, 212668,
Telex: 2315 UMNEPA
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Location: K-1-325 Thapathali
Mailing address:
POST BOX 126
KATHMANDU, NEPAL

Herr Hans Uwe Schwedler
Gossner Mission
Handjerry Strasse 19-20
D-1000 Berlin 41
Germany

June 21, 1991

Dear Hans Uwe,

I have recommended that Youth Vision approaches Gossner Mission in regard to funding of their programmes/activities. Please allow me to explain some background to this recommendation:

My association with the SAV-group of the GAA goes back to the early days of the DAPP/UMN's active involvement in Kathmandu. I was invited by the SAV group to speak about matters relating to Drug Abuse and Prevention in late 1985. At that particular time Drug Abuse Prevention activities were frowned upon by some circles within the Government and particularly powerful persons in the Nepal society as a semi-political activity which had its root in the opposition to the then existing political structure.

My specific instruction at the time from UMN was to keep a low profile and to seek out sectors in the Nepali community able to respond in preventive activities, in spite of the above mentioned "under-currents". SAV was such a group, willing to take the risks involved with anti-drug activity. This was largely due to the high decree of commitment of these young people to their country as well as their sophisticated political awareness, which resulted in SAV taking action. In the beginning their activities included the publication of a pamphlet that together with other people I wrote. This particular pamphlet was widely distributed in Nepal as well as in the Government, and has been the most quoted publication to this day. Posters and cycle-rallies were among other activities. A one week long intensive programme with Parents, Teachers, Government and Police officials for the creation of awareness relating to Drug Abuse, conducted by the SAV group was perhaps one of the key-activities that developed in a conciseness within society on this issue. This considerably contributed to a motion in parliament some 7-9 months later which finally put the subject on the agenda of the Nepal-Government.

In December, 1988 we (SAV and myself) reviewed the past activities of the SAV group in the field of drug abuse prevention. We came to the conclusion that while significant changes have occurred, these changes were by and large mainly in attitude of the Government and knowledge within the general public. However, we also realized that very little change has occurred for the group of young people at high risk of drug abuse and no changes at all for the young people already dependent on Drugs. In fact it became clear that with the increased prevention messages (particularly the negative ones) and increased law enforcement the lives of the young addicts has worsened considerably. They were now subject to frequent imprisonment, further marginalized by society thereby increasingly unlikely to be accepted back into society even after taking treatment etc. With this realization the need to become involved in providing more tangible

assistance for young people in need became obvious to us: the once who are at high risk; the once who are addicted; as well as, the young people who are in neither-one of these groups;

At this juncture the idea of Youth Vision was born. We saw that providing facility and friendship to young people in need could actually improve to some extent their "quality of life". This in turn could then empower these young individuals, in time, to address their own problems in more constructive ways.

Youth Vision runs under the motto "a service for young people - by young people". It would be fair to admit that Youth Vision did not start with a clear defined set of goals and objectives, rather went to the people themselves and allowed them to determine what sort of programmes and activity was needed. Youth Vision is "process orientated" not necessarily "programme orientated". The training took place informally through "learning by doing" and has now enabled the staff to work out some very sound concepts based on common sense and realistic results. Youth Vision enjoys great popularity among its target group, something that (sadly) is often missing among programmes that try to cater to the same audience.

Youth Vision is run by very capable, bright and committed young people in their mid twenties. There is a high decree of sound moral and ethical values within the staff. Also there is a sound self-confidence and identity among the Youth-Vision staff regarding their nationality and integrity as Nepali-people and citizens. There is no doubt in my mind as to the effectiveness of their work as I can observe the same on a daily basis. Outputs that Youth Vision is able to have does include general social-education/awareness, including minimizing harm-related activities in regard to HIV & AIDS. For instance: Youth Vision has access to groups of young people and their leaders, who on business-trips (they are being used by semi-syndicates for the import of clothes, watches, Gold etc.) will expose themselves to high-risk taking in regards to HIV, due to activities while being abroad. Youth Vision staff has the opportunity on a peer-basis to educate these groups to take steps for greater safety in this regard. In this mentioned incidence there has been a verbal commitment of the group for "safer behavior" in future..

After having worked in Nepal for the past 6-7 years in the field of prevention/rehabilitation I can say with certainty and conviction that:

"The approach of Youth Vision has taken, may be the only promising approach to actually have a positive impact on urban society particularly among young people (who are tomorrow's decision makers)!"

For this reason I have recommended to Youth Vision that they may try to seek assistance from Gossner Mission, in the hope that Youth Vision would fit the criteria of Brot fuer die Welt for assistance.

Sincerely yours

Uli Kohler



c.c. Youth Vision

Uli Köhler
United Mission to Nepal
P.O.Box 126
Kathmandu

Nepal

Berlin, den 11.3.1991

Lieber Uli,

die Einladung für das FORUM-Treffen habe ich bekommen. Vielleicht bin ich zu dieser Zeit in Nepal - vielleicht! Es hängt davon ab, ob ich eine Sozialverträglichkeitsstudie über ein Elektrifizierungsprojekt südöstlich Okhaldungas machen kann, um die mich eine Frankfurter Consulting-Firma gebeten hat. Die Firma will mich, ich will - aber die letztendliche Entscheidung liegt bei den Nepalis und bei unserem Verwaltungsausschuß, der mich freistellen müßte. Sollte es klappen, bin ich zur Zeit des Treffens in Nepal. Im Augenblick kann ich aber nichts genaueres sagen. Reserviere mir auf keinen Fall eine Unterkunft, die finde ich auch so. Dazu ist alles zu offen.

Liebe Grüße

Hanns-Uve Schwedler



THE UNITED MISSION TO NEPAL
DRUG ABUSE PREVENTION PROGRAMME (DAPP)

Programme Director
Uli Kohler

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POST BOX 126
KATHMANDU, NEPAL

Eingegangen

28. Feb. 1991

Erledigt: M. S. 91

Herr Hans-Uwe Schwedler
Gossner Mission
Handjerystrasse 19-20
1000 Berlin 41 (Friedenau)
West Germany

Kathmandu 15th, Feb 1991

Dear friends and colleagues,

As the time of the FORUM-Meet is drawing nearer we will need urgently from everybody a final confirmation of your participation in the meeting.

Let me give you another reminder of the timing of the meeting:
Arrival Date in Kathmandu should be the 27th of April 1991, the meetings will begin on the 28th in the morning. Departure may be arranged after the 3rd of May 1991, as on the evening of the 3rd the meetings will conclude.

It is important that you give us your confirmation in writing (a simple postcard will do!) before March the 31st, 1991.

This will be of assistance to us here in Kathmandu while making the necessary arrangements with Hotels etc.

If possible indicate your flight number and the estimated time of arrival of your flight, we will then be able to pick you up from the Airport. Should some of you arrive here overland (from India) please indicate which route you will be taking.

Telephone numbers through which you may contact us are:

United Mission to Nepal 212179, 212131, 215370,
(Drug Abuse Prevention Programme)

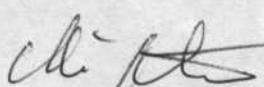
Youth Vision 523874,

My personal home-number 521416,

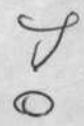
United Mission to Nepal FAX 977-1-225559,

Hope to hear from you soon and to meet you here in Kathmandu, Nepal.

On behalf of FORUM,



Uli Kohler,

wish you were here -- 

Weitere Trennblätter lieferbar:
1652 in 6 Druckfarben

Reinforced perforation
Lochung verstärkt
Perforation renforcée

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2/31/2 Education

8.2/18

TRAINING & SCHOLARSHIP PROGRAMME

SUMMARY ANNUAL REPORTS 1991-92

1. DESCRIPTION:

TSP has assisted many young people who are poor landless and marginalised to receive an education in schools, colleges and in technical and professional fields. Women and girls are given equal opportunity for scholarships.

Under Inservice & Advanced Scholarship, UMN and UMN related institutions staff continue to receive scholarships to develop their skills for in country and out of country studies.

The target population has changed for General Scholarship award during the last year. TSP awarded an equal number of scholarships for female and males.

2. ACTIVITIES:

a. School Level Scholarships:

33 new scholarships were granted to poor and needy boys and girls from different districts. Out of 33 students, 16 are girls and 17 are boys. Out of 33, 8 are found to have come from underserved or scheduled caste and tribes. TSP target for school level last year was 40.

b. General Scholarships:

82 new scholarships were granted to poor and financially deprived young people this year. Out of 82 students, 42 were girls and 40 were boys. Again, out of 82 students, 11 students (13.5%) come out the underserved scheduled caste and tribes. TSP target last year was 80.

c. Inservice and Advanced:

Under Inservice, 55 new scholarships were granted. No new Advanced Scholarships were made. Out of 55, 18 were females. TSP's target as determined by Project Plans, for inservice this year was 105.

The TSP goal to give equal opportunity to women/girls was met both in school level and general scholarships. We lagged behind a little bit to achieve the goal of granting 40 new scholarships under school level scholarships. TSP didn't have enough information to sort out appropriate candidates for school level scholarships.

Under In-service Scholarship, only 55 were granted because the projects/programmes plan for many more staff than they are able to send or in some cases, no acceptance to the appropriate courses of study was obtained.

The number of students receiving scholarships at this time from the TSP stands at 692.

8.2/19

d. Library Service:

A total of 267 new volumes of books in Medicine, Education, Business Management, Engineering etc. had been purchased this year. This had been added to the TSP Library for the use by the students studying for in-service and general scholarship. Students are encouraged to use the TSP Library more often. The books loan stands at 120 at any time an average of 70 to 80 books are on loan per month.

e. TSP further developed some course and scholarship information by corresponding with various institutions in the Philipinnes and Bangladesh. TSP staff were able to visit some institutions in India.

f. To develop an evaluation process and reporting system, TSP sent out questionnaires to students.

3. ACTIVITIES NOT PLANNED:

TSP staff made a field visit to Okhaldhunga district, Rupandehi district and Nuwakot district to study the possibilities of working in those districts for General and School level Scholarships. The outcome of the visits to those districts were very encouraging.

4. STRATEGIC ISSUES:

1. The inservice scholarship programme is generally over budgeted due to project estimates that are not accurate.
2. What training is relevant for In-Service and General is still an issue.
3. Evaluation and follow up of General Scholarships students needs attention.

5. PERSONNEL/TRAINING:

10 Nepali staff
1/2 time expatriate staff (for only 6 months).

6. INCOME : 16,628,267
EXPENDITURE : 13,470,145

TSP-SUM.S92

TRAINING AND SCHOLARSHIP PROGRAM
 Income and Expenditure Statement
 for the year ended 15 July, 1992

| | Budget
1991/92 | Actual
1991/92 | Percent | |
|-------------------------------|-------------------|-------------------|-------------|-------|
| | | | Over/ Under | Notes |
| INCOME: | | | | |
| Grants-Other | 8,906,000 | 5,230,496 | -41% | 1 |
| Grants-School Level | 3,300,000 | 4,059,014 | 23% | 2 |
| UMN Projects' Cont's | 3,982,000 | 7,324,087 | 94% | 3 |
| Misc Income | 2,000 | 5,197 | 160% | 4 |
| PCS | 20,000 | 9,473 | -53% | 5 |
| TOTAL INCOME | 15,210,000 | 15,528,267 | 3% | |
| EXPENDITURE: | | | | |
| Recurring: | | | | |
| In-Service Scholarships | 10,600,000 | 7,533,672 | -28% | 5 |
| School Level Scholarships | 3,300,000 | 3,747,283 | 14% | |
| Advanced Scholarships | 260,000 | 235,897 | -34% | 7 |
| General Scholarships | 1,100,000 | 934,944 | -15% | |
| Salaries | 510,000 | 557,186 | 9% | |
| Rent | 120,000 | 145,547 | 21% | 8 |
| Library | 45,000 | 44,926 | 0% | |
| Office Supplies & Admin. | 40,000 | 43,789 | 9% | |
| Travel | 40,000 | 35,819 | -10% | |
| Minor Capital | 19,000 | 18,597 | -2% | |
| Repairs and Maintenance | 12,000 | 15,790 | 32% | 9 |
| Telecommunication | 12,000 | 11,858 | -1% | |
| Utilities | 9,000 | 12,181 | 35% | 10 |
| Miscellaneous | 8,000 | 13,783 | 72% | 11 |
| PCS | 20,000 | 9,473 | -53% | 5 |
| SUB TOTAL: | 15,195,000 | 13,460,745 | -17% | |
| Office Furniture | 5,000 | 5,000 | 0% | |
| Office Equipment | 10,000 | 9,400 | -6% | |
| TOTAL EXPENDITURE | 15,210,000 | 13,475,145 | -17% | |
| CHANGE IN FUND BALANCE | | 3,153,122 | | |
| PROGRAM BALANCE 1991 | | 3,961,574 | | |
| PROGRAM BALANCE 1992 | | 7,014,796 | | |

E

Notes to the Training & Scholarship Programme

1. Grants-Other, which were given to TSP by the UMN Treasurer, were less than anticipated, but nearly adequate for actual expenses.
2. Due to higher than anticipated contribution from the donors.
3. More Projects/Programmes have contributed to cover the training expenses incurred by their staff.
4. Due to higher than anticipated income from the distribution of scholarship application forms as well as photo copy.
5. Business Manager Post was Nepalised.
6. UMN projects did not send as many in-service trainees as TSP was led to believe by the UMN projects training plans.
7. Most of the trainees have graduated.
8. Due to rental tax.
9. Due to unanticipated costs of maintenance contracts for TSP photocopier, computer, and furniture.
10. Due to increased in rate of water and electricity bill.
11. Bank charges and miscellaneous expense were combined in miscellaneous expenses and was simply less budgeted than last year.

A) F.T.E. = 10

B) As of July 15, 1992 the estimated commitments in NC on existing post-secondary scholarships are as follows:

| | |
|---------|------------|
| 1992/93 | 6,703,700 |
| 1993/94 | 3,673,600 |
| 1994/95 | 1,329,900 |
| 1995/96 | 159,000 |
| 1996/97 | 105,000 |
| <hr/> | |
| TOTAL: | 11,971,200 |

8.2/14

NON-FORMAL EDUCATION SUPPORT OFFICE
SUMMARY REPORT
Mid-July, 1991 - Mid-July, 1992

Description/overview

NFE is a educational methodology which enables learners to think about their own situation, to find out the root causes of problems and to build up their confidence to make changes through utilizing their own resources. It is based on day-to-day practical living for personal and community welfare. It aims to make people as self supporting as possible. It often begins through organizing literacy groups. These lead to functional literacy skills. Discussion and practical activities raise critical awareness of their situation. They can then be involved in solving their problems through reflection and action. This can be a very liberating process.

The Non-Formal Education Support Office responds to requests for technical support and assistance from UMN and other projects in carrying out educational aspects of their programmes. The NFE Support Office does this in conjunction with the projects and cooperates with HMG's Ministry of Education and Culture and other NGOs in sharing information and resources.

General Objectives:

1. To encourage UMN workers from all projects and disciplines to recognize the potential of NFE for achieving their project objectives, and to help them use NFE philosophy and techniques extensively and effectively in their work.
2. To cooperate with the Adult Education section of MoEC, and with other NGOs, in producing NFE program materials and methods for use Nepal wide for post basic literacy learners.
3. To provide pre-service and in-service training to NFE personnel in UMN projects, with particular emphasis on the need for training NFE supervisors.
4. To maintain a resource centre from which NFE materials and resources can be made available to workers.
5. To encourage the exchange of information between NFE workers in UMN and other programs.
6. To print 10 easy-reading books for adult new readers and distribute these after training in their possible uses.
7. To collect 10 scripts, prepare art work and trial these in project sites throughout Nepal prior to funding and printing phases.

Program activities:

1. Non Formal Education (NFE) Support Office staff worked with NFE Project staff in Gorkha, Nepal Resource Management Program and Jajarkot in their training events; conducted training in NFE methodology with the CDHP Urban Based Program; North Dhading, Andhi Khola and the Village Leatherworks Program; conducted a drawing workshop, participated in an evaluation survey in Surkhet and conducted training in Basic Communication with engineers and overseers of the International Labor Organization.
2. NFE staff maintain ongoing contact with the Ministry of Education and Culture (MOEC) of HMG; participate in the regular meetings of "collaborative agencies cooperating in

0.0
15

literacy" and in workshops which further UMN programs in NFE. NFE staff are assisting in a University research program (CERID) in literacy training. This may result in appropriate training courses for NFE professionals in Nepal.

3. The Support Office staff designed and facilitated the Coordinators/Supervisors Workshop in Palpa in January and Facilitator Workshop in Pokhara. NFE staff identify available training activities and circulate a schedule of training sessions to meet the specific training needs of the projects.
4. The Support Office maintains a supply of adult literacy and functional literacy materials and maintains liaison with MOEC for the supply of the basic Naya Goreto textbooks used in most of the UMN programs. NFE office circulates relevant and timely information received at the NFE office and distributes periodicals among coordinators and project supervisors. The NFE office developed and field tested a set of nine teaching posters of Basic Health Messages for mothers and children for use in NFE classes. Over 200 sets have been circulated. During 1991-92, materials of over Rupees 112,000 was distributed from this office.
5. Exchange of information is primarily through the NFE newsletter containing information about programs and events; songs and poems for new literates; lesson plans and participant "success stories".
6. The first Post Basic Literacy book "Sukha Dukha" was released in January. It was eagerly received by the projects. Field trials have been completed on five additional books which will be printed in September, 1992. An additional 15 scripts are in production stage for field testing. This year the support office hosted a team of artists from Australia who, with four Nepali young women acting as cultural interpreters, worked in Gorkha area.
7. Audio Visual capability in NFE was initiated and used in 50% (percent) of the training workshops. Technical videos on appropriate subjects have been promoted and distributed to selected programs and a library of appropriate videos has been started.
8. A new trainer was hired at the beginning of the year and a new secretary was recruited following the transfer of the former secretary. Other staff have remained stable.

Personnel

| | |
|--------------------------|----------------------|
| NFE Consultant/Trainer | One Expatriate |
| NFE Trainer | One Nepali |
| NFE Book Project Officer | One Expatriate |
| Resource Officer | One Nepali |
| Secretary | One Nepali/half time |

Income

| | |
|--------------------|-------------|
| NFE Support Office | Rs. 479,630 |
| Post Basic Lit. | Rs. 750,700 |

Expenditure:

| |
|-------------|
| Rs. 406,576 |
| Rs. 158,156 |

NON-FORMAL EDUCATION
Support Office
Income & Expenditure for 1991/1992

| | BUDGET
1991/92 | ACTUAL
1991/92 | PERCENT
Over(Under)
Budget | | NOTES |
|--------------------------|-------------------|-------------------|----------------------------------|-------------|-------|
| | | | | | |
| INCOME | | | | | |
| Gifts | | 37,196 | | | |
| PCS | 91,500 | 105,660 | | 15% | |
| Sales | 100,000 | 122,305 | | 22% 1 | |
| TOTAL INCOME | 191,500 | 265,161 | | 38% | |
| EXPENDITURES | | | | | |
| Salaries | 137,000 | 138,606 | | 1% | |
| PCS | 91,500 | 105,660 | | 15% | |
| Seminars | 17,000 | 18,531 | | 9% | |
| Supplies | 7,000 | 15,882 | | 127% 2 | |
| Materials | 126,000 | 101,803 | | -19% 3 | |
| Materials Production | 15,000 | (1,840) | | -112% 4 | |
| Travel | 25,000 | 15,510 | | -38% 5 | |
| Audio Visuals | 31,130 | 4,603 | | -85% 6 | |
| Repair | 10,000 | 1,000 | | -90% 7 | |
| Capital | 20,000 | 6,821 | | -66% 8 | |
| TOTAL EXPENDITURE | 479,630 | 406,576 | | -15% | |

1. Sales were higher than anticipated due to growth in programmes.
2. Office expenses were budgeted abnormally low in March 1991. After totals for last fiscal year were reviewed, budget was increased for 92/93 budget.
3. According to account procedures initiated this year, the inventory in NFE was deducted from actual expenses; therefore, this line is under budget.
4. This new line item (added October 1991) for new production did not receive line item account number until after major expenses were debited to the materials account. Credit balance is due to some sales credited to this line rather than appropriate sales line by accounts office.
5. Travel was reimbursed by project. Policy change next year.
6. Audio Visual cost was 50% less than originally requested in supplementary budget and this was noted in February, 1992. Due to new line item in budget, items were not appropriately charged to this budget until late in fiscal year.
7. Repairs were not necessary.
8. Renovations were not completed due to change in space allocation.

10.2/1

COMMUNITY DEVELOPMENT AND HEALTH PROJECT, LALITPUR
ANNUAL REPORT FOR 1991-92

CDHP provides integrated health and development in a part of Patan city (5 urban wards), limited valley areas, and 16 Village Development Centers (VDC) in the mountains south of the valley. The total population served is 81,000, of which 28,000 is urban. The community health activities, including 20 weekly Maternal Child Health/Family Planning (MCH/FP) clinics, have five health posts as sub-centers. Included in the general activities are strong nutrition programs and rapidly growing community mental and dental health programs. The department has seven agro-forestry centers serving half the mountain VDCs with a population of 14,400. Sections include non-formal education (NFE), women's development and small income generation projects, agro-forestry extension work, and installation of drinking water systems. Underlying all of the activities is a strong emphasis on training of staff, community leaders, volunteers, and general and women's village co-operatives; and a commitment toward promoting self respect, useful skills and program sustainability.

Highlights of the Year

1. Leadership - a new Project Director and Administrative Manager has resulted in a review of organization and function and some of the changes listed below.
2. Team Building - Probably the greatest accomplishment has been a pulling together of the large team - exemplified in our own new *Vision and Mission Statement*; serious examination of *Strategic Issues*; dedication to improving *Personnel Management* through a series of UMN workshops; improving skills in *program planning* at every level; and the return of *staff representatives* to the Administrative Committee meetings.
3. Reorganization at Center Level - A complex high level staff pattern has begun to be simplified with reduction of several positions, merging of forestry and agriculture sections, restructuring the urban CHP, and planning for further merging and interrelating in the coming year.
4. Documentation - Important documents, reports, studies, history, and pictures of CDHP were found to be badly disorganized; reporting and disseminating our experiences in many pioneering areas of activity has been poor; despite being a showpiece for model community health and development for UMN, Nepal and other NGOs, we lacked media for sharing and promoting our work. An expatriate Documentation Officer was appointed. He has produced a video, *Uplifting Lives In Lalitpur*, and a story contest for our staff has provided us with stories of real people, whose lives have been touched by CDHP.
5. Supervision - This difficult area has been slightly improved through workshops, revision of job descriptions and introduction of three monthly work plans. Much remains, particularly in the areas of quality control and appropriate remedial training and skill development.
6. Training - A strong area, but we could improve effectiveness and impact by concentrating on more appropriate methods, evaluation and follow-up.
7. Cooperation with Patan Hospital - Much improved communication and sharing of ideas; coordination of the work of two CDHP nurses in the hospital Outpatient Department (OPD), resulting in a smoothly functioning referral system and remarkably successful immunization program (particularly for fertile women); planning together for a Community Medicine rotation for house staff; active Functional Coordinating Committee; together, seeking ways to organize and implement the hospital director's vision for coordinating all health efforts in the valley area.

10.2/2

8. Action on Strategic Issues - There has been progress on nearly all the issues identified in November, 1991. We have turned over another sub-center but there has been little action regarding the turn-over of our health posts due to HMG's preoccupation with the plan to establish new VDC subcenters. A HMG HP uses the Badegaoun HP as a MCH/FP sub-center. The Badegaoun staff quarters is a guest house and training center. Relations with District Public Health Office remains cordial, but we suffered from an inadequate supply of Depo Provera and received no free medicines for our two non-IIaca health posts. Health Post community committees have continued to assume more responsibility, including looking at ways to serve the poor. Their medical insurance schemes continue to function and receive attention from many quarters. We have been active participants in the Local Development Office's coordinating efforts. A new Integrated Development Strategy for work in new VDCs, starting our with NFE, has begun along with an experiment in community-based health led by a health motivator and team in Thuladurlung. The development and nurture of the development committee (SSRUC) in that VDC has become an excellent model for building community organization and promoting sustainability. Planning for the ten year development impact evaluation has begun. Women's work has increased, five new co-ops being formed; women are more involved and empowered. Sewing, knitting, selling honey and kitchen garden produce, making tiles, raising chickens. Next: raising silk worms!

9. Activities - Phase out of forestry contract administration and promoting community nurseries; new bamboo propagation; new agriculture demonstration sites; expanding kitchen gardens, organic composting, latrines; highly successful nutrition rehabilitation programs; assistance with the 18 year Chapagaon Nutrition Rehab Center follow-up study; exciting request for women's malnutrition co-ops; beginning work in Malta with NFE; expansion well planned and run community mental health and oral health programs; two fruitful traditional healer (Jhankri) seminars; expansion of school health program with two program with two teacher workshops to present new health curriculum ideas, teaching materials and plans for general health and dental screening examinations of school children using a proper, new record keeping system; consolidation of urban basic health and well water chlorination programs, approval to use UNICEF funds for well reconstruction, hiring of a water/sanitation technician; plans to move to a new centrally located Urban Center. Many, many visitors!

10. Weak Areas of Activity - a troubled drinking water program in Malta which only reached 50% of its target; our recognition and management of high risk pregnancies is inadequate - one aspect of the great need in women's health issues; TB and malaria control programs need improvement; our information systems need revision and our statistics are often unreliable, not yet computerized, nor well systemized for recall, processing, and reporting.

11. New Issues - Recognition that primary education enrichment is necessary; external factors to adjust to (new political leaders and systems; HMG focus on new health delivery system); personnel development including improvement of English; quality control and studies of efficiency in our routine work.

Personnel:

| | <u>Nepali</u> | <u>Expat.</u> | <u>Total</u> |
|----------------|---------------|---------------|--------------|
| Approved posts | 130.5 | 11 | 141.5 |
| Filled posts | 125.3 | 6.8 | 132.1 |

Finance:

| | <u>Budget</u> | <u>Actuals</u> |
|-----------------------|---------------|----------------|
| Recurring Expenditure | 11,463,800 | 10,525,356 |

| S.N. | Indicators for Community Status. | CDHP District | DPHO Lalitpur | Nepal (Country) |
|------|------------------------------------|-------------------------------------|---------------|-----------------|
| 1. | Total Target population | 74,826* | 2,58,474 + | 18462081 + |
| 2. | Crude death rate per 1000 pop. | 4.7* | 12 + | 15 + |
| 3. | Crude Birth rate per 1000 pop. | 14.6* | 38 + | 41 + |
| 4. | Infant mortality rate per 1000 pop | 26.1* | 132 + | 107 + |
| 5. | Child mortality ,,, ,,, ,,, | 5.6* | N.A. | 197 + |
| 6. | Maternal Mortality ,,, ,,, ,,, | 1.2* | N.A. | 8.5 + |
| 7. | General Fertility rate ,,, ,,, ,,, | 66* | N.A. | N.A. |
| 8. | Population increase (growth rate) | 1.2* | 2.6 | 2.3 + |
| 9. | % of measles vaccine coverage | 76.0* | 86.4 + | 69.0 (00) |
| 10. | % of DPT3 ,,, ,,, (<5 age) | 82.0* | N.A. | 80.0 (00) |
| 11. | % of Polio3 ,,, ,,, ,,, | 82.0* | N.A. | 80.0 (00) |
| 12. | % of BCG ,,, ,,, ,,, | 90.0* | N.A. | 90.0 (00) |
| 13. | % of TT2 ,,, ,,, ,,, | 52.0* | N.A. | 19.0 (00) |
| 14. | % F.P. Coverage | 33.9* | 51.6 | 19.0 (00) |
| 15. | % households with sanitary lat. | 53.6* | N.A. | N.A. |
| 16. | % Literacy rate | 27
(Malta)
baseline
Survey | N.A. | 34 % |

Source: VHW and BHDW *
 Clinic X EPI 00
 Census + FP
 DPHO

Def:- General Fertility Rate = $\frac{\text{Total live birth}}{\text{Total Population age}} \times 1000$
 $\quad \quad \quad (14 - 45)$

COMMUNITY DEVELOPMENT AND HEALTH PROJECT, LALITPUR
STATEMENT 16TH JULY 1990 TO 15TH JULY 1992

HS - 14

| | Budget
1990/95 | Cumulative
Budget At
15 Jul 1992 | Cumulative
Actuals At
15 Jul 1992 | Budget
1991/92 | Actuals
1991/92 | Difference
budget/
actuals | Percent
Over(Under)
Budget |
|---------------------------|-------------------|--|---|-------------------|--------------------|----------------------------------|----------------------------------|
| INCOME | | | | | | | |
| HMG & Other Contributions | 530,000 | 200,000 | 170,132 | 100,000 | 88,374 | (11,626) | -11.63% |
| PCS | 7,580,600 | 1,839,800 | 1,285,620 | 897,900 | 614,216 | (283,684) | -31.59% (1) |
| Grants | 71,299,100 | 23,906,700 | 26,161,143 | 11,898,900 | 13,185,395 | 1,286,495 | 10.81% |
| Rent Income | 0 | 0 | 46,881 | 0 | 24,031 | 24,031 | --- |
| Vehicle Income | 0 | 0 | 41,868 | 0 | 27,725 | 27,725 | --- |
| Miscellaneous & Sales | 404,600 | 210,000 | 166,189 | 150,000 | 132,538 | (17,462) | -11.64% (2) |
| | 79,814,300 | 26,156,500 | 27,871,833 | 13,046,800 | 14,072,279 | 1,025,479 | 7.86% |
| EXPENDITURE | | | | | | | |
| Recurring | | | | | | | |
| Central Admin. & Support | | | | | | | |
| Salaries | 3,850,000 | 1,550,500 | 1,592,234 | 782,700 | 799,559 | 16,859 | 2.15% |
| PCS | 656,000 | 329,900 | 311,096 | 232,600 | 216,776 | (15,824) | -6.80% |
| Vehicles | 218,000 | 56,400 | 46,428 | 26,700 | 30,782 | 4,082 | 15.29% (3) |
| Rents | 568,000 | 192,000 | 168,000 | 100,000 | 84,000 | (16,000) | -16.00% (4) |
| Utilities | 95,000 | 29,800 | 27,192 | 14,400 | 19,053 | 4,653 | 32.31% (5) |
| Maintenance | 220,000 | 62,000 | 49,517 | 32,000 | 23,618 | (8,382) | -26.19% (6) |
| Office Supplies\Photocopy | 316,600 | 86,400 | 149,657 | 50,000 | 94,771 | 44,771 | 89.54% (7) |
| | 5,923,600 | 2,307,000 | 2,344,124 | 1,238,400 | 1,268,559 | 30,159 | 2.44% |
| ALL AREA | | | | | | | |
| Salaries | 6,843,400 | 3,022,500 | 2,899,224 | 1,746,300 | 1,547,445 | (198,855) | -11.39% |
| PCS | 6,924,600 | 1,509,900 | 974,524 | 665,300 | 397,440 | (267,860) | -40.26% (1) |
| Travel & Transport | 596,000 | 155,800 | 94,892 | 67,500 | 47,129 | (20,371) | -30.18% (8) |
| Vehicles | 1,171,000 | 267,000 | 278,531 | 137,800 | 131,169 | (6,631) | -4.81% |
| Duty Travel | 465,400 | 193,600 | 237,366 | 105,600 | 120,185 | 14,585 | 13.81% |
| Rents | 190,000 | 54,800 | 50,447 | 34,600 | 26,830 | (7,770) | -22.46% (9) |
| Utilities | 223,400 | 74,700 | 76,485 | 39,000 | 38,055 | (945) | -2.42% |
| Maintenance | 362,600 | 263,000 | 258,177 | 51,000 | 44,838 | (6,162) | -12.08% |
| Office Supplies\Photocopy | 1,793,800 | 388,500 | 274,274 | 186,900 | 156,247 | (30,653) | -16.40% (7) |
| Minor Equipments | 624,200 | 227,600 | 196,683 | 90,000 | 143,164 | 53,164 | 59.07% (10) |
| Other | 1,754,000 | 1,055,200 | 690,952 | 400,100 | 319,779 | (80,321) | -20.08% (11) |
| | 20,948,400 | 7,212,600 | 6,031,554 | 3,524,100 | 2,972,281 | (551,819) | -15.66% |
| AREA 5 | | | | | | | |
| Health Post (Chapagaon) | 2,995,000 | 768,200 | 726,439 | 407,800 | 397,299 | (10,501) | -2.58% |
| MCH | 1,201,000 | 466,000 | 439,427 | 255,700 | 223,594 | (32,106) | -12.56% |
| Duty Travel | 234,000 | 59,100 | 57,937 | 29,200 | 30,597 | 1,397 | 4.78% |
| | 4,430,000 | 1,293,300 | 1,223,803 | 692,700 | 651,490 | (41,210) | -5.95% |
| AREA 6 | | | | | | | |
| Health Post (Badegaon) | 0 | 281,000 | 189,972 | 0 | 0 | 0 | --- |
| MCH | 0 | 98,600 | 141,376 | 0 | 0 | 0 | --- |
| Duty Travel | 0 | 6,600 | 1,411 | 0 | 0 | 0 | --- |
| | 0 | 386,200 | 332,759 | 0 | 0 | 0 | --- |
| AREA 7 | | | | | | | |
| Health Post (Bhattedanda) | 2,089,000 | 668,600 | 662,344 | 389,900 | 362,051 | (27,849) | -7.14% |
| MCH | 930,600 | 326,700 | 365,362 | 174,500 | 230,641 | 56,141 | 32.17% (12) |
| Duty Travel | 615,700 | 207,200 | 209,213 | 93,600 | 119,361 | 25,761 | 27.52% (13) |
| Water Projects | 909,500 | 680,200 | 658,493 | 578,500 | 576,187 | (2,313) | -0.40% |
| Agriculture | 774,000 | 202,700 | 101,498 | 86,600 | 84,211 | (2,389) | -2.76% |
| Rural Industry | 337,000 | 81,000 | 49,941 | 61,000 | 29,774 | (31,226) | -51.19% (14) |
| NFE | 801,500 | 233,500 | 133,516 | 154,200 | 97,016 | (57,184) | -37.08% (15) |
| Trees | 1,297,200 | 399,900 | 346,160 | 193,100 | 180,144 | (12,956) | -6.71% |
| | 7,754,500 | 2,799,800 | 2,526,527 | 1,731,400 | 1,679,385 | (52,015) | -3.00% |

| | Cumulative | | Cumulative | | Difference | | Percent |
|--------------------------------|-------------------|--------------------------|---------------------------|-------------------|--------------------|--------------------|-----------------------|
| | Budget
1990/95 | Budget At
15 Jul 1992 | Actuals At
15 Jul 1992 | Budget
1991/92 | Actuals
1991/92 | budget/
actuals | Over(Under)
Budget |
| AREA 8 | | | | | | | |
| Health Post (Chaughare) | 2,757,200 | 802,900 | 771,267 | 437,700 | 415,532 | (22,168) | -5.06% |
| MCH | 1,008,000 | 320,500 | 283,031 | 178,700 | 162,801 | (15,899) | -8.90% |
| Duty Travel | 713,300 | 200,100 | 172,213 | 105,000 | 83,200 | (21,800) | -20.76% (16) |
| Water Projects | 139,600 | 58,500 | 1,411 | 30,000 | 422 | (29,578) | -98.59% (17) |
| Agriculture | 527,200 | 122,600 | 37,730 | 44,000 | 34,971 | (9,029) | -20.52% (17) |
| Rural Industry | 135,000 | 50,800 | 10,499 | 30,800 | 6,239 | (24,561) | -79.74% (18) |
| NFE | 330,000 | 58,500 | 19,051 | 17,000 | 613 | (16,387) | -96.39% (20) |
| Trees | 1,506,600 | 372,700 | 217,767 | 130,300 | 108,890 | (21,410) | -16.43% (21) |
| | 7,116,900 | 1,986,600 | 1,512,969 | 973,500 | 812,668 | (160,832) | -16.52% |
| AREA 9 | | | | | | | |
| Health Post (Asrang) | 2,553,400 | 559,000 | 546,832 | 276,500 | 282,284 | 5,784 | 2.09% |
| MCH | 930,500 | 363,900 | 348,697 | 189,500 | 178,577 | (10,923) | -5.76% |
| Duty Travel | 824,400 | 235,900 | 243,370 | 127,400 | 127,253 | (147) | -0.12% |
| Water Projects | 128,700 | 79,100 | 12,602 | 60,000 | 5,959 | (54,041) | -90.07% (22) |
| Agriculture | 566,000 | 408,000 | 272,071 | 211,600 | 198,249 | (13,351) | -6.31% |
| Rural Industry | 458,400 | 226,100 | 208,492 | 137,800 | 144,740 | 6,940 | 5.04% |
| NFE | 333,700 | 388,800 | 252,474 | 198,100 | 165,512 | (32,588) | -16.45% (23) |
| Trees | 2,016,000 | 593,500 | 444,592 | 208,300 | 200,830 | (7,470) | -3.59% |
| Health Post (Gotikhel) | 1,665,400 | 484,500 | 574,903 | 308,100 | 306,766 | (1,334) | -0.43% |
| MCH | 930,500 | 353,400 | 292,240 | 163,700 | 153,578 | (10,122) | -6.18% |
| Duty Travel | 549,600 | 125,400 | 111,103 | 53,100 | 56,845 | 3,745 | 7.05% |
| | 10,956,600 | 3,817,600 | 3,307,376 | 1,934,100 | 1,820,593 | (113,507) | -5.87% |
| URBAN | | | | | | | |
| MCH | 1,062,700 | 620,100 | 658,875 | 311,800 | 392,759 | 80,959 | 25.97% (24) |
| Non Formal Education | 0 | 10,000 | 6,080 | 10,000 | 6,080 | (3,920) | -39.20% (25) |
| Duty Travel | 0 | 0 | 0 | 0 | 0 | 0 | --- |
| | 1,062,700 | 630,100 | 664,955 | 321,800 | 398,839 | 77,039 | 23.94% |
| PHARPING | | | | | | | |
| MCH | 414,000 | 127,700 | 110,453 | 63,800 | 58,606 | (5,194) | -8.14% |
| Duty Travel | 0 | 0 | 0 | 0 | 0 | 0 | --- |
| | 414,000 | 127,700 | 110,453 | 63,800 | 58,606 | (5,194) | -8.14% |
| NUTRITION (Chapagaon) | | | | | | | |
| Rehabilitation Center | 307,000 | 90,300 | 96,263 | 47,000 | 52,177 | 5,177 | 11.01% |
| Materials | 92,800 | 40,600 | 29,355 | 17,000 | 14,823 | (2,177) | -12.81% |
| Duty Travel | 0 | 0 | 0 | 0 | 0 | 0 | --- |
| | 399,800 | 130,900 | 125,618 | 64,000 | 67,000 | 3,000 | 4.69% |
| Health Edu\Sanitation | | | | | | | |
| | 556,000 | 150,000 | 105,585 | 60,000 | 60,975 | 975 | 1.63% |
| | 556,000 | 150,000 | 105,585 | 60,000 | 60,975 | 975 | 1.63% |
| DENTAL | | | | | | | |
| School Programme (WHO) | 1,141,000 | 592,000 | 0 | 0 | 0 | 0 | --- |
| School Programme (Alt. to WHO) | 0 | 30,000 | 0 | 0 | 0 | 0 | --- |
| Teaching Materials | 0 | 15,000 | 9,880 | 15,000 | 9,880 | (5,120) | -34.13% (26) |
| | 1,141,000 | 637,000 | 9,880 | 15,000 | 9,880 | (5,120) | -34.13% |
| Water Project | | | | | | | |
| | 2,250,000 | 500,000 | 227,166 | 0 | 0 | 0 | --- |
| | 2,250,000 | 500,000 | 227,166 | 0 | 0 | 0 | --- |

| | Budget
1990/95 | Cumulative
Budget At
15 Jul 1992 | Cumulative
Actuals At
15 Jul 1992 | Budget
1991/92 | Actuals
1991/92 | Difference
budget/
actuals | Percent
Over(Under)
Budget |
|---|-------------------|--|---|-------------------|--------------------|----------------------------------|----------------------------------|
| Irrigation | 305,000 | 100,000 | 0 | 0 | 0 | 0 | --- |
| | 305,000 | 100,000 | 0 | 0 | 0 | 0 | --- |
| Asrang HP Water System | 0 | 50,000 | 0 | 0 | 0 | 0 | --- |
| Asrang Electrification | 0 | 40,000 | 0 | 0 | 0 | 0 | --- |
| | 0 | 90,000 | 0 | 0 | 0 | 0 | --- |
| TOTAL AREA | 57,334,900 | 19,861,800 | 16,178,646 | 9,380,400 | 8,531,717 | (848,683) | -9.05% |
| TOTAL RECURRING | 63,258,500 | 22,168,800 | 18,522,770 | 10,618,800 | 9,800,276 | (818,524) | -7.71% |
| STAFF TRAINING & DEVELOPMENT | 5,131,700 | 1,445,000 | 1,353,158 | 845,000 | 723,900 | (121,100) | -14.33% |
| CDHP Training | | | | | | | |
| Training & Seminars (Int.) | | | | | | | |
| Training & Seminars (Ext.) | | | | | | | |
| Study Tours | | | | | | | |
| Scholarship | | | | | | | |
| TSP (Longterm, Fulltime) | | | | | | | |
| TDS (Shortterm, Parttime) | | | | | | | |
| Total Staff Training & Dev. | 5,131,700 | 1,445,000 | 1,353,158 | 845,000 | 723,900 | (121,100) | -14.33% |
| CAPITAL | | | | | | | |
| Staff Quarter | 500,000 | 0 | 0 | 0 | 0 | 0 | --- |
| Office Building | 500,000 | 0 | 0 | 0 | 0 | 0 | --- |
| Motorcycle | 320,000 | 125,000 | 50,469 | 60,000 | 50,469 | (9,531) | -15.89% (27) |
| Vehicle | 2,100,000 | 1,600,000 | 905,285 | 1,000,000 | 905,285 | (94,715) | -9.47% |
| Rural Industry | 250,000 | 80,000 | 16,820 | 30,000 | 0 | (30,000) | -100.00% (28) |
| Computer | 425,000 | 0 | 0 | 0 | 0 | 0 | --- |
| Computer Printer | 0 | 20,000 | 0 | 20,000 | 0 | (20,000) | --- |
| Photocopier | 500,000 | 260,000 | 165,816 | 160,000 | 165,816 | 5,816 | 3.64% |
| Office Equipment | 604,800 | 139,700 | 106,795 | 50,000 | 13,500 | (36,500) | -73.00% (29) |
| Health Post Equipment | 145,000 | 50,000 | 30,000 | 25,000 | 0 | (25,000) | -100.00% (30) |
| TV & VCP | | 0 | 30,000 | 0 | 30,000 | 30,000 | --- |
| Well & Sanitation (Urban) | | 0 | 53,047 | 0 | 53,047 | 53,047 | --- |
| Vehicle Washing Ramp | | 10,000 | 10,000 | 10,000 | 10,000 | 0 | 0.00% |
| Gotikhel HP Repair | | 10,000 | 0 | 10,000 | 0 | (10,000) | -100.00% (33) |
| TOTAL CAPITAL | 5,344,800 | 2,294,700 | 1,368,232 | 1,365,000 | 1,228,117 | (136,883) | -10.03% |
| | | | | | | 0 | --- |
| Urban Well/Sanitation
(Supplementary Budget) | 0 | 118,000 | 0 | 118,000 | 0 | (118,000) | -100.00% (34) |
| Total Recurring +Capital Budget | 73,735,000 | 26,026,500 | 21,244,160 | 12,946,800 | 11,752,293 | (1,194,507) | -9.23% |
| Contingency | 6,079,300 | 130,000 | 0 | 100,000 | 0 | (100,000) | -100.00% |
| TOTAL | 79,814,300 | 26,156,500 | 21,244,160 | 13,046,800 | 11,752,293 | (1,294,507) | -9.92% |

Surplus 1990/91 2,319,986

FILE :STMT92

Notes:

| | | | | |
|-----|---------|---|-------|---------------|
| FTE | Neopali | = | 125.3 | |
| | PCS | = | 6.8 | Total = 132.1 |

- (1) Decreased number of appointees in CDHP -especially in Development Department.
- (2) Extra income from a motorbyke sale = 20.000 Rs.
- (3) Increasing costs for repair - especially broken springs on Toyota Pick Up
- (4) Patan Hospital charged only 42.000/6 months for the central office rooms.
- (5) Increase in costs for electricity.
- (6) Only minor repairs needed. Due to the purchase of a new photocopier one year free maintenance was guaranteed.
- (7) Increased market prices for stationary, especially supplies for computer (Paper, Floppy Disks). Mostly charged to Central Adm. and Support.
- (8) Fare and portage less used.
- (9) Budgeted Rent advance for Staff quarter Dhungepani/Malta not used.
- (10) Includes minor equipment for Urban Wells and sanitation programme ,for which a suppl. budget of 118.000 Rs alltogether was approved by CC on 2.4.92. Also includes minor equipment for new set up of Badegaon Guesthouse & Trainingscenter.
- (11) Budget to high -despite Video-production (60.000 Rs)- not used.
- (12) NRC Incharge Level 4 not budgeted was added to MCH-Staff
- (13) More used.
- (14)+(15) Work in Malta just started during the last months.Posts budgeted, were not filled.
- (16) Not used.
- (17)-(21) Little Development activities or Phase out in this area.
- (22) Main Working area Malta.Budget was only kept for emergency/maintenance, but not used.

- (23) NFE activities shifted from Thuladurlung to Malta during the financial year.
- (24) Urban activities extended, due to fund from Unicef. New staff employed.
- (25) Since the appointee, who was in charge of the NFE programme, left for furlough, the NFE activities are on halt.
- (26) Despite low budget little used (mainly books).
- (27) Kinetic-Honda Scooter less expensive than expected.
- (28) No major items purchased this year.
- (29) Only Diskdrive for Computer and one Steel Daraj purchased.
- (30) Budget not used.
- (31) Gift from HMG to Patan Hospital and CDHP. Since Patan Hospital has purchased an own TV/Video set, the HMG given TV&VCR was taken in full ownership by CDHP. This procedure is also in accord with the recommendation given by the auditor.
- (32) Major equipment (pump,trifoot) for Urban Well and sanitation programme, covered by suppl.budget for Urban.
- (33) Advance (8000) Rs. given for HP repair, not settled till the financial year end.
- (34) This suppl. budget was approved in CC/ECC on April 2,1992. It covers major and minor equipment for the Urban well programme as outlined in (32) and (10).

Special Note

The ASO Budget was mainly used for Photocopies and Farwell gatherings. No ASO budget for running financial year.

Bernd Augustin
Adm. Officer

August '92

Proposal for the support of activities at Youth Vision/Chhahari

Background

The Godavari Alumni Association is a non-political, non-governmental, and non-profit social organization run by the old boys of St. Xavier's High School, Kathmandu. Since its inception 25 years ago, the GAA has been continuously working for the upliftment of the youth and the underprivileged of Nepal. The youth-related activities of the GAA include various school and campus contests (in art, craft, drama, folk dances, quiz and spelling), free coaching classes for poor students preparing for their SLC, day camps for school students during their vacations, social service training for students, environmental awareness, anti-drug rallies, and many other activities.

The Social Action Volunteers(SAV) of the GAA have always been active in promoting awareness about drugs by means of its rallies, poster competitions, essay competitions, song competitions and other programs.

Youth Vision

Aware of the increasing rate of drug use and other youth-related problems in Nepal over the years, the Social Action Volunteers (SAV) of the GAA came up with the idea of Youth Vision, a service facility exclusively for young people with an aim to provide an environment conducive to the healthy development of youth.

Youth Vision, established in 1988 and run entirely by young people, works on the philosophy that young people are more open with peers than with elders. By providing an environment of friendship and understanding, it seeks to be a facility that its target group can look towards as a healthy alternative to drug use.

The activities of Youth Vision include counselling for young people with drug-related as well as other problems, after care for those who have just come off drugs(which includes home visits and follow-up) and medical care for those who want to receive drug treatment at home.

Chhahari

With a lot of young people coming to its doors, both to spend their leisure time as well as for help during the day, Youth Vision sensed the need for an evening club in the city, where young people could go and spend their evenings. This club would serve as an alternative to roaming in the streets, spending hours in restaurants and engaging in unsocial activities.

With this idea in mind, Youth Vision started Chhahari, an evening club for young people in the middle of the city. With good music, reasonably priced tea and coffee, a wide variety of magazines and newspapers and genuine Nepali decoration, it soon became very popular among the young people of Kathmandu.

Youth Vision has outlined its main objectives as:

1. Providing continuing support for young people at high risk of drug use.
2. Providing suitable facilities for young people.
3. Being available to young people going through crisis situations both at home and outside.
4. Providing free medical service (including treatment on an out-patient basis) for young people with drug related problems.
5. Providing non-formal education/information in matters relating to prevention including HIV and AIDS.

The activities of Youth Vision are:

1. Counselling services for young people with drug-related and other problems, which also includes at times awareness regarding HIV and AIDS. The day care centre of Youth Vision is used by 20 - 30 people a day, five days a week.
2. After care services for ex-drug users who have received treatment. This service is available from 10:00 A.M. to 5:00 P.M., five days a week.
3. Follow up programme which includes home visits, visiting parents and friends. Each person is visited twice a week by the social workers.
4. Out-patient clinic service twice a week for those who want treatment at home. This service is provided free of charge and Youth Vision has a trained medical doctor for this purpose.
5. Evening club Chhahari in downtown Kathmandu for young people to spend their time during evenings. This club also facilitates early intervention with young people at risk (almost 25% of the people coming to Chhahari are at a high risk of drug use). Chhahari is open from 3:00 P.M. to 7:00 P.M., six days a week and is used by 30 - 50 young people a day.

Funding

The activities of Youth Vision have, so far been supported by the internal funds of the Social Action Volunteers of the GAA and from financial assistance from the Drug Abuse Prevention Programme of the United Mission to Nepal (DAPP/UMN).

With the termination of the DAPP programme of UMN from July, 1991 and with the growing scarcity of internal funds, Youth Vision has foreseen financial difficulties in the near future, and this has become a cause for concern, especially with adding responsibilities and possibilities of expansion of services in the future. Youth Vision has time and again tried to generate funds from within the country, but has found it difficult because of the poor economic condition of the country.

ESTIMATED EXPENDITURE OF YOUTH VISION

| PARTICULARS | | AMOUNT
in Nep. Rs. |
|-------------|--|-----------------------|
| 1. | RENT | |
| | a) Youth Vision $7,500 \times 12 = 90,000$ | |
| | b) City centre... $5,000 \times 12 = 60,000$ | |
| | | 1,50,000 |
| 2. | SALARY | |
| | All together 7 staff. $9,500 \times 13$ | 1,23,500 |
| 3. | UTILITY | |
| | Telephone/Water/Electricity | 8,400 |
| 4. | STATIONARY | 2,500 |
| 5. | FOLLOW UP SERVICE | 5,000 |
| 6. | PREVENTION MATERIALS/PROGRAMMES | 25,000 |
| 7. | LUNCH (for client) | 5,000 |
| 8. | MEDICAL SERVICES: | 38,400 |
| 9. | MISCELLANEOUS EXPENSES | 10,000 |
| | TOTAL | 3,67,800 |

Reinforced perforation
Lochung verstärkt
Perforation reinforce

Weitere Transblätter lieferbar:
1652 in 6 Druckfarben

2/31/3 Economic Development
Finance Department

1 —
2 —
3 —
4 —
5 — 31
6 —
7 —
8 —
9 —
0 —



December 23, 1993

To: All Member Bodies

Dear Friends,

Enclosed you will find a discussion of inflation rates and also below a photocopy of today's exchange rates for various currencies.

With this letter comes our thanks for your support and our best wishes for the time ahead.

Sincerely Yours,

Myles Walburn
Finance Director

यूनाइटेड मिसन टु नेपाल



United Mission to Nepal

**NEPAL RASTRA BANK
FOREIGN EXCHANGE DEPARTMENT
EXCHANGE RATES FOR
DECEMBER 23, 1993**

Exchange Rates Fixed by Nepal Rastra Bank

| <u>Currency</u> | <u>Unit</u> | <u>Buying</u> | <u>Selling</u> |
|-----------------|-------------|---------------|----------------|
| Indian Rupee | 100 | Rs. 160.00 | Rs. 160.15 |

Open Market Exchange Rates

(For the purpose of Nepal Rastra Bank)

| <u>Currency</u> | <u>Unit</u> | <u>Buying</u> | <u>Selling</u> |
|---------------------|-------------|---------------|----------------|
| U.S. Dollar | 1 | Rs. 49.00 | Rs. 49.48 |
| Pound Sterling | 1 | Rs. 72.94 | Rs. 73.65 |
| German Mark | 1 | Rs. 28.70 | Rs. 28.98 |
| Swiss Franc | 1 | Rs. 33.77 | Rs. 34.10 |
| Australian Dollar | 1 | Rs. 33.34 | Rs. 33.67 |
| Canadian Dollar | 1 | Rs. 36.46 | Rs. 36.82 |
| Netherlands Guilder | 1 | Rs. 25.65 | Rs. 25.90 |
| Singapore Dollar | 1 | Rs. 30.74 | Rs. 31.04 |
| French Franc | 1 | Rs. 8.43 | Rs. 8.51 |
| Japanese Yen | 10 | Rs. 4.40 | Rs. 4.45 |

Buying Rates Only

| <u>Currency</u> | <u>Unit</u> | <u>Rates</u> |
|-------------------|-------------|--------------|
| Swedish Kroner | 1 | Rs. 5.88 |
| Austrian Shilling | 1 | Rs. 4.08 |
| Danish Kroner | 1 | Rs. 7.34 |
| Hong Kong Dollar | 1 | Rs. 6.34 |
| Saudi Arab Riyal | 1 | Rs. 13.06 |
| Belgium Franc | 10 | Rs. 13.83 |
| Italian Lira | 100 | Rs. 2.94 |

Minutes of the
UMN FINANCE COMMITTEE MEETING

held in Kathmandu, on 16th November 1993

The Finance Committee meeting was held at UMN Headquarters and was opened with devotions led by Ron Yoder.

Roll Call Members present were as follows:

| | |
|--|---|
| Chairman of the Finance Committee | Erling Wennemyr |
| Chairman of the Board | David Claydon |
| Other Members of the Finance Committee | Ron Yoder |
| Executive Director | Edgar Metzler |
| Treasurer | Myles Walburn |
| Ex-Officio Members, part time | Mona Bomgaars
Bill Gould
Mark Keller
Dorothea Frederici
Gerry Kent
P.V. Chandy |
| Observer and Recorder | Glyn Mawson |

Welcome The Chairman welcomed members to the meeting.

Agenda The Agenda presented by the Finance Director was adopted with the following additional reports:
i) Patan hospital 4th floor additions
ii) KISC Loan
iii) BPF Shareholding
iv) Andhikhola Rural Electrification Program
v) Leadership program EID

FC(2)-23/93 Adoption of Minutes The minutes of the meeting held on 8th May 1993 having been circulated were taken as read and adopted.

FC(2)-24/93 Finance Director's Overview & 1992/93 Financial Statements The Finance Director presented the consolidated & detailed financial statements for 1992/93 and highlighted significant items. A Preliminary deficit of Rs. 7,831,538 was reported, the downturn

from the previous year being attributed to loss incurred on foreign exchange transactions of Rs 647,594.

An error in the 1991/92 financial statement relating to the gain on foreign exchange was reported. The auditor's views on the disclosure of the error in the current statement was reported to the committee. The Chief Accountant advised the committee of his opinion on the disclosure based on accounting principles adopted by Australian and UK accounting bodies.

Resolved that the accounts be presented in accordance with the statement submitted by the Finance Director to the meeting and that it be recommended to the Executive Committee that the preliminary financial statements for 1992/93 be accepted.

FC(2)-25/93 Funding of 1992/93 deficit Resolved that it be recommended to the Executive Committee that the deficit be transferred to Accumulated Reserves Account (Previously designated Investment Fund)

FC(2)-26/93 Current Project/Program funding The Finance Director reported that the current funding position was as follows:

| | |
|----------------|--------------------|
| 1993/94 Budget | Rs. 190,060,915 |
| Commitment | Rs. 148,541,491 |
| Representing | 78% of requirement |

If additional commitments that now appear likely are received the percentage will increase to 87%. He also reported on funds received for the UMN Flood & Earthquake Relief & Rehabilitation Fund.

FC(2)-27/93 Process for Reducing Budgets The Finance Director submitted a report on suggested procedure for reducing budgets due to short fall in receipts.

Resolved that the report and direction of this work be approved and that the Executive Committee be requested to address the institutional issues raised by declining receipts.

FC(2)-28/93 The Finance committee asked that the Finance staff prepare a proposal for an appropriate level of cash reserves needed in UMN for the spring 1994 meeting.

Health Services

FC(2)-29/93 Long Term Plan & Budget for Gorkha CHP Resolved that the long

term budget be recommended for funding to Executive Committee provided the Executive Committee approves the plan. A report on the funding was requested for the next meeting.

FC(2)-30/93 Proposed Subsidies for Hospitals FY 1994/95 Resolved that in accordance with FC(2)-36/92 hospital subsidies continue to be stated in rupee amounts and that the proposal submitted by Health services acting Director be approved for budgeting purposes. (Enclosure 1)

FC(2)-31/93 Patan Hospital 4th Floor Construction A report on the progress of the plan to construct the 4th Floor Patan Hospital was received. The directions given in FC(1)-8/93 still stand.

FC(2)-32/93 Long Term Plan and Budget AGNW Resolved that the long term budget be recommended to Executive Committee provided the executive committee approve the plan.

Education

FC(2)-33/93 Revision of Tutorial Group Teacher Cost Policy Resolved that the proposed change in the procedure for tutorial teachers cost be approved by administration action and will be reviewed not later than 1996. (Enclosure 2)

FC(2)-34/93 KISC Loan A report was received on the KISC request for a loan. The decision FC(1)-5/93 still stands.

Auditor's Appointment

FC(2)-35/93 Resolved that Ratna Sansar Shrestha be appointed for the years 1993/94 and 1994/95 and that the finance staff was directed to prepare the terms of reference.

Engineering & Industrial Development

FC(2)-36/93 BPF Shareholding In respect to FC(1)-11/93 the committee received a full report on BPF and alternative ways by which it may become self supporting by 1997.

FC(2)-37/93 Andhikhola Rural Electrification In respect to FC(1)-12/93 a report was received on the funding situation for Andhikhola rural electrification.

FC(2)-38/93 Leadership Development & Organisational Change As per FC(1)-14/93 a report was received relating to the seminar and funding thereof.

FC(2)-39/93 Thapathali Property A report was received on the ownership of the Thapathali property relevant to Himal Hydro - refer to FC(1)-15/93.

Personnel Department

FC(2)-40/93 The Personnel Director reported on the progress made by the Remuneration Task Force and promised that a proposal will be available for the next finance committee meeting. She alerted the committee that funds for essential personnel seminars were not provided in the current budgets and that she will bring a supplementary budget request.

Administration

FC(2)-41/93 Resolved that the supplementary budgets from May to November 1993 as detailed in the statement submitted to the meeting be approved. (Enclosure 3)

FC(2)-42/93 Kathmandu Land Purchase Proposal Resolved that the committee recommends to Executive Committee to authorise UMN -
1. to prepare articles of association for an entity owned by UMN which will have a wide charter including ownership of property, and
2. to explore possibilities and rationale to purchase properties as soon as possible, and
3. to enter into negotiations with Himal Hydro to transfer the value of Thapathali property to UMN.

FC(2)-43/93 UMN Fund Raising Policy Resolved that the UMN fund Raising Policy submitted by the Finance director according to CC-199/93 be adopted. A supplementary Budget for Rs 260,000 was also approved. (Enclosure 4)

FC(2)-44/93 Investment Alternatives The Finance Director reported on efforts to find investment alternatives. He was encourage to explore other possibilities including equity holdings.

The Financial Director presented the new Financial Policy Manual.

Closure The Chairman thanked all participating and the meeting was closed with prayer.

Hospital Cash Subsidy

Proposal for

Finance Committee

Background

In order for hospitals to plan their budgets for 1994-95 the Finance Committee is asked to review and approve the cash subsidy figures for 1994/95 in November. A part of UMN's hospital subsidy is given as Personnel Contributed Services (PCS). PCS is not addressed in this proposal.

Explanation

During the current year 1993/94, a fixed subsidy (rather than a percentage) was determined based on a pre approved sliding scale. The sliding scale was based on increases in salaries as given by UMN. For 1994/95 it is recommended that the same method be used in determining the cash subsidies to be given by UMN.

Recommendation

It is proposed that the following guidelines for cash subsidies to UMN hospitals be used for preparing 1994/95 budgets. The budgets will come to May's FC/EC for approval and will be modified based on the cost of living increases given to UMN staff.

Sliding Scale based on possible Salary Increases

| | 5% | 10% | 15% |
|--------------------|------------|------------|------------|
| Patan Hospital | 9,890,630 | 10,152,100 | 10,613,550 |
| Tansen Hospital | 7,694,990 | 8,061,420 | 8,427,850 |
| Amp Pipal Hospital | 3,702,180 | 3,878,480 | 4,054,770 |
| Okhaldhunga Hosp. | 1,858,820 | 1,947,330 | 2,035,850 |
| Total cash subsidy | 22,446,620 | 24,039,330 | 25,132,020 |

E.C.C. Recommended Revision of the

Tutorial Group [TG] Teacher Cost Sharing Policy

BACKGROUND

The Expatriate Children Education Support Programme is essential to UMN's work. This programme helps families to go to remote projects and to stay longer in Nepal. This programme is part of the Education Department.

UMN policy is followed that all costs for education of expatriate children are borne by the parents or Member Bodies. Per Capita Grant or programme funds may not be spent on expatriate children's education. UMN does assist parents to educate their children in the following ways: UMN provides visa posts for a limited number of Tutorial Groups, guidelines are issued to help TGs manage their functions, and the Education Department acts as a consultant to TGs on professional and administrative matters and helps recruit and select TG Teachers.

Often there is great unease in UMN families due to the unavailability of T.G. teaching personnel. In a UMN Personnel Department report it was noted that the Expatriate Children's Education Support Programme was unlikely to receive additional numbers of personnel.

Sending Bodies reported in various ways that providing T.G. teachers was difficult. Financial problems were cited as a leading cause. Some reported that T.G. teachers were not a priority or ministry of their organization. Some Sending Bodies have policies against sending support personnel. Others feel that the programme does not share education costs in a fair manner. A number of Sending Bodies stated that they would like to contribute money to Sending Bodies who are able to provide teachers based on the number of children in a T.G. The insecurity in UMN families and the lack of strong personnel support is a serious threat to UMN's ability to attract and retain families.

The Kathmandu International Study Centre [KISC] Managing Committee responded to a similar situation by charging teacher support costs to students. Thus, KISC can hire locally available teachers. Also, Sending Bodies who provide teachers to KISC are assisted financially, and support costs are more equally shared.

In May 1993, the Education Department recommended to Finance Committee and Executive Committee a policy to share costs among T.G. users similar to KISC. This policy was approved. [See policy attached] The intention of the policy is to encourage more personnel to be sent to TGs by removing Sending Bodies stated obstacles. There is evidence that this policy may indeed assist Sending Bodies in providing more personnel.

2

It should be noted that Tutorial Group teachers will not be hired. T.G. teachers will continue to come to UMN as regularly appointed missionaries by their Sending Body. The Sending Bodies are being assisted by sharing of support costs.

A significant problem for a few families who raise their own financial support is that they are currently in Nepal and are unable to raise additional support funds until they return on leave to their home countries. Also, it is suggested that the policy have a review date. To address these concerns, the following revisions are recommended to the policy.

Recommendation

1. That in October 1996, an assessment be made to determine if the desired outcome is realized of an increased ability of UMN Sending Bodies to provide needed T.G. teaching personnel.
2. It is UMN's desire that no children shall be withdrawn from a T.G. due to insufficient funds during a current term of service. It is assumed that any new family accepted for service in Nepal or current appointees returning from home leave would come with sufficient financial support to meet education costs of their children.
3. Any family currently in Nepal unable to fully pay T.G. teacher support costs and unable to obtain scholarship funds may consult with the Finance Director to determine the amount of costs able to be borne by the family. This limited-time deficit support cost would be deducted equally from reimbursable teacher support monies for Sending Bodies.

M. Keller
September 1993

SUPPLEMENTARY BUDGET
May - November 1993

ENC 3

1. CC - Approved - For Your Information

| | | | |
|-------------|--|------|---------------|
| CC - 111/93 | <u>Tansen Hospital</u>
Buying spare parts for generator | NRs. | 105,000 |
| CC - 131/93 | <u>Executive Directors Office</u>
Clerk Typist | NRs. | 38,100 |
| | <u>Information Office</u>
To cover the costs of new UMN logo | NRs. | 66,850 |
| | The new UMN logo T-shirts for employees at a subsidised price | NRs. | 60,000 |
| | <u>Tansen Hospital</u>
ECG Machine | NRs. | 31,700 |
| | Spare parts for KSB pumps to maintain water supply | NRs. | 245,000 |
| CC - 147/93 | <u>Headquarters</u>
To cover the cost of a new Trunk Card for the HQ telephone system | USD | 2,000 |
| CC - 158/93 | <u>Rural Development Centre, Pokhara</u>
Modification of the training centre of RDC | NRs. | 150,000 |
| | <u>Tansen Hospital</u>
Insurance & Freight charge on capital items | NRs. | 213,270 |
| CC - 172/93 | <u>Advisory Group on Nepali Women</u>
To hire one administrative asst. | NRs. | 30,000 |
| CC - 184/93 | <u>Amp Pipal Hospital</u>
Alterations & renovations of Amp Pipal Hospital | NRs. | 198,000 |
| | <u>Gorkha Community Health Programme</u>
To purchase the two solar panels | NRs. | 25,000 |
| | <u>Headquarter Office Services</u>
To purchase a photocopier machine | NRs. | 470,000 |
| | <u>Lalitpur Nursing Campus</u>
To cover the cost of insurance premium | NRs. | 44,300 |
| | <u>Non Formal Education</u>
Supply of UMN NFE literacy materials | NRs. | 259,000 |
| | <u>Tansen Hospital</u>
Accessory for EMO Anesthetic Outlet | NRs. | 33,930 |
| | 6 Emergency Boxes | NRs. | 14,200 |
| | Denyo Generator Spare Parts | NRs. | <u>94,000</u> |
| | | | 142,130 |

PROPOSAL FOR A UMN FUNDRAISING POLICY

Background

So far as I'm aware, UMN has never had a written fundraising policy that tries to state the relationships between the whole and the parts. I'm told that prior to Erling Wennemyr becoming treasurer, every project was responsible for raising its own budget. There were times when two or more projects were competing with the same donor for funds. Erling made fund raising the responsibility of the Treasurer's office. Lynn Miller apparently moved even further in this centralized direction so that some program departments weren't always sure which donors were contributing to the support of their activities.

UMN has now come, I believe, to a time of transition. The future will be different from the past because there is now increasingly more competition among not-for-profit organisations for the donated funds, and, because of world wide economic re-adjustments, the funds available will increase at a slower rate. UMN must be more deliberate and systematize in its fundraising if it is going to survive for another 40 years. We are now trying to formulate a plan to get us through this time of transition.

Current Developments

The Feasibility Study Report recommends that UMN become more active in fundraising and develop new sources of support. It suggests that, over time, substantial amounts of new funds could be found from individuals, trusts & foundations, bequests and planned giving. Included in the recommendation is a description of a proposed plan that includes a Communications and Donor Relations Department that would relate functionally to both the Executive Director and the Director of Finance.

For such a plan to be effective requires organizational commitment and a clear understanding of how the parts fit into the whole.

Proposal

Recognizing that fundraising is an important element in corporate communications it is proposed that:

1. UMN adopt a unified cooperative fundraising policy. Such a policy will have centralized planning, budget and implementation but be rooted in initiatives and the unique creativity at the project level.
2. An annual plan for fund raising will be developed with

adequate resources & budget, in consultation with project directors. The necessary fund raising materials will be produced in Kathmandu and mailed on an agreed schedule. The mailing list would be coded so that target audiences interested in particular projects or a particular department of work, can be targeted. Materials produced will be unified by a professional "UMN look". Every effort will be made to be fair to all parts of the UMN believing that the whole is more than the sum of the parts.

3. A representative of the Finance Office, in cooperation with UMN communications staff, will be responsible for both knowing the donor agencies and visiting projects on a regular basis to talk to project staff, collect photographs and stories. This person would also be responsible to know how each project wants its story told. A constant effort would be made to identify and collect names and addresses of people who have a special interest in the activities of a particular part of UMN's work.
4. UMN reaffirms its commitment that every designated gift will be scrupulously honored.

Conclusion

We must increasingly think our ourselves as "members one of another", bound by a common commitment, joined in a single task. It is not only my conviction, it is also my experience in fund raising, that unified cooperative promotion will achieve overall better results than segmented appeals.

M.H. Walburn
12 Oct. 1993

m\fnd-rais.plc

CC-199/93

| | |
|------------|---|
| Issue | <u>Fund Raising Policy</u> |
| Background | The Finance Director had prepared a proposal for a UMN fund raising policy in response to the current financial status. In UMN's early history fund raising was the responsibility of the individual projects. This has become increasingly centralised over the past years. |
| Decision | It was decided to recommend the following policy to the Executive Committee |
| | <ol style="list-style-type: none">1 UMN will use a unified cooperative fund raising approach with centralised planning, budget and implementation. However, we will develop corporate communications and encourage individual projects to be creative and utilise their resources.2 UMN reaffirms its commitment that every designated gift will be scrupulously honoured. Only with permission of the donor will it be reallocated. |
| Follow up | The Finance Director will present the policy to the Finance and Executive Committees, and develop a fund raising programme plan subject to approval. |

UMN's Resources

Presentation made to
UMN BOARD

November 1993
UMN PO

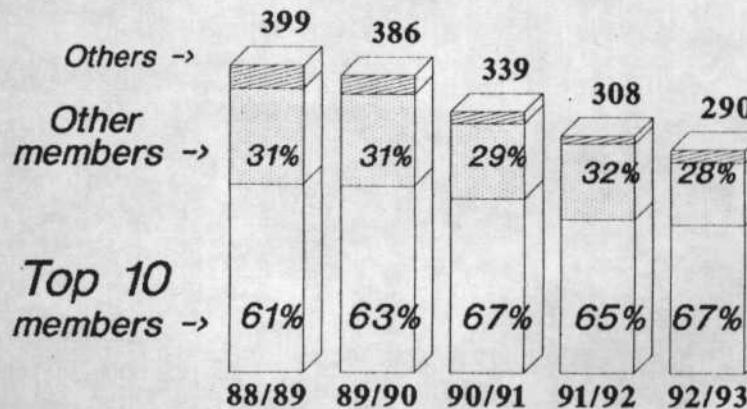
Purpose

- to raise awareness about critical resourcing issues
- to introduce concepts that provoke serious thought
- to prepare the way for further organizational development

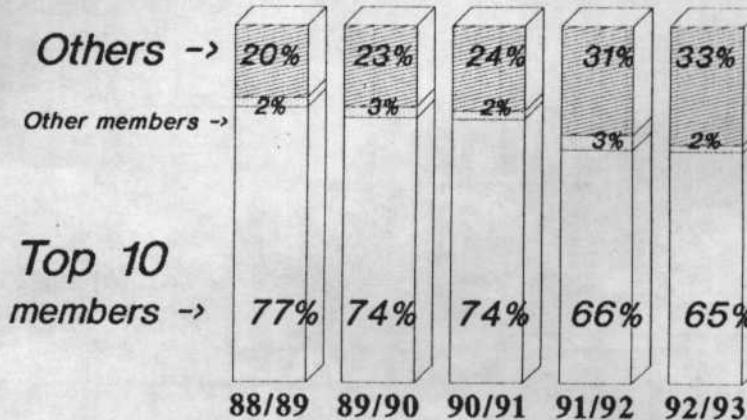
History

UMN has traditionally received most of its externally-provided human and financial resources from its Member Agencies.

Human Resource Trends *- over 90% of expatriates from members*



Funding Resource Trends *- most of it comes from a few*



** Jhimruk funds are removed from 89/90 & 90/91 to smooth trends

Assumption

**UMN should
continue to expect
to receive
most of its needed
human & financial
resources from its
Member Agencies.**

Contradicted ?

- a minority of UMN Member agencies provide most of the resources available to UMN
- the proportion of UMN's resources received from non-member agencies is increasing
- large sources of funding and personnel in Asia and elsewhere remain virtually un-tapped

Critical People Gaps

as of May 1993

- **NEEDED IN JULY 1992**
 - Systems Analyst (Jan'94)
 - Donor Relations Coord. (Jan'94)
 - T&D/EFL Team Leader (Jan'94)
- **NEEDED IN JANUARY 1993**
 - Tansen Hospital Surgeon
 - Patan Hospital Surgeon
 - Health Services Director (Oct'93)
 - TB Control Support Director
 - K.I.S.C. languages teacher
 - BPC/HC Civil Design Engineer (Mar'93)
 - HH Electrical Site Engineer
- **NEEDED IN JULY 1993**
 - Patan Hospital Surgeon
 - Health Services Asst. Director
 - Tutorial teacher - Jajarkot
 - Tutorial teacher - Surkhet
 - KISC English teacher
 - Education Programmes Manager
 - Information Officer (now 2 posts)
- **NEEDED IN JANUARY 1994**
 - Tutorial teacher - Amp Pipal (Jly'94)
 - Tutorial teacher - Tansen
 - Finance Director (Jly'94)
 - Education Director
 - Asst. to Executive Director (Oct'93)

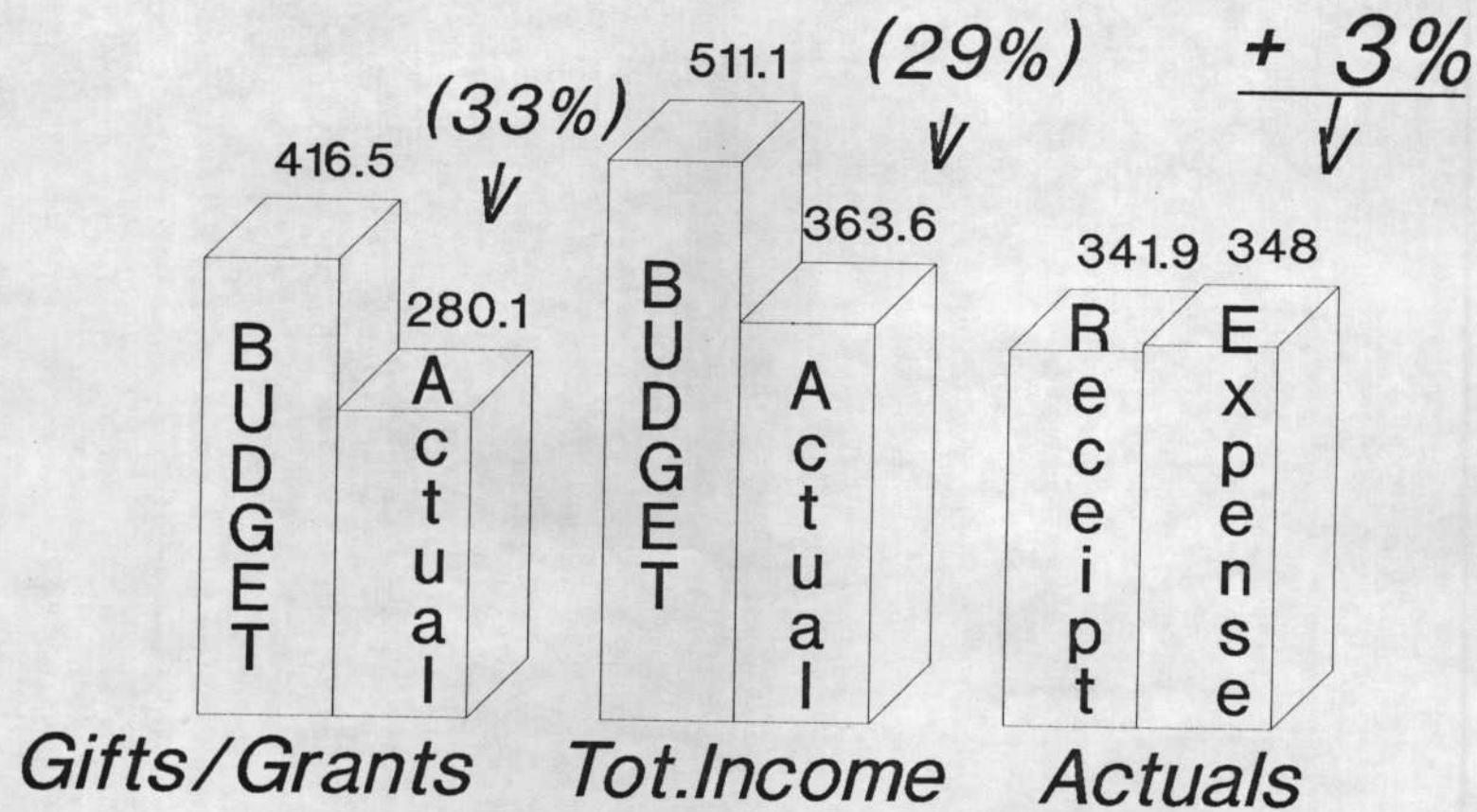
as of November '93

- **NEEDED IN JANUARY 1993**
 - Tansen Hospital Surgeon
 - Patan Hospital Surgeon
 - K.I.S.C. languages teacher
 - HH Electrical Site Engineer
- **NEEDED IN JULY 1993**
 - Patan Hospital Surgeon
 - Health Services Asst. Director
 - Tutorial teacher - Jajarkot
 - Tutorial teacher - Surkhet
 - KISC English teacher
 - Education Programmes Manager
 - Communications Officer
- **NEEDED IN JANUARY 1994**
 - Tutorial teacher - Tansen
 - Education Director
 - Communications Director
 - KISC Principal
 - KISC Languages teacher
 - KU English Lecturer
 - KU Computer Hardware Lecturer
 - KU Management Lecturer
 - HH Structural Eng for Khimti
 - Chief Accountant

FINANCIAL REPORT

Fiscal Year 1992/93

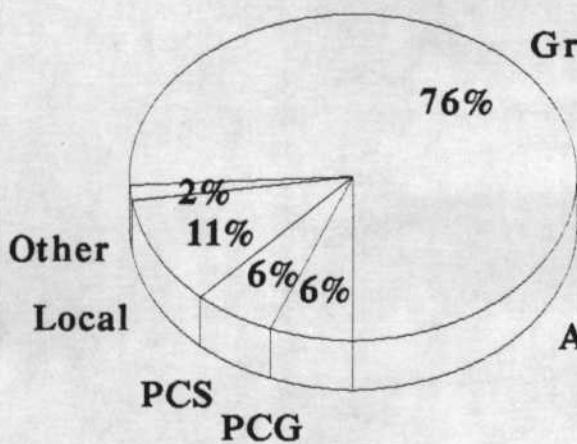
(figures are in millions of rupees)



UMN Financial Reports

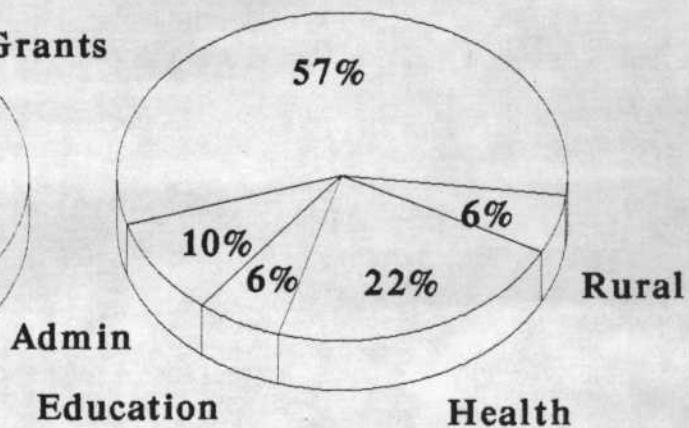
Revenue

NRs 341.897 mill



Expenditure

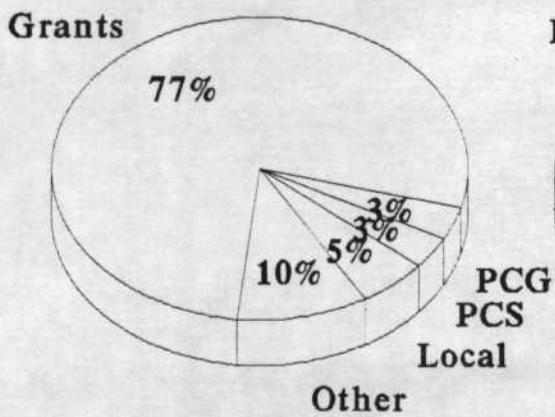
NRs 347.97 mill



FISCAL YEAR 1992 - 1993

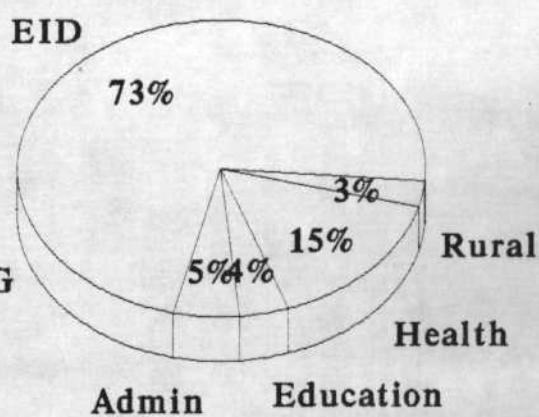
Revenue

NRs 515.41 mill



Expenditure

NRs 494.65 mill



FISCAL YEAR 1991 - 1992

Critical Funding Gaps

| <u>in May 1993</u> | <u>in Nov. 1993</u> | <u>amount needed</u> |
|----------------------|-------------------------------------|----------------------|
| AK Rural Electri. -> | <i>-probably funded-</i> | Rs 16.2m - ? |
| DCS, Butwal -> | <i>-probably funded-</i> | Rs 6m - ? |
| Jajarkot NFE Proj -> | --still needed-->
<i>funded</i> | Rs 4m - Rs 4m |
| Special Educ. Proj-> | --still needed--> | Rs 0.23m - - |
| Nutrition Prog -> | --partly funded--> | Rs 2.5m - Rs 2.5m |
| Hospital Charity -> | --partly funded--> | Rs 20.6m-Rs 16.1m |
| Hospital Capital -> | | Rs 19m - Rs 4m |
| | Community Health
Programmes ---> | Rs 5.5m |
| | Jumla Project ----> | Rs 3.7m |
| | Butwal Tech Inst --> | Rs 1.2m |

Present Challenge

- about 20% of UMN's approved expatriate positions routinely remain unfilled
- funding for many of UMN's approved plans and budgets remains uncertain
- UMN's credibility and Nepal's current situation present many opportunities which could be seized if the necessary resources were made available

Good Practice

Organizations
should
plan and budget
by allocating
expected resources
in line with
strategic priorities.

Alternatives

1. live with the status quo
of constant resourcing
crises
2. unilaterally reduce
resource requirements
(i.e. cut programmes)
3. systematically forecast
needed and available
resources; then manage
within expected limits

Proposed Process

1. UMN administration provides a minimum 3-year forecast of resource needs in line with Board policy
2. UMN Member agencies forecast their resource commitments on provisional 3-year cycle
3. UMN administration prepares all proposals, plans & budgets within the expected resource limits



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. L. Miller

Tel: 228118, 228060, 221379
Telex: 2315 UMNEPA
Telegrams: UMNEPAL
Fax: 977-1-225559
Location: K-1-325 Thapathali
Mailing address:

POST BOX 126
KATHMANDU, NEPAL

November 6, 1992

Rev. Ursula Hecker
Nepal Secretary
Gossner Mission
HandjerystaBe 19-20
1000 Berlin 41 (Friedenau)
GERMANY

Eingegangen

08. Jan. 1993

Erledigt:.....

Re: Yearend Information - Narrative Summary Report and Financial Statement

Dear Ursula,

It is with a sincere sense of gratitude for your partnership with the people of Nepal that we enclose year end reports for those activities you have helped to support. Please find summary information for

Non Formal Education
Lalitpur Community Development & Health Programme
Okhaldhunga Rural Development
Training & Scholarship Programme
BPF Forestry
Okhaldhunga Primary Health

Ofcourse, behind these reports, there is a wealth of detail. If you have questions or wish elaboration we would be glad to hear from you. What never seems to get in program reports are the many human stories of lives that have been touched because you and other donors have had interest in and compassion for some of the problems of Nepal.

Again we want to express our appreciation for your interest, prayer and financial support.

Sincerely yours,

Myles Walburn
Finance Director

Reinforced perforation
Lochung verstärkt
Perforation renforcée

Weitere Trennbücher lieferbar:
1652 in 6 Druckfarben

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2/31/4 Rural Development

12.11.93

14¹⁸ 08



T 15.12.93

Gossner Mission · Fannstraße 31 · D-1190 Berlin · Neue PLZ 12439
United Mission to Nepal
attn. Helen Levy
Donor Relations Officer
P.O.Box 126

Kathmandu/Nepal

Telefon
030 / 631 7809
Telefax
030 / 636 11 98
Neue Postleitzahl
12439

November 12, 1993

Okhaldunga Rural Development Project
Your Letter from September 10, 1993 - Our FAX from Nov. 4, 1993

Dear Helen Levy,

here I am again and I have good news. Just a few days after our fax we received the money you were looking for. We not only got DM 20.000.00 but DM 30.000.00. I phoned Wolfgang Zarth the other day to make sure no mistake was involved. According to him so far everything is fine and he further mentioned Karin Doehne, who also knows about this sum.

From our side, we will transfer the money as soon as possible. Thank you for being so patient.

Cordially,

A. Strittmatter
Aloisia Strittmatter
Ass. to the Nepal Secretary

9.11.93

Wolfgang Zentler

Geld wurde am 28.10.93
abgeschrif.

Sh.

Zarth → G. M. Hecker

S. 2 von 2

In einem heute geführten Telefon

teilte mir Frau Karin Döhne / KTM

mit, daß erst DM 20000,- in Nepal
angekommen seien.

50.000,- DM haben wir auf das Konto der
Gossner Mission überwiesen sowie
DM 3178,- aus der Weihnachtskollekte

an ~~Brot u. W.~~, Projektnummer 06573,

Integriertes Dorfentwicklungsprojekt
Okhaldhunga / Nepal der UMN.

Können Sie bis Sonntag klären wann + wie
die restlichen 33178,- DM zur UMN
nach Nepal gelangen?

Alles Gute bis Samstag

Ihr

Wolfgang Zarth

Gossner Mission · Fennstraße 31 · D-1190 Berlin · Neue PLZ 12439

Herrn
Wolfgang Zarth
Südheide 45
21149 Hamburg

Fax

Telefon
030 / 631 78 09
Telefax
030 / 636 11 98

Neue Postleitzahl
12439

1. Dezember 1993

Sehr geehrter Herr Zarth,

vor ein paar Tagen bin ich von Nepal zurückgekommen. In der Vereinigten Nepalmision hat man mit großer Freude vernommen, daß Sie in diesem Jahr wieder das Okhaldhunga-Projekt mit 30.000,00 DM unterstützen. Die Gossner Mission und die Vereinigte Nepalmision dankt Ihnen sehr herzlich für diese Hilfe, die gerade jetzt nach der Naturkatastrophe dringend notwendig ist.

Es sieht auch so aus, daß die gesamte Arbeit in Okhaldhunga weiterlaufen kann, daß vor allem das Community Health-Programm in entlegenere Dörfer um Okhaldhunga durchgeführt werden soll, aber natürlich immer in Zusammenarbeit mit den anderen Programmen der Alphabetisierung von Frauen und der Verbesserung der Lebensbedingungen. Ich habe auch erfahren, daß die Finanzierung dieser Aufgaben noch nicht gesichert ist. Deshalb sind wir Ihnen sehr dankbar, wenn Sie auch weiterhin das Projekt in Okhaldhunga unterstützen können.

Es tut mir leid, daß mein Kollege heute nicht da ist, der gerade in Okhaldhunga war und Ihnen bestimmt näheres berichten könnte. Ich werde ihn bitten, zu einem späteren Zeitpunkt Ihnen einen kleinen Bericht zu schicken.

Haben Sie alle nochmals herzlichen Dank für Ihre Mühen und Ihren Einsatz. Uns ist bewußt, wie viel Arbeit es ist, so eine große Summe zusammenzubekommen.

Ich wünsche Ihnen eine gesegnete Adventszeit und grüße Sie herzlich

Ihre

Ursula Hecker

Ursula Hecker
(Nepalreferentin)

03.11 04.11 0114

| | | |
|------------|----------|----------|
| Konto-Nr. | Datum | Ausz-Nr. |
| 0052050100 | 03.11.93 | 177 |

ANLAGE

<200 505 50>1262126822 GUTSCHRIFT

EMPF: GOSSNER MISSION

VERW: ALPHABETISIERUNG DER FRAUEN I. NEPAL/OKHALDUNGA JAHRESP

ROJ. D. MICHAELIS GEMEINDE/MI CHAELIS

AUFT: KIRCHENKREISAMT DES

21073 HAMBURG

30.000,00

8.11.93

923 420 100-8

Postanschrift
Postbank
10918 Berlin

Zweigstelle
Halesches Ufer 60
10963 Berlin

Öffnungszeiten
Mo - Fr.

8.30 - 15.00 Uhr

Kundenservice
Tel (030) 25 38 72 22
Fax (030) 268 - 3333

BTX-Kontoführung
28000110#
BLZ 100 100 10

 Postbank

tel. Frau Zarth 9.11.93

Frau Wolfgang

tel. Wolfgang Zarth

11.11.93

DM 30.000,- soll in Ordnung und
soll nach Nepal überwiesen werden.

SK.

4.11.93 1442 gl

Gossner
Mission

15.11.93

Gossner Mission · Fennstraße 31 · D-1190 Berlin · Neue PLZ 12439

United Mission to Nepal
attn. Helen Levy
Donor Relations Officer
P.O.Box 126

Kathmandu/Nepal

Telefon
030 / 6317809
Telefax
030 / 6361198

Neue Postleitzahl
12439

Nov.
October 4, 1993

Okhaldunga Rural Development Project
Your Letter from September 10, 1993

Dear Helen Levy,

according to your above mentioned letter we realized we also have difficulties in tracking deposits. Alas - we must admit the DM 20.000.00 which Wolfgang Zarth announced in his fax have not reached our account.

To find out something about the missing money I just phoned Wolfgang Zarth telling him about it.

As soon as I get some news I will let you know it; thanks for being so patient.

Cordially,

A. Strittmatter
Aloisia Strittmatter
Ass. to the Nepal Secretary

21. June ist das Geld
am 10. 1. 94 an die UMN
überwiesen worden

PS: May I mention Gossner Mission has moved more than a year ago. For future correspondence please use our new address:
Gossner Mission, Fennstrasse 31, 12439 Berlin, Germany.
Tel.: 0049 30 6317809 - Fax: 004930 6361198. Thank you!

Tel. 11.11.93 Wolfgang Zarth
DM 30.000,- die am 3.11.93 hier eingingen,
komplett zur UMN f. ORDP, wir mit
darem Doehne abgesprochen.

Eingegangen

27.0kt.1993

Erledigt: 4.11.93 Ph.

September 10, 1993

यूनाइटेड मिसन दु नेपाल



United Mission to Nepal

Ursula Hecker
Secretary for Nepal
Gossner Mission
HandjerystaBe 19-20
1000 Berlin 41 (Friedenau)
GERMANY

Dear Ursula,

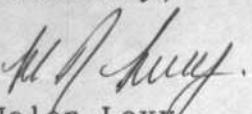
re: Okhaldhunga Rural Development Project

I have been requested by our Rural Development Department to write and enquire whether you have transferred DM 20,000 to the UMN account for the Okhaldhunga R.D. Project.

We received a fax from Wolfgang Zarth, pastor of church congregation in Hamburg indicating that he had forwarded DM 20,000, half of the promised DM 40,000, to the Gossner Mission in July 1993 for this project.

As we frequently have difficulty in tracking deposits, we were wondering if this was one we had missed. Thank you for your assistance.

Sincerely,


Helen Levy
Donor Relations Officer

h/r

am 4.8.93 noch nichts da

Wolfgang Zarth
Südheide 45
D-21149 Hamburg

28.07.93

Goschner Mission
Nepal referat
Fennstr 31
12439 BERLIN

Eingegangen

- 3. Aug. 1993

Erledigt:.....

Finanzielle Unterstützung unserer Michaelisgemeinde*
für das Projekt
Alphabetisierung für Frauen in Okhaldhunga

Sehr geehrte Frau Hecker,
den ersten Teilbetrag in Höhe von 20 000,- DM
haben wir auf die lange Reise durch die
Kirchlichen Instanzen Richtung UMN gebracht.
Ich freue mich wenn Sie mir kurz mitteilen,
wann Ihnen der Betrag vom Nordelbischen
Missionszentrum überwiesen worden ist.

Herzlichen Dank

Ihr

Wolfgang Zarth

am 24.8.93 noch kein
Kleingeld/Kö

* Ev. Luth Michaelis Kirchengemeinde Neugraben
Cuxhavener Str 323 21149 Hamburg

Tel. 4.11.93 Frau Zarth durchgegeben, daß
noch nichts eingegangen ist.

SURKHET PROJECT STRATEGIC PLAN

July, 1992 - July, 1997

1.0 Introduction

The project outlined in this plan has a five year life, with a full evaluation scheduled to take place in the fourth year. The evaluation will determine if any extension is needed to fulfill the objectives set out.

The focus areas chosen for the project are in the eastern part of Surkhet District, which is located in west Nepal.

The project is primarily an income generation and community development skills acquisition effort for marginalized people living in the focus areas.

2.0 Background

The former Surkhet Project worked for 9 years in Kunathari Village Development Committee (VDC) [formerly 'Panchayat']. Although the primary focus was income generation, the project set out to assist villagers to identify and meet the needs that they themselves experienced. In order to respond effectively to these needs, 6 components were developed within the project, offering expertise and resources for income generation, forest conservation, drinking water, and non-formal education, health and womens' development. For the remainder of the project's time in Kunathari, these components formed the principal focus of its activities and the original vision of helping the villagers to identify and meet their own needs was somewhat lost.

In November 1991, a Community Participatory Evaluation was conducted in Kunathari. More than 250 interviews were held with key informants and focus groups. The evaluation revealed that some helpful progress had been made in the component areas of the project. However, this progress was felt to depend upon the project's continued provision of financial, technical and advisory inputs. There was little evidence of community members having engaged in an independent process of problem solving. Rather, the most evident "problem-solving strategy" among the villagers was that of seeking to somehow guarantee the project's continued supporting presence. Community members expressed concern that the developmental changes brought about in Kunathari would not be sustained once the project had left. In fact, a

11.4/2

number of those changes have been sustained, but they are clearly those problems which the community clearly took ownership of and initiative in solving. The project addressed other problems over the years which appear to be project initiated and they have not been as successful in terms of sustainability.

Even though the previous project intended to impact the situation of the more marginalized groups in its working area, it was not too successful. It did impact women generally, but not those from the more marginalized social and economic groups.

Project management now hopes to adjust the project's working methodology to address these weaknesses. It is felt that a more independent and sustainable process of development can emerge only once the necessary problem solving skills of problem definition analysis, action planning and human organization have become available and familiar to those who lack them. The most marginalized groups in the focus communities will be those with whom the project works.

In setting out the community organizing method for the next project, there are several inherent modifiers for project style:

1. Staff will have to both believe in the process and be proficient in organizational skills.
2. Community Educators are facilitators of a problem solving process within the community. Groups which form to solve problems will themselves determine which problems to address.
3. The project must have determined it's own principles and values as to:
 - a) Which communities it will work with, geographically and demographically.
 - b) What type of problems it will help communities address.
 - c) It's role (roles) in the problem solving process.

The basis for the process is a belief in the community's capacity to define and solve it's own problems with some outside organizational help. There is a role in the process for using outside resources, but they are accessed as needed by the community, rather than as determined by the resource provider. By committing the project to the community's agenda, (within it's values and principles), the project seeks an increased amount of sustainable change as compared to previous years.

3.0 **Needs Assessment**

The situation in the focus communities is typical of many places in rural and remote areas of Nepal. Most of the inhabitants are subsistence farming families who struggle with providing for even their most basic needs. Literacy levels are below 30%. Drinking water is not easily accessible to all inhabitants. Food shortages are experienced in some communities. There is rapid deforestation due to fuel and animal fodder needs. A shortage of cash income forces some family members to seek employment away from their homes. Women are not allowed a community decision making role. Government services are scarce.

The particular focus communities were selected because they are more densely populated than other areas in the district and there are more traditionally disadvantaged ethnic and social populations. The area will provide for adequate logistical support for field teams and expansion into surrounding communities. There are no government or non-government organizations working or planning to work in the area.

4.0 **Problem Statement**

The focus communities lack the skills to clearly identify, analyze and implement plans to remove or by-pass the root obstacles which prevent them from sustainably increasing their income and meeting their basic needs.

5.0 **Intervention Rationale**

The UMN Rural Development Department believes it should and can address the stated problem because it falls easily within the Department's mission to *"raise the awareness of rural people that they can improve their own quality of life; assist them in their efforts at doing so; and help develop Nepali groups and organizations who will do the same."* As well, the department has the management and personnel resources to successfully implement the project.

UMN already has in place an agreement with the government of Nepal (HMG) to implement the Surkhet Project and HMG cooperation has traditionally been positive.

The project builds on the experience gained in the previous project in Surkhet district and upon the general experience gained throughout the Rural Development Department as regards capacity development.

Experienced staff are available to take up the project operations, including those who are either from the Surkhet

11.4/4

District itself, or who have lived and worked there for some time.

The situation in the focus communities calls for some outside intervention. Because UMN has been working in the district for the past 9 years and because we know of no other organizations working in the area, or planning to, we are well placed to implement the project.

6.0 Mission Statement

Building on the capacity for self-reliance in communities, Surkhet Project will carry out problem solving skills development work among marginalized people in 10 Village Development Committees (VDCs) in Surkhet District.

The intervention will result in groups of people demonstrating an ability to define and analyze perceived problems; organize themselves into effective groups; plan, implement and evaluate their own actions. Group action plans will lead to a sustainable increase in income generation and community development.

By income generation we mean any activity planned to result in increased wealth for the participants eg. service provision, product creation, or resource development.

By community development we mean village wide basic needs acquisition, natural resource management, cultural expressions, social justice protection, and the promotion of human dignity.

7.0 Key Results Objectives

By the end of the project's life...

7.1 100 groups of poor and marginalized people will have learned the skills to organize and solve, on a sustainable basis, two problems which are important to them, the first of which utilizes only local resources.

Strategy:

Through a social/economic matrix exercise, project staff will identify the poor and marginalized within the focus communities and facilitate those interested through the Surkhet Project Awareness Raising Cycle (SPARC). See Appendix 1. Through skills development, project community educators will lead the groups through the SPARC cycle for the first problem; groups themselves will take charge of solving the second problem with educators taking an advisory/coaching role.

Indicator:

Within one year of their formation, groups will have learned and applied the skills to organize themselves and solve, on a sustainable basis, two problems important to them, the first of which utilizes only local resources. By the end of the project life, 100 groups will have gone through the process.

7.2 30 groups of marginalized people will have developed the leadership skills and organizational structure to engage in either a long term project, or to be an ongoing problem solving body within their communities.

Strategy:

From among those groups who successfully complete SPARC, those interested in continuing to solve local problems, or who desire to engage in a long term activity will receive further skills development in leadership roles, organization development, more complex problem solving and internal/external resource acquisition (external to local area).

Indicator:

By the end of the project life, 30 groups will have established themselves as long term problem solving organizations with the capacity to acquire and responsibly utilize resources internal and external to their locality.

7.3 Project involvement with any community group will have been limited by the Surkhet Project Principles and Values (See 13.0).

Strategy:

Project staff will clearly explain the Surkhet Project Principles and Values to all community groups early in their formative period. Project Management, together with field staff and community group members, will assess whether or not group activities are within Project Principles and Values. Continued direct involvement with any group will be dependent on this assessment.

Indicator:

All groups which the project facilitates through SPARC and other skills development will have operated within the project's Principles and Values.

7.4 The project will have shared its experience with Nepali organizations who have a similar mission.

Strategy:

- 1) Staff of such organizations will be invited to participate in SPARC orientation training.
- 2) Organizations will be invited to observe the field work.
- 3) A limited number of staff from other organizations will be able to work with field teams as apprentices.
- 4) The project will establish a supportive network of like-minded organizations.
- 5) The project will publish at least one article per year in Nepali journals.

Indicator:

By the end of its life, the project will be able to document how it shared its experience with at least 5 Nepali organizations.

8.0 Operations Objectives

8.1 By July, 1997 the Surkhet Project will have worked in 10 Village Development Committees in Surkhet District for 2 years or more.

Strategy:

Through rural appraisal methods the project staff will select 10 VDCs which have potential for the SPARC effort and the project's Principles and Values.

Schedule for going into new VDCs:

Beginning Jul. 1992 -> 3 VDCs
Jul. 1994 -> 4 VDCs

Indicator:

Annual reports will document the project's progression in relation to the schedule outlined above.

8.2 By July, 1997 the Surkhet Project will have had administrative support staff and 7 teams of community educators to carry out its mission and objectives.

Strategy:

Project management will recruit support staff and train 3-4 persons per field team. Support systems (logistics; performance development; counselling) will be established for project field personnel in each VDC.

Indicator:

- 1) Administrative support staff will be recruited in year one.
- 2) Field staff will be trained and in place according to the schedule in 8.1.
- 3) Support systems will be fully operational by the time each team is placed in the field.
- 4) Annual reports will document each team's performance.

8.3 The project will secure funding for the duration of its life.

Strategy:

UMN's Rural Development Secretary and Treasurer will develop a funding proposal and submit it to potential donors.

Indicator:

By the end of year one, the project will be funded for its duration.

8.4 The project will develop and maintain good relationships with concerned government officials.

Strategies:

- 1) A Project Advisory Committee made up of UMN and Govt. officials will meet formally at least once per year to review the project's operations.
- 2) The project management will maintain regular contact with district based officials.

Indicator:

- 1) Project Advisory Committee minutes will reflect that group's activities.
- 2) Concerned district based officials will be met at least on a quarterly basis.

11.4/8

0 Schedule

Year One (FY July 1992 - July 1993):

1. Rent project office/training hall
2. Recruit administration staff
3. Secure funding
4. Site selection (3 VDCs)
5. Field staff recruitment/orientation training
6. Rent field office
7. Establish field team support structure
8. Complete SPARC cycles 1 & 2
9. Carry out monthly and annual monitoring/reporting (in project)
10. Carry out semi-annual monitoring (by department)
11. Audit
12. Project Advisory Committee meeting
13. Quarterly HMG liaison
14. Carry out Nepali NGO support

Year Two (FY July 1993 - July 1994):

1. Begin SPARC cycle 3 in first 3 VDCs
2. Continue activities 9 - 14
3. Carry out mid-term evaluation

Year Three (FY July 1994 - July 1995):

1. Withdraw from original 3 VDCs
2. Continue activities 9 - 14
3. Carry out activities 4 - 8 for 7 new VDCs
4. Transfer original 3 teams to new working area

Year Four (FY July 1995 - July 1996):

1. Withdraw from second 3 VDCs
2. Begin SPARC cycle 3 in last 7 VDCs
3. Continue activities 9 - 14
4. Carry out full project evaluation

Year Five (FY July 1996 - July 1997):

1. Continue activities 9 - 14
2. Depending on evaluation recommendations, implement a project phase out

10.0 Monitoring and Evaluation

The project management will monitor and assess the operations of the field teams on a monthly basis. Staff performance and personal goal setting will be monitored on a monthly basis.

11.4/9

UMN's Rural Development Department will monitor the project on a semi-annual basis according to the format presented in Appendix 2. An annual financial audit will be carried out by UMN. On the basis of these reviews, this project plan may be revised. Major changes would be done in consultation with the donor and concerned govt. agency.

At the end of year two a mid-term evaluation of the project will take place, analyzing the experience gained to date with the SPARC methodology.

In year four of the project life, a full evaluation of the project's impact will take place.

11.0 Resource Projections

11.1 Personnel:

- * 2 Expatriate professional volunteers
- * Nepali nationals: 1 Field Coordinator
1 Training Officer
1 Administrative Assistant
1 Office Secretary
1 Logistics assistant
1 Personnel support person
1 Peon
1 Driver
7 Senior Community Educators
21 Community Educators

11.2 Major imported equipment:

- * Computer with power back-up
- * Long carriage printer with power back-up

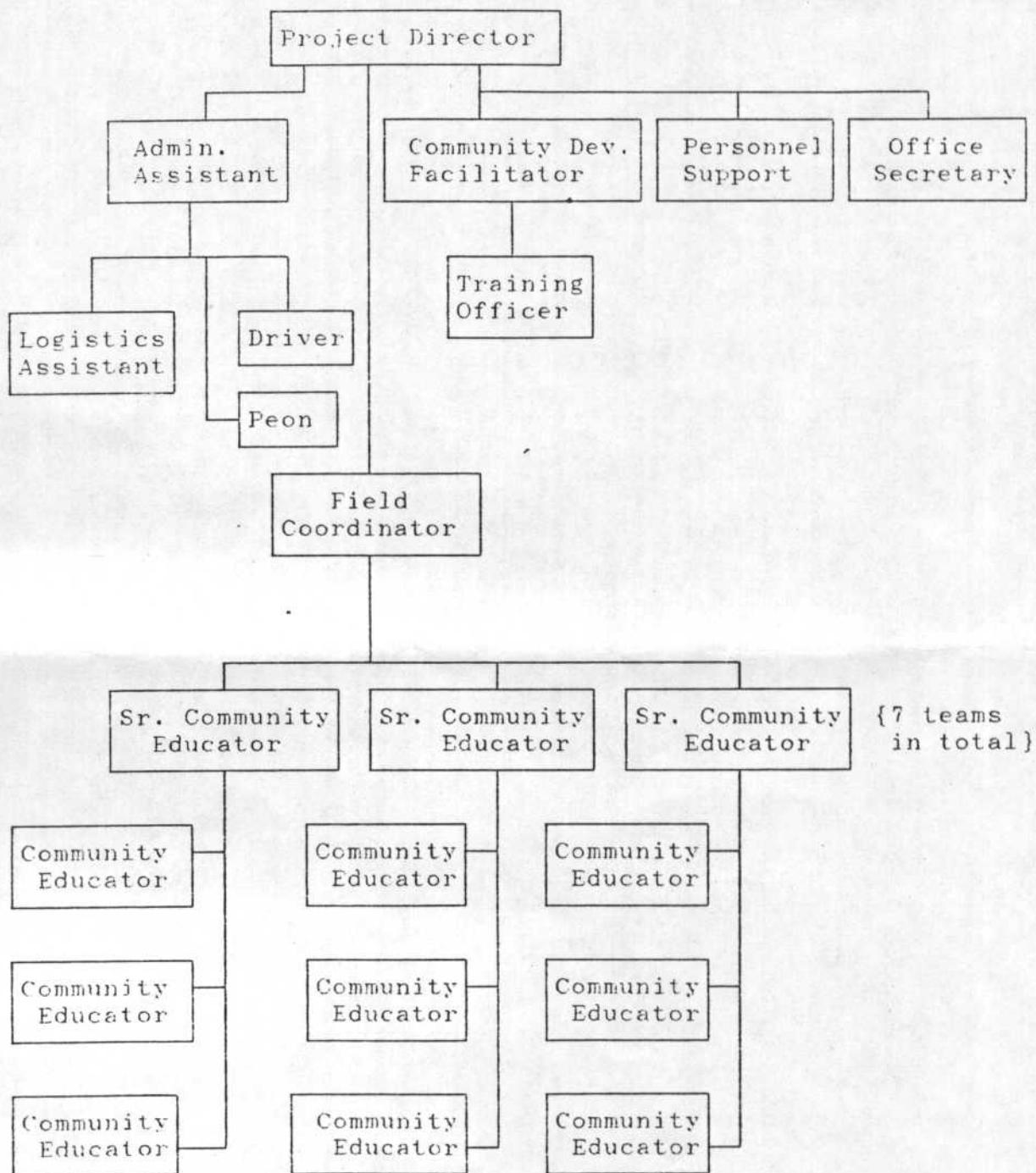
11.3 Facilities:

- * Rented project office in district center
- * Rented training hall in district center
- * Rented team offices in seven VDCs

11.4 Budget: see Appendix 3

11.4/10

12.0 Organization Structure



11.4/11

13.0 Guiding Principles and Values

It is ultimately up to the project management as to whether and how it will participate with which communities in addressing perceived problems.

- 13.1 The project will work only with community groups composed of marginalized persons, ie, low caste, women, physically handicapped, economically deprived, etc.
- 13.2 After going through a community participatory feasibility analysis of a problem, planned solutions must be sustainable environmentally, economically, organizationally, culturally, and physically.
- 13.3 The Project Community Educator will work with community groups on any problem relating to either income generation or basic human needs.
- 13.4 Community Educators will be limited to offering analytical and organizational skills to the community groups.
- 13.5 Project funds can be accessed for community participatory research activities and skills development in the problem solving process.
- 13.6 Potential group participants will need to show an interest in participating in an ongoing activity or problem solving group.
- 13.7 The first problem addressed during the training phase must utilize only local resources.

14.0 Operating Assumptions

- 14.1 Marginalized persons do not exert much influence on decision making structures in the village at present.
- 14.2 The above situation will not change in favor of the marginalized without intervention.
- 14.3 There are situations and realities in the communities which community people are not satisfied with and will work to change if given the tools.
- 14.4 The skills of problem definition, community organization and mobilization, resource acquisition, participatory research, and results analysis are powerful and learnable skills for community groups seeking change.

11.7/12

14.5 In offering the above skills, the Surkhet Project does not also have to act as a material resource provider in order to justify it's contribution toward a community's development efforts.

14.6 There are resources of Non Government Organizations, Government Organizations and within local communities which could contribute to significant improvement in the situation of villages and to their sustainable acquisition of income and basic needs, if acquired and used wisely. However, to access these resources often requires power and influence.

14.7 Problems which the community will choose to work on will, for the most part, relate to either income generation or basic human needs.

14.8 Funding, government agreements/visas and qualified personnel will be available for the life of the project.

14.9 No major natural or other disasters will occur which will negatively impact the project.

11.4/13

Appendix 1

SPARC Process

1. Exploratory Community Meetings.
 - * Problem Identification
 - * Listening survey and participant observation which results in "Generative Themes."
 - * Coding (problem posing) and analysis of problems
 - * Identification of root causes
2. Desire for action assessment.
3. Cycle one (Facilitator leads the process, utilizing only local resources).
 - 3.1 Root problem definition.
 - * Participatory research
 - 3.2 Goal setting.
 - * Force-field analysis
 - 3.3 Resource identification, strategy formulation and objective setting.
 - * Participatory research for resources and strategies
 - 3.4. Action planning (including monitoring and evaluation plan).
 - 3.5. Implementation.
 - 3.6. Monitoring.
 - 3.7. Evaluation discussions.
 - * Mirroring/naive questioning
4. Cycle two (same as cycle one, but facilitator now acts as advisor/coach and groups can access resources external to the community).
5. Cycle three (for those groups desiring continued group development).
 - * Leadership training
 - * Organization development training
 - * Complex problem solving/resource acquisition training

11.4/
14

Appendix 2

Monitoring and Evaluation Systems

The strategic plan will be both monitored and evaluated on an annual basis with a full report submitted to the department, including a financial statement. In addition to this, a semi-annual progress report will be used to update department staff.

By monitoring we mean to measure our progress in implementing the plan. By evaluation we mean to assess the plan's effectiveness, relevancy and our ability to realistically carry it out. The purposes for the monitoring and evaluation exercise are: keeping the plan dynamic in terms of responding to current environments within and outside of the program unit, as well as to respond to our own experience and learning; providing feedback to program unit and department staff, and identifying any adjustments needed for implementation and resource allocation; furnishing a progress report to the department and to the Board of Directors. The final year's monitoring and evaluation exercise will include a full summary of the life of the plan.

The semi-annual progress report will be a summary report on action plan implementation, written by the unit director. It will be guided by basically the same questions as the annual report, but in a very concise manner.

The methodology used for the annual exercise will be participatory in nature. A task force of department and program unit staff, together with others invited by the department will meet once a year in time to submit a concise summary report to the annual UMN Board of Directors meeting. The department will facilitate the process in which the following sets of questions will be considered:

1 Problem statement:

- * Has our understanding of the problem changed?
- * Are we still convinced that we are addressing the right needs?
- * Are we addressing root causes?
- * Does the problem continue to warrant our response?

2 Mission:

- * Does our mission remain relevant?
- * Is it realistic? To what degree are we fulfilling it?
- * Should our mission be altered or replaced with another? For what reason?

11.4/15

3 Objectives:

- * Are our objectives specific enough? To what degree have we fulfilled them?
- * Do they remain appropriate to carrying out our mission?
- * How realistic are they? Are adjustments needed? Why?
- * Have we been operating according to any unplanned objectives?
- * Should we set any new objectives? If so, can we manage and resource them?

4 Performance indicators:

- * Are our indicators serving to help us measure our performance?
- * Would other indicators be more appropriate?

5 Strategies/actions plans:

- * Are our strategies/actions plans proving to be appropriate and effective in carrying out our objectives?
- * Are we facing any implementing constraints? If so, how can we deal with them?
- * Do we need to change strategies/actions or modify existing ones?
- * What unplanned effects have our strategies/actions had?
- * Have we been operating according to any unplanned strategies/actions?

6 Resources:

- * Do we have sufficient resources to carry out our action plans? Do we need to revise our allocations?
- * Are our resources appropriate to carrying out our plan? Are changes needed?

7 Strategic issues:

- * What strategic issues have arisen which we need to address in the coming year?
- * Are we able to resource additional action plans?

8 Assumptions:

- * Have our initial assumptions proven correct?
- * How have we been influenced by them?
- * Are we making other assumptions which we should address?

Appendix 3 to the Surkhet Project Strategic Plan

11.47/6

SURKhet PROJECT
5 year Budget

| Income: | 1992/93 | 1993/94 | 1994/95 | 1995/96 | 1996/97 | Total 1992-97 |
|--------------|-----------|-----------|-----------|-----------|-----------|---------------|
| P.C.S | 224,600 | 258,300 | 297,100 | 341,700 | 392,900 | 1,514,600 |
| Int. grant | 1,899,900 | 1,995,800 | 4,508,400 | 4,923,600 | 3,677,500 | 17,005,200 |
| Total Income | 2,124,500 | 2,254,100 | 4,805,500 | 5,265,300 | 4,070,400 | 18,519,800 |

Expenditure Recurring:

| | | | | | | |
|---------------------|-----------|-----------|-----------|-----------|-----------|------------|
| P.C.S | 224,600 | 258,300 | 297,100 | 341,700 | 392,900 | 1,514,600 |
| Salaries | 1,084,600 | 1,302,700 | 3,031,500 | 3,486,200 | 2,665,100 | 11,570,100 |
| Travel | 14,400 | 18,000 | 50,400 | 67,200 | 48,000 | 198,000 |
| Utilities | 12,000 | 18,000 | 24,000 | 30,000 | 36,000 | 120,000 |
| Equip. Maintenance | 3,000 | 6,000 | 6,000 | 9,000 | 5,000 | 29,000 |
| Minor Capital | 80,000 | 26,000 | 110,000 | 29,000 | 23,000 | 268,000 |
| Supplies/materials | 140,000 | 113,000 | 146,000 | 105,000 | 70,000 | 574,000 |
| Contracts | 27,000 | 35,000 | 42,000 | 45,000 | 45,000 | 194,000 |
| Community Support | 60,000 | 75,000 | 250,000 | 245,000 | 140,000 | 770,000 |
| Rent | 62,400 | 104,400 | 141,600 | 154,800 | 144,000 | 607,200 |
| Field Logist. Supp. | 36,000 | 36,000 | 100,800 | 100,800 | 38,400 | 312,000 |
| Contingency/Misc. | 76,000 | 86,700 | 195,100 | 213,600 | 160,700 | 732,100 |
| Prog. Support TX | 111,700 | 127,000 | 287,000 | 314,000 | 236,300 | 1,076,000 |

Sub total 1,931,700 2,206,100 4,661,500 5,141,300 4,004,400 17,965,000

| | | | | | | |
|-------------------|--------|--------|---------|---------|--------|---------|
| Staff Tra. & Dev. | 20,000 | 30,000 | 84,000 | 84,000 | 56,000 | 274,000 |
| Study Tours | 10,000 | 18,000 | 60,000 | 40,000 | 10,000 | 118,000 |
| Sub total | 30,000 | 48,000 | 124,000 | 124,000 | 66,000 | 392,000 |

| | | | | | | |
|-----------------------|-----------|--|--|--|--|---------|
| Capital | | | | | | |
| Computer | 162,800 * | | | | | 162,800 |
| Printer Power back-up | | | | | | |
| Unit | | | | | | |
| Sub total | 162,800 | | | | | 162,800 |

Total Expenditure 2,124,500 2,254,100 4,805,500 5,265,300 4,070,400 18,519,800

* The budget is calculated at a 15% annual inflation rate.

* The costs of this is 3,500 US\$.

To: UMN Executive Committee Members

Enclosed is a short introduction to the Rural Development Department and a summary of our department and program unit strategic plans.

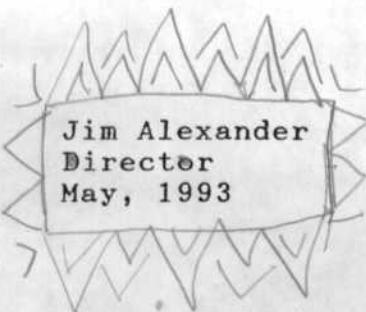
The purpose of this document is twofold:

- 1 It serves as an orientation packet to our incoming EC members who may not be familiar with our work.
- 2 It may be referred to by EC members as preparation and reference material each time you receive semi-annual and annual progress reports. It may be this will be all that is necessary for you, rather than having to go back through the EC minutes and appendix materials in which these various plans appear.

For cross-reference purposes, I list below the relevant EC minutes which deal with the individual plans, and whose volume of appendices include the full documents as approved:

Relevant minutes and appendices:

| | |
|--|-----------------------------|
| RD Department Strategic Plan | EC(2)-10/91 a); EC(1)-10/92 |
| Village Leathergoods Training Project | EC(2)-10/91 b) |
| NGO Support Project | EC(2)-20/92 |
| Nepal Resource Management Project | EC(1)-11/92 |
| Surkhet Project | EC(2)-9/92 c) |
| Rural Development Center | EC(2)-9/92 b) |
| Okhaldhunga Rural Development Program (To be dealt with in 5/93) | |
| Forestry Consultancy (To be dealt with in 5/93) | |



Jim Alexander
Director
May, 1993

THE RURAL DEVELOPMENT DEPARTMENT

Before April, 1987 rural development work, along with engineering and industrial development were carried out under a common department entitled the "Economic Development Department." Growth in both sectors demanded that they form their own respective organizational structures. The result was that each became a separate department within UMN and the Economic Development Department was dissolved. This growth and resulting creation of a Rural Development Department (RDD) reflects a keen interest and commitment within the UMN Board of Directors to concentrate more on rural grassroots community development, along with its emphasis upon locally sustainable activities.

The Rural Development Department carries out this mandate by implementing and managing community development support programs, projects and activities, and representing the needs and concerns of these efforts within UMN, to its supporters and to concerned authorities. The Department also provides resources to specific rural development efforts being undertaken by other departments within UMN and by other organizations in Nepal.

The RDD Vision

We share in the vision that people in rural Nepal, including the marginalized and oppressed (in particular women), will have access to resources which can both empower and equip them to carry out change towards improving the quality of life of their families and communities. By quality of life we mean that state of well-being intended by God for all creation.

We share in the vision that people in rural Nepal, on a local level, will have the opportunity and skills to organize themselves and carry out their own development efforts.

We share in the vision that Nepal will have its own sincere and able non-profit, government and non-government organizations which will help facilitate and support the development efforts of local people in rural Nepal.

The RDD Mission

The mission of the Rural Development Department is to use and increase its capacity to: raise the awareness of rural people that they can improve their own quality of life; assist them in their efforts at doing so; and help develop Nepali groups and organizations who will do the same.

RDD Key Results

- 1 Local people will become aware of their own situation and their ability to change it.
- 2 Local people, organized and resourced, will be carrying out their own development activities.
- 3 The oppressed and disadvantaged will be participating in decision making and in the benefits of development.
- 4 Government established basic needs will be met in a locally sustainable manner.
- 5 Nepali NGOs will be actively and effectively carrying out activities which identify with our mission.
- 6 Natural resources will be utilized in a sustainable and locally controlled manner.
- 7 There will be a reduction in negative and destructive behavior.
- 8 There will be a reduction in population growth.
- 9 There will be an improvement in government services at the local level.
- 10 There will occur RDD staff development (increased skills/responsibility).
- 11 The Nepali Church will be supported in its community development efforts in rural areas.

RDD Overall Strategies

The Rural Development Department will support local people and organizations who serve them, through:

- * Information dissemination and awareness building.
- * Non-formal education and training.
- * Technical Support.
- * Organizational development.
- * Linkage with financial and other resource organizations.

RDD Working Principles

- 1 Local resources, human and other, should be utilized fully and responsibly before outside resources are introduced.
- 2 We work toward identifying and addressing root causes which obstruct or hinder quality of life improvement.
- 3 Expatriates primarily serve as advisors and trainers.
- 4 We emphasize the need for women to be fully integrated into the community development process and equally share in its benefits.
- 5 RD projects will have specific project life spans. All of their operations will fall within the parameters of the UMN general agreement.
- 6 Projects should function according to clear designs, plans and accountability systems.
- 7 We support those Nepali individuals and organizations who are committed to ensuring the basic needs and rights of all, and who demonstrate motives which are not primarily self serving, exclusive and discriminatory. We enter into legal and contractual agreements with only those who share UMN's documented values.
- 8 We support development and natural resource utilization which can be sustained on local, national and global levels.
- 9 There should be honesty, openness, transparency, integrity and accountability in policy formulation, finance and other administrative matters.
- 10 We are committed to quality and excellence in our efforts.
- 11 We address the need for human and local organizational development.
- 12 Local people are the primary agents of change in the community development process, and as such, they should be actively involved in the planning, resourcing, implementing and evaluation of development efforts which impact them.
- 13 We will not assume the role of simply being a financial donor.
- 14 We do not duplicate active local government or other services; rather, we seek to enable communities to be linked with them.

Projects under the Rural Development Department

The following projects represent the means by which RDD is currently implementing its mission.

Village Leathergoods Training Project

July 1991 - July 1995

The Village Leathergoods Training Project (VLTP) seeks to improve the economic condition of the Sarki community in rural Nepal by stimulating the failing market for leathergoods they produce in the village. The Sarkis are one of the lowest castes in Nepali society and as such, they are a marginalized, oppressed and economically disadvantaged group of people.

The sale of traditional vegetable tanned leather shoes which formed the mainstay of Sarki livelihoods has virtually died out throughout Nepal. Whereas Sarkis living in towns on motorable roads have been able to switch to production of modern shoe styles, Sarkis living in remote villages have simply lost their livelihoods, thereby exacerbating their already poor economic condition.

These people have been forced into other kinds of irregular work such as construction or farm labor. Many have become economic migrants from the land to urban centers. In addition, a percentage of Nepal's rawhide stock which is too poor in quality or too remote to enter the modern sector of the leather industry is being thrown out: a recognized important natural resource is therefore wasted.

The goal of the Village Leathergoods Training Project is to improve the economic condition of rural Sarki people through stimulating the market for village leathergoods.

This will be done by introducing new designs, which Sarkis can make in the village with their traditional technology and materials, but which will be produced for the tourist and export markets. As such, the project will provide two main functions: to instruct Sarkis in making new articles; and then to assist them in locating buyers. Input into other areas such as improvements in curing and tanning will also play a part. Greater quality consciousness and self esteem development will be an important focus of the project.

NGO SUPPORT PROJECT

A pilot project to support Nepali NGOs who are engaged in community development in rural areas.

April 1993 - July 1995

A report submitted to the RD Department in October 1992, established without doubt that the NGO sector in Nepal is dynamic and becoming established as a recognized agent in the grassroots development process in Nepal. The projection is that this is not a temporary phenomena, but one which will continue to develop and expand into the future.

The report also argues that UMN has a comparative advantage in supporting Nepali NGOs, primarily because of our long history in the country and the experience and emphasis we have placed on developing Nepali capability over the years. Nepali NGOs who know UMN look upon it with respect and interest for collaboration.

Therefore, the Rural Development Department has initiated a pilot project to support the development of Nepali NGOs. The project will provide the experience and insight needed for the RD Department to develop a 5 year project design for working with Nepali NGOs.

The project will be both exploratory - gaining knowledge and insight of the NGO sector; and involve direct intervention - gaining experience with specific support activities.

Beneficiaries: UMN as a whole, and specifically the RDD as experience is gained and shared.

The Nepali NGO sector as a whole, in terms of sharing experience.

The focus group of Nepali NGOs which RDD will work with throughout the pilot project. This will be in terms of gaining access to appropriate UMN resources, and receiving the specific support which the pilot project will provide in phases 2 and 3.

Selection of NGOs for the pilot project will focus on the following characteristics:

- * NGO's who are either already engaged in community development in rural areas outside of the Kathmandu Valley, or who are keen to do so.
- * NGOs formed and managed by women, for women; or NGOs which have a strong women's development program focus.
- * NGOs with enough resources to manage intervention without becoming dependent upon support from RDD.

Nepal Resource Management Project

A Project to Promote Community Capacity Development with a Primary Focus on the Forestry Sector
July 1992 - July 1997

The communities in which this project works display the following characteristics:

Increased population and a heavy dependence on the forest to provide for fodder, fuelwood, and timber has led to intense deforestation practices. A continuation of this practice will produce a future crisis in the availability of forest products.

The land is being extensively and harmfully utilized. Present agricultural practices are degrading the soil leading to reduced crop yields. Shifting/slash and burn agriculture is practiced, leaving much of the land bare, unproductive and prone to erosion.

The remote location of the target areas results in a sense of isolation. This isolation hinders the flow of new ideas and new possibilities. There is an attitude of helplessness from a feeling of being left alone with insurmountable problems. Few services reach these areas and those that do are often insufficient and haphazard.

The people in these areas are marginalized and disadvantaged and there is a critical lack of even basic needs. Lack of education and general awareness keep them from improving their own quality of life. Safe and available drinking water is a problem, that together with a diet low in nutritional value produces poor health conditions. Clothing and other necessary goods are not produced by the local people themselves, but rather must be purchased with insufficient cash reserves. There is insufficient agriculture and forest production.

The lack of local organization reduces the capacity to manage community resources. General attempts to improve quality of life are primarily carried out through individual efforts on private land. The lack of firm tenure rights to community land is a strong dis-incentive to local management of community forests.

The Nepal Resource Management Project seeks to encourage and respond to initiatives of the poor, marginalized and oppressed living in the target areas to improve their own quality of life. The primary focus is to develop user group and general community capacity to manage local forestry and natural resources. The local institutional capacity for providing sustainable basic needs is being strengthened. Women are especially encouraged to participate in all development activities. The following key results are expected as a result of the project's intervention:

- 1 Management of the forest resource base will be transferred from the public sector to the private sector through the Community Forestry Program.
- 2 Increased self sufficiency in primary forest products (Fodder, Fuelwood, Timber).
- 3 There will be marked change from environmentally damaging slash and burn systems of crop production to a system of stationary agriculture.
- 4 There will be increased community awareness of natural resource management issues.
- 5 There will be improvement in the quality of life for the more disadvantaged segments of the society.
- 6 There will be increased involvement of women in decision making regarding natural resource management.
- 7 There will be increased equity in access to forest products produced through community management.
- 8 There will be reduction in surface soil erosion.
- 9 The project will share its skills and experience beyond its target working area.
- 10 There will be a reduction in population growth in the target areas.
- 11 By the end of the project life, UMN will phase-over the Dhading working area to a Nepali NGO.

12 There will be a reduction in community-identified destructive social practices (eg. injustice, corruption, discrimination, exploitation, domestic violence, etc).

The project's guiding principles are expressed as follows:

"We will work toward:

- * Being an example for good sustainable development approaches.
- * Truly working with the poor, disadvantaged, marginalized.
- * Horizontal and vertical community involvement.
- * Being a hard working; sincere; honest; responsible team.
- * A team approach.
- * An attitude of public service.
- * A minimum use of outside financial resources; a maximum use of human resources.
- * Having practical activities.
- * Staff ownership of project.
- * best use of resources for community benefit (for)

We will discourage:

- * Undemocratic processes.
- * Injustice.
- * Corruption.
- * Encroachment.
- * Discrimination [gender, caste and other].
- * Exploitation.
- * Destructive social/traditional practices.
- * Carelessness with funding.
- * Insincerity amongst project staff."

SURKHET PROJECT

July 1992 - July 1997

The basic belief behind this project is a belief in the community's capacity to define and solve it's own problems with some outside organizational help. There is a role in the process for using outside resources, but they are accessed as needed by the community, rather than as determined by the resource provider. By committing the project to the community's agenda (within it's values and principles), the project seeks an increased amount of sustainable change as compared to previous experience.

Okhaldhunga Rural Development Program

Okhaldhunga District is one of the poorest areas in East Nepal with very little development. It is located in the midst of steep hills, the nearest road being a two days walk away (it takes about 5-7 days for porters carrying loads). The Okhaldhunga Rural Development (RD) Program was started 1989 after it was administratively split from a former UMN community health program.

The Project operates under an agreement between His Majesty's Government of Nepal/Ministry of Health and UMN. The RD Program of overall UMN Okhaldhunga Project supports the health work of the project by carrying out health related activities. Those activities fall into line with HMG's basic needs program and with the Alma Ata declaration about Primary Health Care objectives.

The RD Programme strategy is to start work in new geographical areas by organizing Non-formal Education (NFE) classes. The NFE classes are conducted as a joint effort of all the sections. The sections continue the educational and motivational NFE-approach with groups evolving out of NFE activities for a period of one to five years. This approach allows the program to prioritize cooperation with the socially and economically disadvantaged segments of society. The RD program wants to encourage them and motivate them to increasingly take initiative and carry responsibility for the development of their own area.

This program will be phased out by July 1994, with the intention that activities of an ongoing nature will be managed by the communities themselves.

Rural Development Department Forestry Consultancy

The Forestry Consultancy was established in 1986 as a program under the Rural Development Department. The program assists UMN's administration, projects and personnel in planning, implementing, managing and evaluating forestry activities, and representing the concerns and experience of these efforts within UMN and to other non-UMN organizations.

Recognizing that forest resources provide the basis on which rural farming communities subsist, and that this resource is in a declining condition, UMN, through various projects, has committed

resources and personnel toward improving this situation. Currently ten UMN projects include forestry components, including two with a major emphasis in the forestry sector. Each of UMN's four departments manages at least two projects with forestry-related programs. No department has sufficient forestry personnel, knowledge and experience to support its involvement. Therefore, UMN's administration and projects have required, requested and benefitted from the Forestry Consultancy to coordinate, interpret and support the mission's diverse forestry activities. A survey of UMN's forestry related personnel conducted during 1992 confirmed this need.

The program shares the vision that:

- * people in rural Nepal will be able to meet their forestry-related needs from local forest resources; that these resources will be equitably shared according to each person's need;
- * people in rural Nepal will have the skills, capacity and organizations to manage and utilize their forest resources and;
- * environmental degradation of the forest resources of Nepal will decrease and that a sustainable supply of resources from the forest is possible.

The mission of the program is to support and increase the capacity of UMN forestry programs to:

- * raise the awareness of rural people so that they can manage and utilize their forest resources and;
- * enable their skill and capacity development for
 - group formation
 - problem and solution identification, and
 - activity formulation, implementation and evaluation.

The Forestry Consultancy will support UMN's forestry efforts through:

- * Planning and management coordination, support, interpretation and evaluation of UMN's forestry policy, programs and projects;
- * Liaison/networking with and between UMN projects, HMG offices, bi-lateral donor organizations, INGOs and local NGOs on issues of training, technical and material support, activity coordination, policy development, and information exchange, and;

- * Provision of extension and technical materials for UMN forestry projects.

The principles which guide the consultancy service are:

- * Program strategies and activities should result in capacity-building and self-sufficiency of UMN forestry programs and personnel.
- * Emphasis on linking and coordination of activities with HMG, especially the Community Forestry Development Division of the Ministry of Forests.

Glossary of Terms

The following terms used in this publication have been identified as ones needing definition. The meanings given here are not meant to be either exhaustive or authoritative; rather, they attempt to summarize how the terms are used in this document and provide a common usage throughout the Rural Development Department.

Agents of change:

People who are instrumental in bringing change to pass.

Basic needs:

That which is needed for human subsistence.

Capacity development:

The development of human or institutional potential and ability to bring about change.

Community:

A group of people who are interdependent and who share common interests, concerns, and values.

Development:

Constructive growth or advancement.

Empowerment:

The capacity to assume legitimate control over personal and community development.

Human rights:

Those rights listed in the United Nations' Universal Declaration of Human Rights.

Marginalized:

Those who live on the fringes of general societal well being.

Non-profit, Non-Government Organization (NGO):

A body of people, apart from government, who are organized with a charter and elected officials to carry out some not-for-profit development purpose. Examples: user groups; clubs; cooperatives; associations; religious bodies; etc.

Oppressed:

Those who are kept disadvantaged and subdued through the use of cruel or unjust power and authority.

Organizational development:

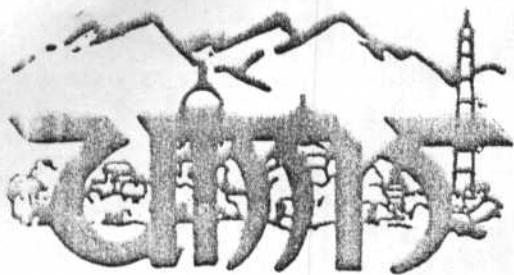
Within organizations, the development of administrative structures, systems; human and other resources; and general management capacity.

Quality of life:

That state of well-being intended by God for all creation.

Wholistic community health:

The physical, psychological, social and spiritual health of a community.



THE UNITED MISSION TO NEPAL

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From Edgar Metzler
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26. April 1993

Erledigt:.....

REFLECTIONS FROM AN OUTGOING RURAL DEVELOPMENT DEPARTMENT DIRECTOR

The enclosed reflections paper from Jim Alexander is shared for your information. Jim will be leaving UMN soon after the EC meeting and his long experience with UMN and development perspective will be very much missed.

EM/ake

Reflections from an Outgoing R.D. Department Director

UMN

UMN must represent one of the most unique examples of Christian Unity in the history of the church in recent, and perhaps, not so recent times. For such a broad spectrum of protestant organizations, and thus philosophies, methodologies and theologies to work together for so many years must cause us to rejoice in that Christ is uplifted through our unity. I sincerely believe he is far more interested in this than individual issues we divide so easily over. In UMN, we have the great opportunity to rise above our personal biases and agendas, seeking a higher principle of corporately making Him known by word and deed. So many expressions of this purpose are possible and valid. We are not forced to fight for the right way of expressing our faith, but can rejoice in the many right ways we experience together.

And yet those very reasons which make UMN so unique are often challenged, as they have been throughout Christian history. One still hears the "us-them" divisive remarks. The classic liberal/conservative dichotomies are often given preference over seeking commonalities. It seems some of us still see each other as either Jewish or Greek, evangelical or ecumenical, social workers or church planters. I hope UMN will continue to model the unity we all have through faith in Christ.

I sincerely believe that UMN has the opportunity to claim a vision which will remain relevant and dynamic for as long as it serves the Nepali people. That vision is to help develop the capacity of Nepalis to develop themselves. I believe the history and experience of development efforts throughout the world point in this direction. We must recognize the voices of leadership in this country who call for international organizations to chart a course towards supporting Nepali efforts and organizations, rather than carrying out their own independently owned and controlled front-line implementation. And this is not a new idea to UMN, but rather one we have claimed as our own objective for many, many years. UMN is presented with so many rich opportunities to actually make this our accomplishment.

Nearly all the development writers I have studied seem to agree that much of the aid given over the years has primarily benefitted the elite and growing middle classes throughout the "developing" world. Some suggest the truly poor may be in a worse state than before. And yet listen to the rhetoric coming from most aid agencies. They speak so much of the poor and disadvantaged. How is it with UMN? We have made considerable gains in our rhetoric recently as well. Will we guard ourselves to translate good intentions into realities, even small realities? For it often seems to me that small deeds done directly for the poor may be the only sure means available to us that their needs are actually being addressed. UMN must guard against the common mistake of assuming our efforts benefit the poor, or will trickle down to them in the decades ahead.

I leave with a particular grave concern for UMN, the organization. As a student/practitioner of organization structure and development I have come to believe that a strong, healthy organization is ultimately indicated by whether or not the individuals within it feel as much a part as anyone else. Identification with an organization is key to being motivated to carry out its common mission. Organizations, small and large, which represent people with the same purpose and intentions, intentions clearly visible and transparent to all, seem to be both very effective, and a place which provides that sense of community which many of us can no longer find in society at large.

If UMN is fundamentally a Christian Mission, who are the over 2000 Nepali non-Christians who work together with us? As a Christian manager who deeply appreciates their contribution and friendship, how do I answer their questions arising from the perception that they are somehow disconnected from the "true" UMN? When they see a course being charted which includes interests in replacing non-Christian staff with Christians, how do I encourage their long term commitment to UMN? When they see central objectives being set with great enthusiasm which can only truly be carried out by Christians, does that mean their contribution is seen as second best, even a necessary evil, a means to an end they do not share in?

What will UMN do about its identity dilemma? Two major perceptions as to what UMN essentially is seem to dominate people's thinking within the organization. At the Board and Appointee level, UMN is seen to be a Christian Mission, having a central purpose which non-Christian staff cannot identify with, let alone be expected to carry out. And apparently UMN's central purpose needs to be kept confidential, or at least out of the reach of any influence non-Christian UMN staff might have upon it.

Among the Nepali staff, who represent over 90% of the organization's direct and related personnel, in real terms, UMN is regarded as a development agency founded upon Christian principles of service, with a Christian minority joined together with Nepalis of various religious backgrounds in a transparent agenda to help Nepalis in their efforts to improve their lives.

Does UMN need to choose between these two identities, in order that movement might be made toward it becoming a whole organization, having a common purpose all might work toward and participate in? Or, does UMN need to accept that it is in fact two organizations and learn how to function in a manner in which its dual purposes can be fully transparent, but not conflicting? Do other identity options exist which will make possible the basic principle that all staff are UMNers and gives God thanks for them?

The R.D. Department

I feel privileged to have had the opportunity to be involved in UMN's R.D. Department from its inception. I believe we have developed ourselves as much as we might have aided anyone else in their development. We have had a department culture of learning since the beginning and that is in great part due to the nature of our work and programs. Community development is a learning process; our experience grows, and each community we work in must be seen as unique and our approach to them has to reflect this uniqueness.

In certain ways the R.D. Department was born out of conflict and tension within UMN itself. An approach to development was struggling to be given its own life and identity. I feel the years of conflict have passed. R.D. professionals want to get on to do what they see as an important task in Nepal - enabling rural communities to take initiatives to develop and keep on developing themselves. The professional groups which have transcended UMN's administrative boundaries have been a valuable contribution towards growing and learning together in a way which has minimized defensiveness and threat.

Being a small department we have been able to spend much effort on our leadership and management effectiveness. The strategic planning we have done has been noted by our project managers as having a highly valuable impact on their projects and as being a good tool for them as managers. Because we have very capable Nepali staff, turn-over of expatriates causes far less turmoil than in the past. Also, because we have kept our expatriate numbers low, our programs and Nepali employees are less dependent on them and we are able to recruit nearly 100% of our staffing requirements.

But far beyond these reasons for having enjoyed my time in the Rural Development Department, and in UMN, is the people I have been graced to work with. The R.D. Department has many highly committed, motivated, and talented people, Nepali and expatriates together. We are United and we are a team with an inspiring, clear, and achievable mission. For this experience I truly thank God and my colleagues.

I have been asked how I feel regarding the future of the R.D. Department. I have played a major role in its development and in planning its future, what if it doesn't go in that direction? First of all, the direction we have set is far less impacted by me than some people outside R.D. might assume. I have personally focused very much on the process by which we have charted our course, and less on the end of our journey. I believe the process has enabled the majority of R.D. staff to voice their ideas and aspirations. I believe the direction has been set by us together. I trust our people's intention to do what is best for communities in rural Nepal. If they discover means to do so which are better than we have, I expect and hope they will change. Regarding the future leadership of the department, I am fully confident in those at the project and department level to do the best job they can. I leave with no worries and no regrets in this matter. I have spent a one year leadership transition period together with Karin Döhne. She is committed and capable to manage the department towards fulfilling its mission and objectives, and facilitating the setting of new ones as needed. She brings new strengths and contribution which will be of great benefit to the RDD I believe.

My only regret in leaving UMN is for what I might have done which was not of importance and benefit to the organization and my colleagues in the R.D. Department; and that I may not have done all I could have towards their success. I commend them, and all of UMN, to God's amazing grace.

Jim Alexander
March, 1993



THE UNITED MISSION TO NEPAL

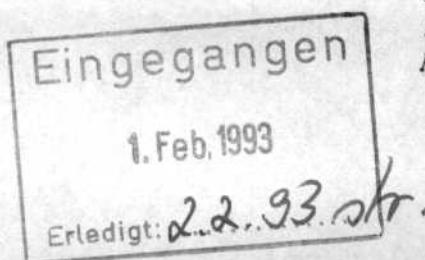
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Karin Döhne

Fran
Ursula Hecke
Gossner Mission



Liebe Frau Hecke,
Gestern hat Bernd Augustin mir sein Exemplar des
Gossner Mission Nepal Hefts geschickt. (Sept/Okt. 92)

Bitte können Sie mir auch ein Belegexemplar da-
lehr. Wenn möglich 5, dann könnte ich welche
an Freunde und Verwandte senden.

Danke.
Ich hoffe Sie haben sich gut eingelebt in Ihre neue
Aufgabe.

Viele Grüße.

U. Döhne

JK.

Khimli
Bhaktapur

Women Groups

The Forestry Section's activities with specific women focus were:

- help select and send five participants to the women's seminar held in Okhaldhunga by NFE and AGNW.
- conducted one women's seminar in Khimli on request from the women group. 16 participants, help from the AGNW representative. Legal status and rights, women's situation, awareness, confidence building, learning to speak were main topics.
- helped to select participants for the Rangadip women's seminar held by PHCP.
- the women group's main activity is kitchen gardening. Motivation is high for this: quick return, cash crop, tasty food, social image !

- other activities, with support from us were

- smokeless cookstoves
- terrace improvement
- private tree planting
- stall feeding extension
- sanitation, toilets, family planning extension

A women group can make a real difference to the whole village. By being a group, women gain confidence, establish relation to other women beyond traditional help systems (planting, harvesting, childbirth), grow in trust to each other (solidarity, unity), are less hesitant to speak up, raise issues. Women soon see the benefits of meeting and exchanging, as they realize being all caught in more or less the same situation.

We found that a functioning women group has big influence on the village; as soon as they are recognized as a powerful, unified body and with receiving acceptance, respect and support from us, this attitude is also adopted by many non members, women as well as men.

All the established (6 months and more) women groups are very active in requesting assistance, esp. training.

Women Group Fund

All of the Women Groups have established a fund from the beginning.

- they collect it themselves
- Sources are regular contributions per member, selling vegetable seedlings, fines (like grazing), singing during festivals (deusi, bheili)
- the first village fund very often is this Women Group fund, which makes it a good example.
- saving and handling money as a group helps building trust and confidence.
- present funds amount between 100/- and 1000/- for women groups between 8 and 28 members.

Some examples how the fund is used:

- water pipe for kitchen gardening, to be used in turns. Even after the pipe was damaged, the group resolved the question of responsibility on their own.
- buying vegetable seed
- plans to help members in medical emergency cases, interest free
- loans on local interest basis for any purpose after group decision
- plans to also provide loans to outsiders to attract them to the group

Khimli Women Group (Rangadip VDC, ward 6)

The Khimli Women Group was the first in which the Forestry Section got involved to help form it and assisted their starting activities.

Now, after 1,1/2 years, this group influences the whole village and has helped very much to further induce the Kami community into thinking and decision making of the main Rai village.

The group has a strong and mean while very accepted leader. She is a women of perhaps 35 years with her daughter, left by her husband on his land. Because she is so committed, extremely helpful and laborious in her motivating work, the whole village supports the women group. Often men are doing what the women group decided: smokeless cookstoves, toilets, terrace improvement, tree planting

The strong traditional (and also newly elected) village leader always used to be a very community oriented man. He participates in women meetings and thereby helps very much to support them and raise the acceptance.

Despite their economic dependency on the Rai village, the Kami people are now willing to participate in meetings, speak up and discuss. Social oppression like seen elsewhere is not visible here between Rai and Kami. But is has not always been like this: Until a few years ago, the Kami people never talked openly, only when drunk they used to quarrel.

The women group always encourages participation of Kami people in meeting, training, seminar etc. The whole village (Rai and Kami) even nominated one Kami man to be their VDC representative, but he didn't accept candidature.

One example of local problem solving:

After prohibited grazing the punished household rejected to pay the group decided fine. The group sought for official (CDO) advise, but then decided to execute their rules in their own way. They confiscated tools of that family (at night) as a security ! The punished man was ready to pay the fine very quickly - but he is still angry !

Richard Kugeler
Okhaldhunga, 8. July 1992

To
Karin Doehne for information!
R Kugeler / 18.9.92

He will sit down with Deb Kumar. To show chronologically what happened, how far was possible, which were the diff. influential factors.

11.2/1

United Mission To Nepal
Okhaldhunga Project
Rural Development Program

Summary Report 1991-92

Description

Okhaldhunga District is one of the poorest areas in East Nepal with very little development. It is located inmidst of steep hills, the nearest road being a two days walk away (it takes about 5-7 days for porters carrying loads). The Okhaldhunga Rural Development (RD) Program was started 1989 after it was administratively split from a former community Health Program. At the end of the reporting year three appointees remained in the team after two appointees had handed over their responsibilities to some of the 18 nepali employees. Activities in the areas of Non Formal Education (NFE), Drinking Water, Agriculture, Forestry and Income Generation were carried out in 11 village Development Committees (VDCs).

MANDATE AND PURPOSE

The Project operates under an agreement between His Majesty's Government of Nepal/Ministry of Health and UMN. The RD Program of UMN Okhaldhunga Project supports the health work of the project by carrying out health related activities. Those activities fall into line with HMG's basic needs program and with the Alma Ata declaration about Primary Health Care objectives.

REPORTS

Administration

Administration kept regular contact with the HMG District Offices. After the elections several meetings were attended. The program was accused of not completing work. This was taken seriously and former commitments were reviewed. Despite of a high turn over of senior and middle level staff, the work was continued and overall objectives could be achieved in most areas. Implementing a performance development system proved to ensure a better supervision and skill development.

Non Formal Education (NFE)

The NFE in the financial year 2048-9 has undergone many staff changes and some of the weaknesses in our centres can be explained by this quick staff turnover. However, considering the wide working area of Jantarkhani and Srichaur/Patle, the NFE Section has managed to ensure that women were given priority in adult literacy. The success of this is to be measured by the self-esteem of the NFE participants as well as an enhanced position in the decision making process at home and within the community.

A total number of 109 certificates were distributed in Jantarkhani. Those participants not only learnt how to read and write but they participated also in several developmental activities.

Drinking Water (DW)

We had planned 1/3 of our activities to be related to NFE groups. Actually only approx. 10% were related. Reasons: In 3 out of the 4 VDCs where NFE work had been done the previous 1-2 years, there were no groups left to work with. Stress was laid on measures to make the systems long-lasting, by focusing on criteria as degree of unity in the villages, training of dw user group maintenance workers, follow up of completed systems, improving design.

11.2/2

RDC in Pokhara used to do our systems surveys and design work. This year we have done it ourselves. RDC still is involved in materials purchasing and maintenance training courses for the dw user groups.

A total of 5 new systems were completed, and also 4 systems which had been started the previous year. 1 new system got only started. In total these cover approx. 180 households.

Forestry

Forestry Section continued to educate and motivate groups, committees and individuals about importance and improvement of forest and tree resources. Focus was given to usergroup formation, local management of activities, plantation and ~~and fodder~~ improvement and women's involvement. Two usergroups are now officially registered by the District Forestry Office and their operational plans approved. The seedling production did not meet the demand, but plantation and protection are continuing to show encouraging results.

Forestry Section was working together with eight women groups on a wide range of topics. These women groups have shown a very encouraging ability to be effective promoters of community development in general.

Agriculture

The agriculture section gave input to non formal education classes: training in kitchengarden, animal health and apple pruning was given to the facilitators and interested farmers with a careful follow up. Another emphasis was the work with small farmers' groups and seed growers' groups. The animal breeding work of the small farmers - mainly with goats - showed good income generating results and the groups learned successfully how to manage their property.

Income Generation

This section was split at the middle of the fiscal year from NFESL section because the expatriate Section Head left. Traditional cotton cloth weaving with 10 women in Moli has developed into a well established group enterprise. A group of 9 Bamboo craft weavers in Bigutar was formed. They were given training on group entrepreneurship, skill upgrading and a trip to Kathmandu was organized in order to establish links to the marketing outlets. Revolving fund operation remained successful with 100 percent return.

Training support was provided for Jhimruk on money use and saving habit and similarly training and consultancy was given to Jantarkhani cooperative on cooperative management.

Conclusions

We discovered the potential of our present working strategy as well as its limitation: to start work in a village with women, even with young one is a good idea and increases the potential involvement of women in development activities. The work should - on the other side - not solely depend on those NFE groups. To address the poor and marginalized has to be always a special effort, otherwise they are not reached at all. The formation of small farmer groups proved to be a good way to reach them.

Actual FTE Appointees 4.8 Nepali 22.25*
Planned: FTE Appointees 5.0 Nepali 19.02

*(excess due to seasonal - contracts)

September 3, 1992
Gerhard Honold

OKHALDHUNDA RURAL DEVELOPMENT PROGRAMME
 Income & Expenditure Statement
 For the Year Ended 15 July 1992

| | BUDGET
1991/92 | ACTUAL
1991/92 | Over
(Under)
Budget | NOTES |
|--------------------|-------------------|-------------------|---------------------------|-------|
| INCOME | | | | |
| From Donors | 3,125,000 | 3,290,387 | 5% | |
| PCS | 511,000 | 433,514 | -15% | |
| Misc. | 50,000 | 21,737 | -57% | |
| | 3,686,000 | 3,745,638 | 2% | |
| EXPENDITURE | | | | |
| ADMIN. | | | | |
| Salaries | 157,000 | 161,993 | 3% | |
| PCS | 135,000 | 107,441 | -20% | 1 |
| Travel and allow | 22,000 | 28,801 | 31% | 2 |
| Rent | 3,000 | 5,000 | 67% | 3 |
| Materials | 20,000 | 19,449 | -3% | |
| Miscellaneous | 3,000 | 8,922 | 197% | 4 |
| NFE | | | | |
| Salaries | 247,000 | 294,047 | 19% | 5 |
| PCS | 94,000 | 53,703 | -43% | 6 |
| Travel and allow | 105,000 | 33,345 | -68% | 7 |
| Rent | 6,000 | 5,707 | -5% | |
| Materials | 310,000 | 123,983 | -60% | 7 |
| Training | 60,000 | 45,488 | -24% | 8 |
| WATER | | | | |
| Salaries | 174,000 | 194,130 | 12% | |
| PCS | 94,000 | 90,790 | -3% | |
| Travel and allow | 86,000 | 23,876 | -72% | 7 |
| Rent | 4,000 | 5,517 | 38% | 3 |
| Materials | 1,067,000 | 861,165 | -19% | 9 |
| Training | 12,000 | 8,250 | -31% | 8 |
| FOREST | | | | |
| Salaries | 164,000 | 186,500 | 14% | 9 |
| PCS | 94,000 | 90,790 | -3% | |
| Travel and allow | 31,000 | 27,390 | -12% | |
| Rent | 4,000 | 4,034 | 1% | |
| Materials | 90,000 | 41,174 | -54% | 10&12 |
| Training | 35,000 | 35,597 | 2% | 11 |
| Training & Scholar | 35,000 | | 412% | |
| AGRI. | | | | |
| Salaries | 163,000 | 179,235 | -44% | |
| PCS | 94,000 | 90,790 | -82% | |
| Travel and allow | 69,000 | 16,626 | -98% | 12 |
| Rent | 5,000 | 1,633 | -191% | 3 |
| Materials | 70,000 | (4,533) | -96% | 13 |
| Training | 23,000 | 2,508 | -100% | 12 |
| Sub total | 3,476,000 | 2,743,351 | -21% | |
| Contingencies | 170,000 | 68,813 | -60% | |
| Sub Total | 3,646,000 | 2,812,164 | -23% | |



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. L. Miller

Tel: 228118, 228060, 221379
Telex: 2315 UMNEPA
Telegrams: UMNEPAL
Fax: 977-1-225559
Location: K-1-325 Thapathali
Mailing address:

POST BOX 126
KATHMANDU, NEPAL

September 17, 1992

Rev Ursula Hecker
Nepal Secretary
Gossner Mission
HandjerystaBe 19-20
1000 Berlin 41 (Friedenau)
GERMANY

Dear Ursula,

Further to my fax of September 7th 92 Karin Dohne has received communication from Wolfgang Zarth requesting further information on the Okhaldhunga Rural Development Project.

I have forwarded him the enclosed information and am sending you a copy for your information. If further information is required please contact us. The annual plans and budget for 1993/94 will not be available until April 93.

With our best wishes.

Sincerely,

Helen Levy
Donor Relations Officer

TELEFAX

UNITED MISSION TO NEPAL
P.O. Box 126
Kathmandu, NEPAL
Telephone: 977-1-228116
FAX NO: 977-1-225559

TO Gossner Mission
ATTN Rev. Ursula Hecker FAX NO: 00
Nepal Secretary 49308593011
FROM Helen Levy
Donor Relations Officer
DATE September 7, 1992 PAGE: 1/1
SUBJECT ... Funding request for Okhaldhunga Rural Development Project.

Lynn Miller has now left Nepal and the new UMN Treasurer is Myles Walburn.

It was very encouraging to hear that one of your supporting congregations is offering to support Okhaldhunga.

Okhaldhunga Project was due to finish at the end of the 1992/93 year, but will now be extended for 1993/94. The total grants needed for 1992/93 is NRe 3,94,800 (US \$ 84,834) of which approximately half is committed by BFDW. As yet, I do not have the 1993/94 budget and we have no funding commitment to the Okhaldhunga Project beyond 1992/93.

I hope this provides enough basic information. Please contact me if you require further information. I will provide the 1993/94 budget information as this becomes available.

We appreciate all your work on our behalf.

Sincerely

HJ Levy

Tel: 00

7.9.92

Gossner Mission
B7W

4

2/1

APPENDIX 34

OKHALDHUNGA PROJECT RURAL DEVELOPMENT PROGRAM
Annual Plan 1992/93General Background

Okhaldhunga District is one of the poorest areas in East Nepal with very little development. It is located in midst of steep hills, the nearest road being a two days walk away (it takes about 5-7 days for porters carrying loads). There is an airstrip in Rumjatar, about a three hours walk away from Okhaldhunga, with flight connections to Kathmandu, Biratnagar and Janakpur. The United Mission to Nepal (UMN) has run a 20 bed hospital near Okhaldhunga Bazaar for 27 years, and since 1977 a Community Health Program is organized in 14 Village Development Committees (VDCs). In January 1989 the Community Health Care Program was divided administratively into a Rural Development Program (RD) and a Primary Health Care Program (PHCP).

Mandate And Purpose

The Project operates under an agreement between His Majesty's Government of Nepal/Ministry of Health and UMN. The RD Program of UMN Okhaldhunga Project supports the health work of the project by carrying out health related activities. Those activities fall into line with HMG's basic needs program and with the Alma Ata declaration about Primary Health Care objectives.

Aims

The program work is directed towards the motivation and education of people so that they become enabled to develop initiative and responsibility in their own community.

Strategy

The RD program is starting work in new geographical areas by organizing NFE classes. The other sections concentrate their work on the NFE follow up by using relevant reading materials and organizing small activities.

The sections continue the motivational and educational approach with groups evolving out of NFE activities, communities and individuals for a period of one to three years. This approach allows to prioritize cooperation with the socially and economically disadvantaged segments of society. The RD program wants to encourage them and motivate them to increasingly take initiative and carry responsibility for the development of their own area.

Administration

Administration will implement the results of the RD strategic planning process on a project level. A new long term plan will be prepared with support of the RD department. Details will be worked out about the gradual move into a new working area (Jillaka 8 in the north-west or Jillaka 6 in the south-west.)

3/4

Non Formal Education (NFE)

NFE will continue to organize a 8 months basic literacy course for about 18 classes. During the follow up period the other sections will be slowly introduced to the NFE emerged groups and the wider communities. It is thought that the transition from awareness raising achieved by NFE to development work will be smoothly achieved by this approach.

Drinking Water

The section is participating in the NFE follow up. Feasibility surveys are done of all requests received until May. At least five systems for about 150 households will be installed. A variety of activities is envisaged in order to get the communities prepared for building long lasting systems.

Forestry

The Forestry Section continues to motivate and educate village groups, women groups and individuals about the importance of forests and trees. The main goal are skilled, aware and self supporting village based forest user groups, officially recognized by the District Forest Office.

Agriculture

The agriculture section is involved in the NFE follow up by providing agriculture related reading materials and by organizing kitchen garden activities. Training are organized for committees, small farmer groups, seed tower groups and individuals. The section concentrates on improving the training system of the community by giving low cost input (educational).

Small Learning and Income Generation (SLIG)

The section contributes to the NFE follow up and aims for awareness raising about endebtness, money saving and it's benefits. Training are conducted for ill upgrading and creation of supplementary income particularly of marginal and oppressed groups of the society.

Personnel

Expatriates:

Progr. Director
Forester
Dr. water engineer
(deleted: Agriculturist,
NFE/IG Section Head)

Senior Nepali:

Assitant Direct.
Agriculturist

Total Nepali Posts: 20.2 FTE
(Business Office employees shared with hospital, 0.2)

4/4

DIGHALDHUNGA PROJECT
RURAL DEVELOPMENT PROJECT
1992/93 BUDGET

| | Actuals
1990/91 | Approved
Budget
1991/92 | Proposed
Budget
1992/93 | Percent
over(Under)
Budget | NOTES |
|--------------------------------|--------------------|-------------------------------|-------------------------------|----------------------------------|-------|
| INCOME | | | | | |
| Local Income | 12,645 | 50,000 | 63,000 | 26% | 1 |
| PGS | 393,656 | 511,000 | 392,000 | -23% | 2 |
| External Grant | 4,370,419 | 3,151,000 | 3,997,800 | 27% | 3 |
| Total Income | 4,776,720 | 3,712,000 | 4,452,800 | 20% | |
| EXPENDITURE | | | | | |
| Recurring | | | | | |
| Salaries/Benefits | 688,844 | 905,000 | 1,596,000 | 76% | 4 |
| PGS | 393,656 | 511,000 | 392,000 | -23% | |
| Contracts | - | - | 79,000 | | 5 |
| Travel | 215,748 | 213,000 | 57,000 | -82% | 6 |
| Village
Support | 1,029,099 | 1,557,000 | 1,614,000 | 4% | |
| Rent | 25,250 | 22,000 | 33,000 | 50% | 7 |
| Minor capital | - | - | 23,000 | | 8 |
| Miscellaneous | 10,734 | 3,000 | 21,000 | 600% | 9 |
| Program Support Services | - | 196,000 | 240,000 | 22% | 10 |
| Total recurring | 2,363,331 | 3,507,000 | 4,055,000 | 16% | |
| Staff Training and Development | | | | | |
| In Services Scholarships | - | 35,000 | 33,000 | -6% | 11 |
| Training | 66,742 | 130,000 | 145,000 | 12% | |
| Seminar/Study tours | - | - | 83,000 | | 12 |
| Total | 2,430,073 | 3,672,000 | 4,316,000 | 18% | |
| Capital | 55,867 | 40,000 | 136,800 | 242% | 13 |
| Grand Total | 2,485,940 | 3,712,000 | 4,452,800 | 20% | |

Notes:

- (1) Increased Sales
- (2) Decrease in Expatriate Staff
- (3) Increase in work
- (4) Shift of Allowances from line item travel to salaries, increase due to replacement of exp. by Nepali.
- (5) Short Term Contract Salary
- (6) Walking/Village allowances not included
- (7) Store rented in Matari for DW Section
- (8) Equipment required in DW section
- (9) New line item in each section
- (10) 7% of total recurring less PGS
- (11) Not for whole F/A
- (12) New line item

Gossner Mission Fennstraße 31 D-1190 Berlin

Telefon
003 72 / 635 11 98
Telefax
003 72 / 635 11 98

To the
United Mission to Nepal (UMN)
Post Box 126
Kathmandu
NEPAL
BY TELEFAX!

Berlin, 4. September 1992

Re.: Funding request for Okhaldunga Rural Development Project

Dear Mr. Lynn Miller!

We have an offer from one of our supporting congregations to support Okhaldunga in the coming years with a considerable amount. They have given us an urgent appeal to get an official Funding Request for the years 1992/93 and 1993/94. This should contain the financial need as well as the sums, which are covered already through longterm commitments like Bread for the World. They have a meeting on Monday, 7th September on this issue in their parish Council. We could not find any recent Financial Requests for Okhaldunga in our files. The last was from 1990, which showed a request for 1992/93 of US \$ 125.000/-. From Hanns-Uve Schwedler we heard, that BFDW had given a grant of 50% of this amount.

If you could confirm or correct this till Monday, it would be very helpful for us. You know in time of telefax people tend to expect miracles about the speed of communication.

Looking forward to hearing from you soon and getting to know you personally at the Board Meeting, I remain with best wishes,

Yours sincerely,



(Rev. Ursula Hecker)
Nepal Secretary

Postgiro Berlin West
BLZ 100 100 10
Konto 520 50-100

EDG Kiel (Fil. Berlin)
BLZ 100 602 37
Konto 139 300



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. L. Miller

Eingegangen

08. Ju 1992

Erledigt:

July 1, 1992

Hanns-Uwe Schuedler
Gossner Mission
Fennstraße 31 D-1190 Berlin
Germany

Dear Hanns-Uwe,

I was surprised to receive your recent letter in which you announce your decision to resign from Gossner Mission. We will miss you very much as you have been a personal and organizational support to us in the Rural Development Department.

Your new position sounds both fascinating and challenging. I trust you will experience the transition in a strong and positive manner.

I look forward to seeing Mrs. Hecker again. The kindness her family showed to me while I was in Berlin made a deep impression on me.

So, all the best and may God grant you His peace and grace in the days ahead.

Sincerely,

Jim Alexander
Secretary
Rural Development Department

Tel: 228118, 228060, 221379

Telex: 2315 UMNEPA

Telegrams: UMNEPAL

Fax: 977-1-225559

Location: K-1-325 Thapathali

Mailing address:

POST BOX 126
KATHMANDU, NEPAL

Jim Alexander
c/o United Mission to Nepal
P.O.Box 126
Kathmandu

Nepal

18 June, 1992

Dear Jim,

Thank you very much for your letter of June 1 and your promise to write something on the Church situation in Nepal. However, this article will be edited by my successor, as I will leave Gossner Mission at the end of June. It was no easy decision - after working as a Nepal Secretary for seven years. However, I got the opportunity to assume the management of the European Academy of the Urban Environment. In view of the threat of the creation this is a challenging task.

My post will be taken over by Mrs. Hecker in September. She is the wife of our director and gained great experience as a theological lecturer in India. I am quite sure that she will enrich the Board meeting.

Dear Jim, I would like to thank you for the talks we had. I wish you and the whole staff of the section all the best and the Lord's blessing for your future.

Yours sincerely

Hanns-Uwe Schwedler

Karin und Thomas Döhne
c/o United Mission to Nepal
P.O.Box 126
Kathmandu

NEPAL

Berlin, den 1. Juni 1992

Liebe Karin, lieber Thomas,

seit wir in Ostberlin sitzen, ist die Lage mit der Post noch schlimmer geworden. Gerade heute bekam ich einen Brief, der von Ostberlin nach Ostberlin geschlagene vier Wochen unterwegs war. Da war Euer Brief, der ja immerhin aus Nepal kam, mit knapp zwei Monaten noch schnell dran. Ich danke Euch herzlich, daß Ihr etwas für das Nepalheft schreiben wollt und könnt. Ich stelle mir vor, daß Du, Thomas, eine Einführung in die ethnische Vielfalt Nepals und ihre Auswirkungen auf die "Entwicklung" des Landes (Kooperation untereinander, werden einzelne Gruppen bevorzugt durch ausländische Gruppen, weil sie durch kulturellen/sozialen/religiösen Hintergrund Innovationen (?) offener gegenüber sind? usw. usw.) geben könntest. Gut wäre es natürlich, wenn man das exemplarisch machen könnte, um dann einen allgemeinen Überblick folgen zu lassen. Ähnlich stelle ich mir den Frauenartikel vor. Ein Lebenslauf oder ein Ereignis, an dem sich einiges über die Situation der Frauen ableiten läßt, wäre sicher gut. Insgesamt denke ich, daß Ihr schreiben solltet, was Ihr für schreibens- und mitteilenswert haltet. Das wird dann sicher besser, als eine "Auftragsarbeit".

Das war's in aller Kürze. Ganz liebe Grüße



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler

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Fax: 977-1-225559

Location: K-1-325 Thapathali

Mailing address:

POST BOX 126
KATHMANDU, NEPAL

1 June, 1992

Hanns-Uwe Schwedler
Gossner Mission
Fennstraße 31
0-1190 Berlin-Schöneweide
Germany

Dear Hanns-Uwe,

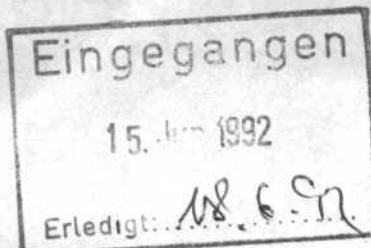
Thank you for your letter of April 1, 1992.

I trust all is well with you and your family, and also for friends there at Gossner - please give them my greetings. The Gossner staff treated me so very well when I visited there a year ago.

Yes, I will write something on the Church situation here in Nepal.

God's peace,

Jim Alexander
Secretary
Rural Development Department



Karin Döhne
c/o United Mission to Nepal
P.O.Box 126
Kathmandu

NEPAL

Berlin, den 1. April 1992

Liebe Karin,

gerade gestern ging ein Brief an Thomas raus. Idiotischerweise habe ich vergessen, daß ich auf Dich das gleiche Attentat vorhabe.¹⁾ Wir planen die überarbeitete Neuauflage unseres Nepalheftes. Ein Artikel soll sich mit "Frauenfragen" befassen. Wäre es Dir möglich, etwa zwei (Schreibmaschinen-) Seiten über die Situation nepalischer Frauen zu schreiben.

Ich weiß, daß Du sicher eine Menge zu tun hast in Deinem neuen Job (herzlichen Glückwunsch), wäre aber trotzdem sehr froh, wenn Du für uns einen solchen Artikel schreiben könntest. Ich brauche den Artikel bis Anfang/Mitte August. Schreib mir doch bitte bald, ob es Dir möglich sein wird, den Beitrag zu verfassen. Er ist übrigens für Leute bestimmt, die wenig Ahnung von Nepal haben.

Liebe Grüße

Hanns-Uwe Schwedler

1) Das liegt wohl an der Umzieherei in neue Büroräume in Ost-Berlin. Damit sind

UNITED MISSION TO NEPAL
Okhaldhunga Project
Rural Development Programme

Summary Plan 1991/92

PROJECT DESCRIPTION

Okhaldhunga District is a poor area in East Nepal with very little development. It is located in the hills where travelling is difficult, the nearest road being a 3 day walk away. There is an airstrip about a three hours walk from Okhaldhunga, with flight connections to Kathmandu and some other centres. UMN has run a 20-bed hospital near Okhaldhunga Bazar for 27 years, and since 1977 has also run a Community Health Programme working in 14 panchayats. In January 1989 the Community Health Care Programme was divided administratively into a Rural Development Programme (RD) and a Primary Health Care Programme for a trial period until July 1991.

MANDATE AND PURPOSE

The Project operates under agreement between His Majesty's Government of Nepal and the United Mission to Nepal and in contact with the Okhaldhunga District Offices.

The Rural Development Programme of United Mission Okhaldhunga Project supports the health work of the project by carrying out health related activities. Those activites fall into line with HMG's basic needs programme until the year 2000 and with the Alma Ata declaration about Primary Health Care objectives.

AIMS

The total coverage areas of work will be Non Formal Education and Drinking water. The programme wants to offer its cooperation with those two sections to every ward. The Agriculture and Forestry Sections will support the work by cooperating with interested groups and thus possibly extend its time of cooperation between community and project to about four years.

STRATEGY

The RD Programme is starting work in new geographical areas by organising Non Formal Education (NFE) classes only. The other sections concentrate in their work on the groups evolving out of NFE classes. The sections continue the motivational and educational NFE-approach upon request of the groups for a period of one to five years. The initiative and responsibility should remaine as much as possible with the local people in order to see their empowernment as a priority and the community development may take place through their own enablement.

Administration

After the RD programme got fairly well established, Administration will now give more emphasis to the coordination between the sections. The working strategy was discussed in detailes and defined as contributing to the enablement of the people in a predominantly motivational and educational process. Practical details will be tested and monitored during the implementation of the plans. Administration has to facilitate that work in close contact with the RD Secretary in UMN Headquarters and by contacting and informing the District Offices regularly.

NON FORMAL EDUCATION SKILL

with its Annual Plan 1991/92, NFESL section seeks to continue and consolidate the programme direction set in the previous year towards:

- becoming a motivational/educational instrument for wider community based development work, whilst responding to the expressed desire for literacy;
- giving more emphasis and time to practical follow-up activities (kitchengarden, afforestation, sanitation etc) with the NFE groups in coordination with other RD sections;
- strengthening awareness among participants/facilitators for the need of change, for making informed choices and about their role in development;
- facilitating motivational IG trainings, skill learning/improvement trainings for small groups/individuals in order to generate supplementary income, where possible assist in establishing small cottage industries. It is planned to work with approximately 12-15 follow-up groups, representing 150-200 participants, while establishing 15 new NFE centres for up to 250 participants in the selected RD target area.

Forestry

Forestry continues to educate and motivate groups of people, committees and individuals on the importance of forests. It also continues to facilitate local activities of forest protection, management, plantation and fodder improvement. Seedling production in Rangadip and Bigutar continues on the project subsidized way for one resp. two more years. In new working areas in charge of the former private nursery system there shall be introduced a "Forest Protection Group Fund" with low financial input limited to two years to support good quality seedling production. In new working areas the Forestry Section shall as a first priority provide education and facilitation to NFE classes or extended groups emerging from them.

Drinking Water

The work of the Drinking Water Section follows the revised strategy of the RD Programme. This means that the Section will aim to make its involvement with rural drinking water supplies a follow-up activity of the RD Programme's involvement in NFE-work, wherever there opens up an opportunity to do so. The section plans to select and build 6-8 small to medium sized drinking water systems and to survey and assess about 10-12 requested new ones. Continued emphasis will be given to train local people in maintenance. With an engineer joining the section, the technicians will be trained also in all required skills for simple surveys, designs and estimates.

Agriculture

All extension works, that are mainly breeding work of livestocks and kitchen gardening with 3 women's groups are now in the stage of "phasing over". Small farmers' groups are continued in the old and new working area. Extension work will be continued or started with NFE classes or groups evolved from them. Agriculture will give input into the running NFE followup courses.

Personnel

Expatriate: Project Director
NFE and Skill Learning
Forester
Waterengineer
Agriculturist
Business Manager 0.1 FTE

Nepali: 19.2 FTE
Senior: Assistant to Dir.
NFE Co-ordinator
Womens Coord.
Agriculturist

Coffee - Planting, Processing and Marketing.

Some years ago, coffee plants were introduced in South Lalitpur on a small scale as a cash crop. In 1989 the farmers had their first harvest - about 800 kg altogether, mainly in Gimdi and Thuladurlung. It turned out that those people who had planted coffee trees were not prepared or trained in processing and marketing the product. Some farmers for example tried to grind the coffee as fine as "Nescafe", which they had seen in the city. They were very disappointed when they found out that their very finely ground coffee didn't dissolve with water. The farmers simply didn't know that their very high quality "Arabica" coffee would never be turned into an instant coffee like "Nescafe" through grinding!

Being anything but an agriculturist, a farmer or a coffee specialist (I studied commerce and economics !), but being an enthusiastic coffee consumer; and confronted with the situation of the coffee farmers in South Lalitpur, I've started to make myself familiar with coffee cultivation and coffee processing. I've read books about coffee cultivation and pruning and I've discussed some issues like pruning, planting and maintaining coffee trees with our agriculturists and foresters. To round up the picture we went for a visit to Ampchaur in Gulmi district to see the oldest and so far biggest coffee area in Nepal and we visited the "Necco" coffee factory also, in Butwal, the only coffee factory in Nepal.

In Gulmi we talked with local coffee farmers and we perceived a lot of problems with coffee cultivation on a large scale.

To mention some:

- Tendency to mono culture
- Having only one harvest a year instead of two or three by traditional farming (Maize, Rice, Wheat or Tori)
- Coffee is very sensitive and susceptible to diseases and pests.
- Coffee trees need a lot of fertilizer and water (irrigation)
- Dependency on marketing the coffee to the "Necco" coffee factory. The coffee factory pay 18-22 NR for 1 kg of sun-dried coffee berries to the farmers. Shops in Kathmandu sell ground Necco coffee for 130 N.R. per kg. Farmers in Ampchaur complained that the coffee factory often pays only six months after delivery.

Bearing these problems in mind we decided not to motivate the farmers in South Lalitpur to expand their coffee production up to a big scale like in Gulmi. We want to put emphasis on training in proper keeping, pruning and raising the coffee trees as well as training in preserving the coffee locally at a steady quality. Pulping, fermentation, roasting and grinding the coffee, so that you have a marketable product can be done locally without machines from a factory ! One farmer in Thuladurlung read in a booklet from Ampchaur coffee centre, which were distributed in South Lalitpur, how to produce coffee locally. He did it himself. The coffee came out very nicely and he has already sold some ground coffee in Thuladurlung and surrounding villages. I myself made small samples from his coffee and am trying to find a market in Kathmandu.

Our goal is to enable the farmers to take control over their product from planting to marketing.

If somebody wants to know more about our coffee experience please contact:

Bernd Ausugutin
in CDHP, Lalitpur.

COFPlant

Reinforced perforation
Lochung verstärkt
Perforation renforcée

Weitere Trennhüter lieferbar:
SACG in 6 Stück je 1000

2/31/5 Communication and
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United Mission to Nepal

Information Office

Eingegangen am

23. Aug. 1993

Erledigt:

ABEN: Association for Biblical Education in Nepal

A four-day Consultation on Theological Education in Nepal was held last Spring on March 22-25. Over fifty representatives from most of the Bible schools and church groups agreed to work toward an association to facilitate coordination of efforts toward Biblical education in Nepal.

On July 23, a follow-up consultation was held specifically for pastors and leaders of the different church groups in Nepal. At that time a proposed constitution for the Association for Biblical Education in Nepal was discussed and modifications suggested. On August 2, a morning consultation specifically for principals and teachers of the Bible schools and training programs took place. That same afternoon, with much prayer and praise, representatives of 20 church groups, Bible training programs, or missions signed the new constitution as founding members of the new Association:

of schools/colleges-- Agape Bible School, Nepal Bible Ashram (a member of Nepal Church Fellowship), Life Bible Institute, Kathmandu Bible College, Nepal Bible College, Nepal Theological Seminary, the Discipleship Training Schools (YWAM), the Training Programs of Campus Crusade, and Timothy Ashram (of Gospels for Asia); of church groups-- Agape Fellowship, Evangelical Christian Fellowship of Nepal, Four Square, the Full Gospel churches, Church of God, Baptist, and the Lord's Assembly churches; and of mission/parachurch organizations-- the United Mission to Nepal, the International Nepal Fellowship, Campus Crusade for Christ, and Youth With a Mission.

A primary goal of ABEN will be the establishment of a joint theological library for the use of students from all Bible training institutions. A minimum 6000-volume library was recognized as a requirement for accreditation of Nepal's existing Bible colleges with the Asian Theological Association, as well as an essential step in any future establishment of a joint institution for higher theological education. It will help the existing schools and colleges to fill gaps in their curricula by arranging joint classes with accredited teachers from both outside and within Nepal. Cross-accreditation standards among ABEN schools will be established, and the feasibility for a successful TEE program in Nepal will be studied. Suitable candidates for library science must be sent for training as well.

Used or new books for the library will be gratefully appreciated. Anyone wishing to donate to the library book fund, the building fund, or the scholarship fund may do so through UMN at any time.

United Mission to Nepal
Box 126, Kathmandu

OCCASIONAL LETTER 1/93

Ascension Day, 20 May 1993

1. Enclosed is a report on the recent Executive Committee (EC). The EC requested that I do a more formal report to staff after each meeting. Please tell me what you think of this method. Too much? Not enough? Other kinds of information?

2. Some happenings since my last letter:

a. A project directors meeting was held in March, the first in two years. One conclusion: It should happen more often! Why? Face-to-face communication, exchange of experience between projects, feedback from the projects to Headquarters, and project ideas and perspectives on emerging policy issues.

Agenda included a review of the employee relations section in the Personnel Office, now headed by Sano Raja Ranjit, and an introduction by Michael Prince of the performance development model being introduced in the mission to improve supervisory relationships and make us all more clear about personal work goals and how we can improve our work performance.

Another personnel issue was a discussion on UMN's compensation policy, including the possibility of different compensation levels appropriate to different locations and sectors. This was a controversial issue two years ago among project directors. We will continue to solicit ideas toward a feasible and fair solution.

We looked at how the statement on values for UMN staff, adopted by the Board last November, could be used. The document is translated to Nepali and will be distributed to all staff along with a brief commentary. It is a statement that challenges all of us. One Nepali staff said, "I am proud to work with an organization that states clearly what it stands for and what it considers important. Our society needs this kind of challenge." An expatriate: "As I read and re-read the values statement I realized that my life had often not expressed the values which I had assented to in my mind."

Another half day was spent in skills training in areas such as finance and time management tools.

I again became aware of the richness we have in UMN because of our different backgrounds and opinions. We should value those differences because through them we can grow. It is not just a matter of compromising our differences, but being open to new possibilities beyond our differences. Non-defensive communication leads to better understanding and creative solutions we hadn't thought of before.

b. In March almost 50 Nepali church leaders held a three day consultation on theological education. About a dozen Bible schools, seminaries, and training centers were represented. Three outside resource persons contributed: Brian Wittle, India; Samuel Sarkar, Bangladesh; and John Davis, UK.

The need for leadership training demands cooperation to make best uses of the limited resources. There was agreement to form an association of Bible schools, explore shared library facilities, and consider the possibility of future cooperation in an advanced training program. Many are praying that these good intentions are fulfilled. UMN and INF were privileged to help facilitate this consultation.

c. A Young Women's Christian Association of Nepal has been established, thanks to the inspiration of the UMN Advisory Group on Nepali Women. The Young Women's Center, opened in March to provide crisis care and short-term accommodation, is now a programme of the YWCA.

3. May I recommend some new books available at UMN Mail Room or local book stores: Heart for Nepal, the Helen Huston story; a new bound edition of Cindy Perry's Biographical History of the Church in Nepal; Martin Hoftun's account of the 1990 revolution, Awakening Spring, and Mustang Bhot in Fragments, by Manjushree Thapa, a very personal book about development by a young, western trained Nepali woman, recommended by Kath White as a "brave, humble, honest book," that describes "the contradictions in trying to initiate change without recognizing and naming the underlying power and belief bases that affect the success of development."

4. A Christian missionary with many years experience in development ministries in Africa was asked, "What's the secret of successful service?" The reply was "Planning, persistence, and prayer!" Also important for those of us working in Nepal.

There are many opportunities to join in corporate prayer in UMN. During Holy Week we had a special daily morning prayer meeting in the garden at HQ, attended by Nepali and expatriate staff. Recently I have been asked about the prayer meetings that were once a weekly feature at the old Salyan Guesthouse. When there were fewer people in Kathmandu these meetings were a way of communicating UMN news. Now those posted in Kathmandu seem to have many ways of joining others in prayer. The LOP group organizes times of prayer fellowship. So the old Salyan meeting seems to have served its purpose. However, we do want to do a thorough review of ASO needs in Kathmandu to make sure that the specific needs of individuals, or of certain locations such as Thapathali, are not being overlooked.

There is a regular Headquarters prayer meeting at 8.15 am on Monday and at 8.30 am Tuesday through Friday to which anyone in Kathmandu from the projects are, of course, most welcome. Such visits help to give our prayers a more personal focus.

Three quotes from recent reading: "To clasp the hands in prayer is the beginning of an uprising against the disorder of the world." Karl Barth. "To pray is to learn to believe in a transformation of self and world which seems, empirically, impossible." Chad Meyer. "God's hands are effectively tied when we fail to pray. That is the dignity and urgency of our praying. History belongs to the intercessors." Walter Wink.

P.S. The EC report mentioned in No. 1
was sent separately!

Edgar Metzler
Executive Director

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United Mission to Nepal
Box 126, Kathmandu

NEWS AND PRAYER LETTER

10 February 1993

Dear Partners around the world:

Again it is our privilege to share with you news and prayer concerns from Nepal. The awareness of your solidarity and support of God's mission in this land is a source of great encouragement to us.

1. The general political situation in Nepal has remained stable. There seems to be no immediate threat to the government, but there is widespread discontent that economic conditions have not improved. Pray for the Prime Minister, Parliament, and King to rule toward that order and justice which God intends.

2. After forty years of operation without a fatality, Kathmandu airport has had two major crashes in the last six months, both claiming the lives of UMN family members. Martin Hoftun, son of Odd and Tullis Hoftun, died in the Thai crash and the five members of the Wilkins family died in the PIA crash. We have felt a great loss of these colleagues. Pray for their families.

3. The greatest travel hazard for UMN staff is Nepali buses. An increase in road accidents makes this a matter of urgent concern to the extent that we are considering providing alternate transportation on certain frequently travelled routes. Pray for travel safety.

4. A new group of volunteers has joined us in the Language and Orientation Program (LOP). I am continually amazed, and give thanks to God, for the competent and dedicated persons who give up family ties and good career opportunities to join the work in Nepal. The initial weeks of adjustment and learning are always a challenge, especially for families with children. The five month LOP runs twice a year, beginning in January and August.

5. Candidates for UMN service who have children are attracted by the provision of education for their children within Nepal. Those already here may leave if schooling becomes too difficult. Our tutorial groups in the projects and the Kathmandu International Study Centre are both facing severe staff shortages. Education of expatriate children is the responsibility of parents and sending bodies and we must depend on them to provide the teachers or the finance to provide the education they expect from UMN. Pray for wisdom to meet this challenge.

6. A few prayer concerns from our six departments.

a. Personnel. We thank God that a new Director of Personnel has come forward. Dorothea Frederici from Germany will join us in June, having served with UMN two previous terms. A major concern is filling senior management posts, such as Health Services Director, needed immediately, and Treasurer, needed within the coming year.

b. Finance. UMN has been blessed by strong financial support in the past. However, recent developments raise concern in this area. The world-wide recession and the diminishing resources available to many of our member bodies are undoubtedly part of the situation. We are grateful for the service of Myles Walburn who joined us last August for a two year term as Treasurer.

c. Health Services. The ongoing financial viability of our hospitals is a major concern. Providing medical services to the poor is a challenge in every society and here even more so.

d. Education. Nepal is attempting to address the deplorable state of primary education. UMN is considering various ways we could participate in this critical component of nation building.

e. Engineering and Industrial Development. As we help our related companies become more self-reliant as they take on larger projects, we also look for creative ways to help develop appropriate technology for the remote rural areas.

f. Rural Development. A new program will assist small Nepali non-government organizations develop the capacity to serve their communities better. This is one expression of the UMN Board long-term strategy of building up Nepali answers to development needs rather than expanding UMN controlled and resourced organizations.

7. Our Nepali staff is a great resource and UMN owes much to their loyal service. A new section in the Personnel Department will give more attention to these co-workers. The recent Board meeting approved a "Statement of Values for UMN Staff" which will provide high standards for our work together.

8. Ethnic Nepali refugees from Bhutan continue to arrive in Nepal, with about 80,000 now in the camps. UMN has been able to provide modest assistance to the relief effort. Pray for a solution to the human rights situation in Bhutan, which creates the refugees.

9. The church in Nepal continues to grow. Pray for unity. The urgent need is for leadership training. In March UMN will co-sponsor a consultation on theological education with the various local groups concerned about this crucial need.

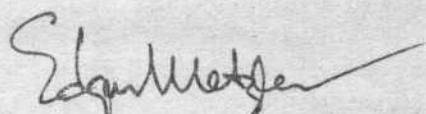
10. The recent Board meeting also approved a strategy for UMN's cooperation with the Nepali churches. This includes a Church Relations Office and assisting in the training of Nepali Christians for professional and technical leadership in church and society.

11. With this Prayer Letter you will also receive the UMN NEWS. Note that this is a publication intended for a wide audience in Nepal, including government leaders. Send us any names that would be interested in being on the UMN mailing list.

12. The UMN Executive Committee will meet May 10-11, 1993, under the leadership of the new Board President, the Rev. Dr. David Claydon from Australia. Pray for their deliberations on policy for the future of UMN.

13. Finally, pray that in all our planning for the future, God's spirit will lead us as we work with the people of Nepal in the name and spirit of Jesus. Please write if you have questions or comments.

Yours in Christ,



Edgar Metzler
Executive Director



United Mission to Nepal
Box 126, Kathmandu

OCCASIONAL LETTER 6/92

7 December 1992

Dear Colleagues:

1. The annual UMN Board of Directors meeting concluded last Monday, preceded by the meeting of the Executive Committee. I began my report to the Board by referring to the Board as "the legal and, we hope, lively link between the member bodies with their millions of constituents in 18 countries and the organization they have established in Nepal." In a very real sense, the Board of Directors is UMN and they appoint or employ all of us as staff to carry out their purposes and programmes here, providing resources of personnel and finance toward that goal.

One new member body was accepted this year, the United Evangelical Lutheran Churches in India. The United Church of Christ in Japan resigned, expressing the hope for reestablishing relationships in the future.

2. One of our goals has been to give Board members more information and direct exposure to UMN as background for their decisions. For the first time, we offered tours before the meetings and were pleased that a dozen Board members or others associated with member bodies took advantage of this. We hope to increase the number next year. You can help by urging your member body representative to take the time to visit projects.

We also extended the Board meeting a half day in order to begin with an information program that used drama, songs, and interviews to convey what is going on in UMN. Olof Konneback and a committee brought it together and many Board members expressed appreciation. There is a video recording available from the AV Section, DCP.

3. The speaker for the Board meetings was Raymond Fung. He had been asked to lecture on themes relating to the challenges facing UMN. Let me try to summarize, imperfectly and too briefly:

His first presentation was on **The Isaiah Agenda**, using Isaiah 65.17-25, especially verses 20-23. In his book of the same title, Fung states that we want to communicate to our neighbors that "The God we believe in is One who protects the children, empowers the elderly, and walks with working men and women. As Christians, we wish to act accordingly. We believe you share in similar concerns. Let us join hands." The reason for this kind of involvement with people, to work together for the Isaiah agenda, is to communicate and "make sense of Christianity to those who are not interested in Jesus Christ."

The second talk described **A Spirituality Toward the Isaiah Agenda**. The purpose was to add to our understanding of the mission task by describing eight understandings where an additional insight is like seeing the two sides of a coin.

1. Each person is a sinner
2. You are a sinner
3. You are, or are not, personally responsible
4. Going

Each person is also sinned against
I am a sinner
You can become responsible
Waiting

| | |
|--|---|
| 5. Generosity
(emphasizing differences) | Solidarity (emphasizing
togetherness) |
| 6. Achievement | Hope |
| 7. To invite | To be invited |
| 8. Conversion as event or
process | Conversion as the process
of many events |

All of these are both/and comparisons, not either/or. The struggle for faith by the Apostle Peter was an example of No. 8.

The third presentation was **A Methodology Toward the Isaiah Agenda**. God is responsible for change, our task is discernment, embodiment, and articulation. The method needed is people-centered rather than program-centered. A people-centered approach leads to encounters where the Gospel can be shared.

Two recent books by Raymond Fung, The Isaiah Vision, and Evangelistically Yours, will be in the UMN library.

4. Let me summarize issues from **Executive Committee and Board**, remembering that the minutes will be circulated to projects. In addition, we will send a packet of materials to each project for circulation within the project, consisting of my report to the Board and certain policy statements among those noted below. The departmental overviews have already been sent to the projects together with the ECC Minutes.

4.1. The statement for circulation **UMN Values** was approved by the Board, basically the same as you last saw it, with an additional value, "Forgiveness", requested by the EC. This statement will also be translated and you will hear more about how we can use it.

4.2. The Board spent considerable time on the **Christian Identity** paper. There was no intention of adopting it as a final statement, but to use it as the vehicle for ongoing study of important issues. In addition to the five means of expressing Christian identity mentioned in the paper, most of the small groups identified a sixth means, perhaps so obvious that we had just assumed it before. That is the way our work and activities express our Christian identity. The Board action was "to affirm the paper as a working document, requesting that a theological basis be included as well as the aspect of attitudes and programme activities chosen as a means of expressing Christian identity; and to encourage the UMN Administration to continue the process of implementation."

4.3. The basic strategy for partnership with the Nepali churches was also approved:

1. Include a church related focus in UMN's programmes while recognising the development nature of project agreements.
2. Establish a Church Relations Office in UMN.
3. Encourage Christian UMN personnel in their wholistic mission.
4. Enable UMN to work with church related groups registered with His Majesty's Government.
5. Support Nepali churches in training young people for leadership in church and society.

4.4. The Board had asked us to address the training needs for Nepali Christians for technical and professional leadership in church and society. The following strategy was approved, along with some detailed mechanisms for sharing resources:

1. Support existing education and scholarship programmes, such as FOCUS, which provide training and scholarships to Christians and Christian communities.
2. Provide training, including on-the-job training and work experience for Christians not employed in UMN and for Christian communities through existing UMN departments, projects, and programmes.
3. Support the Nepali churches in organizing new education and scholarship programmes, such as a proposed Christian Leadership Scholarship Fund.

One significant observation here is that the critical problem for Christian families is quality education at the lower levels so that young people can qualify for higher education. There are more resources available now for campus level training than there are qualified candidates to use it.

4.5. Strategic plans are available for five departments and many projects have begun to think critically about where they want to be in the future and the best way to get there. Copies of these plans are available and I think they represent a significant step forward. Another example of strategic thinking that was of great interest to the Executive Committee was the plan developed by the Jhimruk team. This is more in the nature of an ASO plan for intentions to work at mission in the local situation. I commend it to other ASO groups as a model you might want to use or modify for your situation.

4.6. The proposed Khimti Hydropower Project was reviewed by the EC and they expressed "continued support for the direction of planning that the report indicated." The EC had earlier established several criteria which needed to be met in moving ahead on this project, including Christian witness, the contribution this project would make to UMN's long-term developmental goals for the companies, and the desire to continue a strong involvement in the development of small hydro projects.

4.7. The elements of a vision for UMN hospitals was approved, including some of the following elements: Service as ministry in its own right; service as providing a model of care; care appropriate to the local context; optimal local cost recovery; ensure access to the poor; strengthening the local health care delivery system; emphasis on training; and indigenous ownership, management and staffing. This vision was developed during a workshop held recently on the sustainability of our hospitals. The EC also approved a feasibility study for an endowment fund to provide medical care for the poor in Nepal.

4.8. The EC approved a recommendation of the Finance Committee that "UMN move towards a system of differential remuneration" which would recognize the different economic situations in the various project areas and sectors in which UMN works. A proposal is expected at the May EC meeting with possible trial implementation for the next fiscal year.

4.9 Approval was given for a pilot project in the Rural Development Department on support for NGOs. This could provide learnings for UMN's general strategy of working with Nepalis in building their own capacity for development.

4.10 Several personnel appointments were approved: Myles Walburn as Finance Director; Karin Doehne as Rural Development Director; when Jim leaves next summer; Gordon McConkey as EID Director, replacing Wynn who leaves in a few weeks; and yours truly (the executive director) for a second three year term beginning next March 1. The EC also approved a minor change of the Bye-Laws to designate Department Heads as Directors instead of Secretaries. The Secretary title was a carry-over from the old days when they actually were the secretary of a functional board, which no longer exists. Now their job is to direct a department, so why not give them a title that indicates what they do!

5. The new Executive Committee, elected under new procedures to provide more continuity with two year terms, half elected each year, will be, for one year terms, Joy Gardiner, UK; Jiwan Gurung, Nepal; Jorgen Pedersen, Denmark; Erling Wennemyr, Sweden; Ronald Yoder, USA. For two year terms David Claydon, Australia; Eric Gass, USA; Gary Hafvenstein, USA; Ursula Hecker, Germany; and Simon Pandey, Nepal. Jorgen Pedersen declined to serve further as President and David Claydon was elected President with Ron Yoder continuing as Vice-President.

6. It was a good Board meeting. You will be hearing more about it as we work on follow-up to the decisions and plans made. Meanwhile, I leave with you a prayer from a devotional book I have been using:

O God of all times and of our time, grant us, we pray, the faith to live always on the edge of your vision, as channels of your transforming power. This we pray by your grace shown us in Jesus. Amen.

7. For your information, on December 18 there will be a mass burial and memorial service for all those who died in the Thai air crash, at a site near Kakani, north of Kathmandu. On December 22 there will be a funeral service for the Wilkins family at the British Embassy hall, with burial following in the British Cemetery. Let us continue to remember the families during this time.

8. Ethel joins me in wishing all of you an Advent Season full of prayerful anticipation for the joyous celebration of the birth of Jesus.

Peace,

Edgar Metzler
Executive Director



News Release

23 December 1992

UMN Adopts New Strategies

A strategy for cooperation with the Nepali churches was adopted by representatives of the 39 member organisations of the United Mission to Nepal (UMN) at their yearly meetings in Kathmandu at the end of November.

The statement includes a clearer church relations component in UMN's development projects and support to registered church-related NGOs.

Also approved was a strategy for assisting the Nepali churches in training young Christians professionally and a statement of UMN Values. These are basic values that form UMN and should be demonstrated by all staff, regardless of religious background.

The UMN Executive Committee decided to launch a specific effort to work towards strengthening the capacity of Nepali non-governmental organisations (NGOs).

Support was also expressed to the UMN-related Butwal Power Company in its involvement in the proposed 60 MW hydro power project at Khimti Khola in Ramechap district, east of Kathmandu.

Rev Dr David Claydon of Church Missionary Society, Australia, was elected new president after Jorgen Pedersen, Danish Santal Mission. The Executive Director Edgar Metzler was reappointed for another three years. Myles Walburn, USA, was appointed as Finance Director.

A new member body was welcomed: The United Evangelical Lutheran Churches in India.

The Board meeting included a special tribute to members of the UMN community, the Wilkins family from England and Martin Hoftun from Norway, who died in aircrashes while returning to work in Nepal this year.

UMN's work is carried out by a staff of approximately 200 expatriates (plus families) and 2,300 Nepalese, spread over 35 UMN-related projects.

The budget for 92/93 amounts to 10.6 million US dollars, divided between the different sectors UMN is working in. Of that, 5.8 million are budgeted for work in the engineering and industrial sector.

2.7 million will go to hospitals and other health related work. The contribution to the education area is 1.0 million and 0.5 million dollars will be spent in various rural development projects.

Of the total budget, 9.0 million is expected to be given as grants from the member organisations of UMN.

(END)

For more information:

Please contact Olof Konneback, UMN Information Officer

P O Box 126, Kathmandu, Nepal, TEL: +977-1 228118/228080, FAX: 225559

News Release

A HIDDEN TRAGEDY: BHUTANESE REFUGEES IN NEPAL
by Norma Kehrberg

April 20, 1992
Kathmandu, Nepal

A tragedy is unfolding in the lives of 31,000 Bhutanese in refugee camps in Nepal. Molested, arrested, jailed and or harassed by "unknown forces", these Bhutanese of Nepalese ethnic origin have left their home of 3 - 4 generations out of fear. From the kingdom of Bhutan, they have come to refugee camps in Jhapa District in eastern Nepal, one of the poorest countries of the world.

It is the hot season and temperatures will often rise to 110 degrees Fahrenheit during the day. Twenty-three thousand people are crowded together in Maidhar Camp, the largest of the five sites. The plastic tarpaulin covering their reed huts increases the heat inside. Located on a river bed, they will be forced to find a new site within 4 - 6 weeks when their homes, school, clinic, supplementary feeding station and food distribution site will be under water from the monsoon. No new site has yet been designated by the Government of Nepal.

Exact reasons cannot be given for the movement out of Bhutan but there are witnesses to beatings, torture, rape, imprisonment, disappearances and death in Bhutan. One cannot determine the role of the Bhutanese Government but they have not provided protection for their citizens. People don't leave their land and home for generations without a cause. Fear and intimidation are often cited.

The Bhutanese refugee population has trebled since January with 2,000 new arrivals expected each week. By late June, the refugee population could swell to over 47,000.

Childhood deaths are increasing in the camp, a serious concern for those with previous experience working with refugee populations. New emergency guidelines are being suggested and implemented with extra assistance provided to Lutheran World Service, the lead agency for the United Nations High Commission for Refugees, by several other international organizations, including the United Mission to Nepal.

A measles epidemic is occurring in the Timai Camp, with its population of 7,400. Eight children were seen in the make shift hospital near death as a result of post measles pneumonia and dehydration worsened by the heat. The life saving oral rehydration solution (ORS), provided the miracle needed for two infants who came in the middle of the night gasping for breath. The Bhutanese refugee Health Assistant and Basic Health Worker living in the camp saved these young lives through quickly administered ORS, IVs and antibiotics.

The Refugee Camps are organized by the refugees through the Human Rights Organization of Bhutan. They are also trying to tell their story to the world, but it seems that few are interested. Official diplomatic missions have been contacted by leading political Bhutanese in Kathmandu but are basically told, "We know about your problem, we may be able to give some assistance to the refugees but we do not want to be involved at this time." Various news articles have been filed, broadcasts transmitted to worldwide radio stations but the story does not get told. The Bhutanese refugees want to tell their story. They have lost everything.

In a private setting, if there is such a setting in a crowded, congested refugee camp, slowly women begin to tell some of their stories. One woman, with marked scars on her face had boiling tea water thrown in her face by the soldiers when she protested against them taking her son away. She has not seen him since. She hid in the cardamon fields at night and ran for safety across the border to Assam and then came to Nepal.

Another woman watched her husband forcibly carried off in front of their children. With a young child nursing at her breast, she told how she was forced to stay with the soldiers for three days, enduring sexual assault until she, too escaped in the night and fled to Assam. She waited in Assam for 4 - 5 months for some word of her husband. No word came. She left Assam and is in the refugee camp in Nepal.

The refugees in the camps in Nepal are eager to tell their story. They are disturbed, but not angry yet. They would like to go back to Bhutan. Few believe that will be possible. In the meantime they wait in hope. They also need a place to stay, land, appropriate mother child health care, family planning services and some useful occupation to help them until they find settlement. They live in hope. How long will they keep hope alive? They are counting on someone to hear their story and care.

UNITED MISSION TO NEPAL
Information Office

News Release



September 1991

UMN Cooperates with New Government

The United Mission to Nepal (UMN) is experiencing a positive interest from the newly elected Government, which just finished its first hundred days in office. The Government has demonstrated a willingness to cooperate with organizations like UMN in trying to solve the country's many problems. This was confirmed again when UMN's Executive Director, Edgar Metzler, recently met with Prime Minister G.P. Koirala.

At an informal meeting, the Prime Minister expressed appreciation for UMN's long-term service in Nepal. He also shared the Government's wish to give priority to smaller development projects, particularly in the remote mountain regions, from which many people have migrated, due to lack of development and opportunities to earn an income.

"There are many new openings for us", says Ed Metzler. "Over the last few weeks, six different Members of Parliament have contacted us with requests for help in their home area."

"More and more people feel free to organize themselves into development organizations, which have been recognized by the Government. One newly registered non-government organization has been founded by Christians. We are encouraged by this, as it gives us a legal way to work with such groups."

The first major action between UMN and the new Government was the signing of the general Health Agreement in late June. Under this agreement, UMN will continue to provide health services through hospitals, community development programmes and health education on many levels. The total cost for the next five years will be more than USD 10 million. (OVER)

"This agreement will also make it easier to take in short-termers from abroad when urgently needed", says UMN Health Secretary, Dr. Tjerk Nap, who foresees a simpler and quicker visa procedure for the expatriate personnel.

The Ministries have been reorganized since the election, with new people at all top positions. The new ministers also have to take care of their duties as MPs, which is a significant change. On village and district levels, all elected positions are up for election, which may take up to two years.

"I think it is quite unique for a mission to work as closely with the Government as we do. Although it will take some time before a new structure is built, I see many good intentions, and a potential for a mutual sharing of experiences", says Dr. Mona Bomgaars, Assist. Health Secretary.

Mona Bomgaars points out the recent cholera epidemic as an example of good cooperation. In response to an emergency call from Surkhet district in the West, UMN was able - within 24 hours and with the help of four other organizations, including the Government - to organize a large shipment of IV (intra-venous) solution and oral rehydration fluid to the area. Similarly, a UMN team quickly responded to a request from local officials to help control the cholera epidemic in Okhaldhunga.

On August 15, UMN Education Secretary, Mark Keller, signed an agreement ensuring UMN's support in establishing the first independent college in Nepal, the Kathmandu Valley Campus. UMN's assistance will include a science building, scholarships and expatriate specialists.

Other agreements are being worked on in relation to the Rural Development and Engineering and Industrial departments of UMN.

"We hope the new Government will realize the need for more positive legislation towards the private industrial sector", says Wynn Flaten, Engineering and Industrial Secretary. "This is an area where we have some experience to offer."

The Rural Development Secretary, Jim Alexander, is much encouraged by the growing interest in UMN's rural development work from local and district officers in the new political environment:

"This is a real change. In a couple of places we can now say that they are truly involved in our project plans - and we in theirs".

(END)

For more information:

Please contact Olof Konneback, UMN Information Officer.

We will try to provide photo of Ed Metzler and the Prime Minister if requested.



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. L. Miller

08. Juli 1992

Prayer Letter - 1/92

Erledigt:.....

Dear Prayer Partners throughout the world:

1. I am pleased to enclose the new prayer calendar. Your comments on the format and suggestions to improve it will be appreciated. Our plan is to issue a prayer calendar each year, and after six months send an updated personnel list with the prayer letter.
2. Nepal has just concluded a massive exercise in democracy with the first local elections. Over 40,000 local development committee members, mayors, and other officials were elected. The voting was mainly peaceful, with some scattered violence. The Congress Party made overall gains over the Communists parties. Pray for the political leaders that God's will for shalom (peace and prosperity) may be realized.
3. Recently I mentioned to some church leaders that two years ago they shared an estimate of 50,000 baptized believers in Nepal. I asked them what their estimate would be today. They suggested 75,000, but quickly emphasized that no one really knows. We do know that the church is growing. Pray especially for the leaders as they seek all manner of leadership training so that the church can grow in maturity even as they grow in numbers.
4. Several weeks ago a new civil code was issued on religious practices. Overall it is an improvement over the old law. The prohibition against a person voluntarily changing religion has been dropped. The old law prohibited anyone disturbing Hindu practices. The new law clearly is designed to protect all religions. A new law for district governments also requires them to protect all religions. The ambiguous language prohibiting attempts to convert remain, but lawyers tell me that is clearly aimed at attempts to use force or material inducement or blatant attempts to ridicule or undermine another religion. Thank God for these developments, but also pray that in the actual application of the law there will be justice and freedom.
5. Within UMN one of our concerns is the turnover of expatriate staff, especially at the leadership level. Thank God we have just secured a treasurer, Myles Walburn, former missionary to Indonesia and for the last 20 years treasurer of the United Church of Christ (USA) Board of World Ministries. This is a two year term, so we're still seeking a treasurer longer term. Within the year we also need to replace the Department Secretaries for Health Services, Industrial Development, and Rural Development. Plus the long list of many unfilled posts. Please pray that God will lead those persons needed in the Mission to come forward.
6. The entire mission, including the Board, is currently considering several important policy issues, including how to express and maintain our Christian identity, a statement of UMN values, and how best to develop a partnership with the Nepali churches. It is a challenging and exciting quest, but we need very much the guidance of God's Spirit. Thanks for your prayers that we will have wisdom in deciding for the future God desires.

Your partnership in prayer is a joy and an encouragement to us.

Yours in Christ,

Edgar Metzler
Executive Director

Tel: 228118, 228060, 221379
Telex: 2315 UMNEPA
Telegrams: UMNEPAL
Fax: 977-1-225559
Location: K-1-325 Thapathali
Mailing address:

POST BOX 126
KATHMANDU, NEPAL

June 4, 1992

Dear Colleagues.

We have pleasure in - finally (!) presenting the new prayer calendar. We hope you will like the new format and find it useful. It is meant to be used as a desk calendar, as it is hoped that it can be kept somewhere visible and as a reminder of prayer topics, over the 30 days, or so, each month. For the first time Nepali groups are included. We trust that this will give a broader perspective to our prayers for God's work in Nepal. You will see that for each day of the month, topics are on one side and on the facing page are lists of related personnel.

We realise that there are constant changes in personnel, so we would suggest that you update the lists as you know of changes. It is likely that the prayer calendar will be produced once each year. In the circumstances the information about UMN could be supplemented by the UMN Personnel Directory, to give an update on staff changes or relocation.

While we have incorporated some new ideas we realise that this format is not perfect. We would ask for your patience with any mistakes or omissions, and would welcome your comments and feedback, so that next year's calendar may have appropriate changes made.

Extra copies have been produced so that they may be available to others. We would encourage you to make a contribution for extra copies of the prayer calendar you may wish to pass on to others. Though this wider distribution we trust that many more people may be involved in prayer for the work of God's Kingdom in Nepal.

Yours sincerely,

Editorial Committee

UMN Archives Established in Edinburgh

Over recent years an effort has been made to set up an archive/research collection of the working documents and personal interest story of the UMN since its establishment in 1954. Some records are kept up to date, and some up to five years earlier than the current year.

This record is now held in Scotland, at the Centre for the Study of Christianity in the Non-Western World, a mission research centre located in Edinburgh University. The UMN collection there contains plans, reports, evaluations, minutes, photos, correspondence, etc., and some material written by UMNers relating to Nepal. While the basic collection has now been sorted and referenced, we recognise that there are gaps, and possibly other interesting material exists of which we are not aware. We would like to encourage all members and friends of UMN to:

- a) Make use of the archives as may be practical and useful;
- b) Let us know of any material which you may have to offer or know about. Before sending items, you may want to write and see if they are already on file at the Centre: papers, photos, memorabilia, etc. Please contact: Betty Young, CSCNWW, New College, The Mound Edinburgh EH1 2LX, Scotland, Tel. UK 031-225-9400, Extension 202/252.

Betty will not normally be there during January/February, as she returns to Nepal annually at that time to collect more archive material from the files here.

Together with the UMN records at the Centre are material from the Nepali Church and the International Nepal Fellowship (both under separate ownership). A library on Nepal will soon be built up also.

BY/bg

Eingegangen

20. Jan 1992

Erledigt:.....

United Mission to Nepal
P O Box 126
Kathmandu, Nepal

P R A Y E R L E T T E R

(3/91)

December 1991

Dear Prayer Partners throughout the World:

1. I write this letter a few days before the Festival of Christmas. I hope each of you found this time of celebration a season of joy and thanksgiving for the birth of our Savior. Christmas is always a special time for families. And so I think of the UMN extended family and am especially grateful for those of you who work with us through the ministry of prayer. Let me assure you that those of us in Nepal have a real sense of this support and deeply appreciate your solidarity with us in God's mission in this land.
2. This year at Christmas we sent a greeting to Nepali government officials and other agencies in Nepal with these words: "God's message to the world at the birth of Jesus still remains our need today: Peace on earth, goodwill to all peoples". During the past year there has been greater openness in recognizing the ethnic and religious diversity in Nepal, including the Christian minority. In talks with government officials, including the Prime Minister, I have been able to share openly about the Christian motivation and basis of our work here.
3. The Christians of Nepal have certainly not been waiting for legal clarity before using the new sense of freedom to share their faith. The church is growing in many places. This growth creates a great need for trained leadership who can teach and nurture the new believers. At the recent UMN Board meeting it was agreed that we need to find ways to provide more scholarship and other assistance to the training of Christian leaders and to enable more Christians to take their place in society in technical and professional roles. Pray that we will find the best ways to work toward that goal.
4. The Nepal Christian Fellowship (NCF) has responded to a request for development assistance from a group of Tamangs in a remote and very poor area where perhaps 15,000 persons have recently identified themselves with the Christian faith. It is a fascinating story of how healing through prayer in Jesus' name has become the basis of which thousands have taken the first step of believing. A six month feasibility study is now being conducted to determine the best approach. The project is being carried out by NCF, with a senior Nepali staff member from UMN, seconded to help with the feasibility study. UMN is able to do this because of the legal provision for Nepali groups to register with the government as a Non Government Organisation (NGO) to carry out development activities. These organisations can then receive technical assistance and funding from an international NGO such as UMN. For the first time in Nepal, a Christian group has been recognized by the government, making it possible for UMN to work legally with the Church.

Thank God for this development and pray that we will move wisely in this first experimental effort with the church so that it might provide a viable model for future cooperation.

cont...

5. All of our departments - education, engineering and industrial development, health services, and rural development - are faced with new opportunities for service. Under the new political order there is a proliferation of local initiatives in all areas. Groups organize to improve educational opportunities to build a hospital, to get electricity for their area, or to improve their communities in other ways. Now that all development is not from the top down, these local energies are released in new ways. So groups come to us for help. There are many more than we can cope with. In addition there are the elected members of Parliament trying to secure more development activities for their constituencies. More than a dozen members of Parliament have contacted us directly about projects for UMN involvement. These are opportunities and challenges that we need wisdom in how to respond.

6. The annual meeting of the Board of Directors of UMN met late November and much time was spent reviewing the strategic planning process in which we are engaged. This is simply an effort to make sure that our activities are in line with our purpose and goals and to make best use of available resources in response to the new environment and opportunities. The long-stated policy of the Board to move toward indigenous ownership and control of our work raises many questions as we move in that direction. Maintaining clarity about our Christian identity while involving more Nepalis in leadership, in the context of a small Christian community with few technical or professionally trained people, is a dilemma we are still working on. Pray that the staff and Executive Committee will be guided in this on-going discussion.

7. Some of you are also on the mailing list for the prayer calendar. A new annual edition of this is being prepared. To update the personnel information we will also send every half year a list of personnel according to projects. We hope this will enhance your ministry of prayer support. If you are not on the prayer calendar mailing list, just drop us a note.

Again, our thanks for your interest. I am excited by the prospects and opportunities for UMN. We need your support to be faithful stewards of the privilege given us to be involved in God's new creation and mission in Nepal.

Yours in Christ,

Edgar Metzler
Executive Director

EM/ake

United Mission to Nepal
P O Box 126
Kathmandu, Nepal

Eingegangen

20. Jan 1992

Erledigt

(8/91)

P R A Y E R L E T T E R

December 1991

Dear Prayer Partners throughout the World:

1. I write this letter a few days before the Festival of Christmas. I hope each of you found this time of celebration a season of joy and thanksgiving for the birth of our Savior. Christmas is always a special time for families. And so I think of the UMN extended family and am especially grateful for those of you who work with us through the ministry of prayer. Let me assure you that those of us in Nepal have a real sense of this support and deeply appreciate your solidarity with us in God's mission in this land.
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Yours in Christ,

Edgar Metzler
Executive Director

EM/ake

OKHALDHUNGA**SURKHET PROJECT**

Blake Barbara HSO Tut GP Tchr
 Boyum Harold RD Wtr Sys Comp Cd
 Leiv RD
 Mary RD
 Elisabeth, Bendik RD
 Doehne Thomas RD NFE Comp Coord
 Karin RD
 Malte, Elias Carl RD
 Hasselberg Thomas HSO Med Dir
 Birgit HSO
 Friedrike, Josche
 Honold Gerhard RD RD Prog Dir
 Edie(Brosha)RD

Ito Kuni HSO PHCP In_Cha
 Kugele Richard RD For Comp Coord
 Kordula RD

Felix, Miriam
 LeMaster Joe HSO GP
 Judy HSO
 Claire
 Martin Florence HSO Adm Off
 Mori Satoshi RD Agr Comp Coord
 Masako RD
 Taika, Yuki, Hiraku

POKHARA**Gandaki Boarding School**

Atkinson Graham ED Head PE/Ext Cur
 Deborah ED
 Joshua

Barclay John ED Prin, GBS
 Janine ED
 Kathryn, Nicholas ED
 Hinchliffe Caroline ED Sci Tchr
 Stone Christine ED Junior Sch Sup

Rural Development Center

Dijkema Henk-Peter RD An Hns Spec
 Dona RD
 Sanne
 Green Hans Olov RD Wat Sys Adv
 Ingrid RD Bus Mgr
 Jeddere-Fisher Keith RD RDC Dir
 Hazel RD
 Hannah, Samuel, Mary RD
 McCaslin, Walton RD Agric Adv
 Ruth RD [Tansen]
 Stoufer Ronald RD
 Karen RD Vet Dr
 Katie, Lisa
 Vandenberg John RD Inc Gen Adv

Beale Norman ED Prim Tut Tchr
 Beth ED
 Doherty Paul RD Dev. Fac.
 Ruth RD
 Hannah, Beth
 Smith Scott RD Proj Director
 Melanie RD
 Kelli, Daniel, Timothy, Hillary

TANSEN

Bondevik Gunnar HSO GP
 Helga HSO
 Solveig, Halfdan, Tarjei Brook Malcolm HSO Surg
 Siobhan HSO
 John, Isobel, Louise
 Dornon Lester HSO GP
 Deborah HSO
 Rachel, Luke
 Fleshman Keith HSO Surg
 June HSO
 Gobius Risto HSO Hosp Dir
 Martje HSO
 Harding Sue HSO Com Med Off
 Holt Charles HSO Surg
 Dawn HSO
 Peter, Kirssty, Timothy
 Jensen Elly HSO In-Srv Nrs Ed
 Koolman Mies HSO Surg
 Loader Sheila HSO Tut Tchr
 McDonald Neil HSO Dentist
 Katie, Lucy, Ian
 McKay Valerie HSO Pharm/Dept Hd
 McKee Linda HSO Wd Sist
 Pipher Bruce HSO GP/Anaes
 Jude HSO
 Joel, Lauren
 Smith Sue HSO Med Supt
 Tuffin Val HSO Wd Sist
 Watson John HSO GP/Intern
 Watson Maxwell HSO GP
 Rodgers Alison HSO
 Benjamin, Richard

Beale Norman ED Prim Tut Tchr
 Beth ED
 Doherty Paul RD Dev. Fac.
 Ruth Hannah, Beth
 Smith Scott RD Proj Director
 Melanie RD
 Kelli, Daniel, Timothy, Hillary
 Hagen Egil EID Tech Adv
 May Britt EID Motv Coor
 Spare Dan EID Irrig. Eng.
 Margaret EID
 Caleb, Paul

ANDHI KHOLA**BUTWAL**

Bradley Janne EID Tut. Teacher
 Buckner Bob EID Ext Wrkr
 Hazel EID [Jumla]
 Budding Hubert EID Mat Des. Tech.
 Nan EID
 Dekker Roel EID Ext Wrkr
 Jill EID
 Hazel, Rosemary
 Heindl Mike EID Prod. Eng.
 Diane EID Med Off
 Honor
 Irvine Clive EID But Plant Eng
 Su EID
 Helen, Andrew
 Leane Mike EID DCS Dir
 Lyn EID
 Joanna, Timothy, Andrew
 McDowell Peter EID Engr Tech
 Mills Donald EID Arch
 Eileen EID
 Jason
 Payne David EID Mater Tech
 Ruohoniemi Tim EID Design Engr
 Stolk Aart EID Electric Eng.
 Ineke EID
 Antoinette, Johan, Eveline, Gerri
 Thake Jeremy EID Engr Tech
 Rachel EID
 Anna Mary, Miriam, Sarah

GORKHA

Berry Ruth HSO Nurs Supv
 Chevassut Cleve HSO GP
 Alison HSO
 Jonathan, Rachel, Mark
 Glover Jessie HSO N_frm Ed Cons
 Warren HSO
 Hayes Philip HSO GP
 Lynne HSO
 Andrew
 Huston Helen HSO GP
 Norris Katie HSO ComHlthDevWrkr
 Padgett John HSO GP
 Sally HSO
 Alison, Luke, Rebecca

**United Mission to Nepal
 EXPATRIATE PERSONNEL DIRECTORY**

Expatriate Personnel
 in Nepal as of
 November 1991

Parkes Gary HSO GP/Surg
 Deborah HSO
 Rebekah, Thomas, Joanna
 Richard HSO Tut Tchr
 Smith Ian HSO TCSP Dir
 Sally HSO CHP CoDir
 Anandi, Jiwan

JAJARKOT

Gsellman Bob ED Proj. Dir.
 Sharon ED
 Anne, Adam
 Robert ED Inc Gen Spl
 Denise ED
 Storm Tanja-Birgit ED NFE Spec

JHIMRUK

Butler Alan EID Jhim Proj Man
 Julia EID
 Sharon EID Tut. Teacher
 Mike EID Jhim Qual Cont
 Helen EID
 Jonathan, David, Anna
 Gill Mark EID Jhim Site Eng
 Ali EID
 Sarah, Daniel
 Lillvik Bengt EID Plant Eng
 Gunborg EID
 Sarah, Emma
 Lundqvist Rune EID Jhim Elect Sup
 Gunnell EID
 Ruohoniemi Joyce EID Admin. Officer
 Russell Gordon EID Jhim Qt Surv
 Ruth EID Med Officer
 Bethany
 Slater Adrian EID Jhim Sen S Eng
 Emerson Justine EID
 Mackenzie, Brynna Hope
 Vestol Magne EID Jhim Trans Eng
 Dorothea EID Jhim StfTrnOff
 Ingvild, Kristine, Mari

JUMLA

Los Adie ED Tech Ed Splst
 Josien [Ktm]
 Christa, Johannes, Benjamin
 McGaughey Nancy ED Proj Dir
 Pohjosenpera Eija ED Tech Ed Splst
 Smye Jonathan ED Tech Ed Splst
 Sue ED
 Hannah, Patrick

UNITED MISSION TO NEPAL
Information Office

Kathmandu 28 November, 1991

Re: UMN Prayer Calendar

Some changes have been suggested, which we hope will improve the usefulness of this publication. The Prayer Calendar will change its appearance and be printed once a year. A special group is working on the new 1992 calendar and it will be sent to you at the beginning of next year. Until the new Prayer Calendar is ready, we propose that you continue to use the old one, but in combination with the enclosed up-to-date list of names.

If you know of others who would like to receive the UMN Prayer Calendar, please contact Jane Andrews, Office Services.
May God bless your prayer ministry!

Olof Konneback, Information Officer

Eingegangen

20. Jan 1992

Erledigt:.....

P O Box 126, Kathmandu, Nepal, TEL: +977-1 228118/228060, FAX: 225559

UNITED MISSION TO NEPAL
Information Office

Kathmandu 28 November, 1991

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May God bless your prayer ministry!

Olof Konneback, Information Officer

P O Box 126, Kathmandu, Nepal. TEL: +977-1 228118/228060. FAX: 225559

Eingegangen

07. Jan 1992

Erledigt:.....

| | | | | | |
|---|-------------------------------------|----------------------|---|--------------------------------|--------------------|
| Grigorenko | Don | ED | Cartledge | Janet | HSO Staff Nurs |
| | Peggy | ED Soc Stud Tchr | Cox | Steve | HSO OHP Coord |
| | Corrie, | Andrea, Lyndie, Dale | | Elizabeth | HSO |
| Kouwenhoven | Nel | ED Non-EngLangTchr | Garlick | Daniel, Sarah, Rebecca | |
| Mackie | Joan | ED Sci Tchr | | Frank | HSO Med Supt |
| McIlhenny | Alan | ED Principal | Johnson | Val | HSO |
| | Margaret | ED | | Paul | HSO GP/OPD In-Ch |
| | Lisa, Stephen | | Judd | Anna | HSO |
| Montgomery | Emma | ED Eng/Art Tchr | Konneback | Ruth | HSO Ast to C ExOff |
| Odegaard | Bjorn | ED Gen Sub Tchr | Lee | Kerstin | HSO P. Time Dr |
| | Anne | ED | | Ruth | HSO Nurs Anaes |
| Taylor | Ingunn, | Magnus, Vegard | Mangersnes | Kaare | HSO Dentist |
| | Craig | ED Gen Sub Tchr | | Signy | HSO |
| | Maxine | ED | | Kaare Dag | |
| | Shereen, Andrew | | McKim | Jo | HSO Pharm |
| <u>Mental Health Programme</u> | | | Nankivell | Charles | HSO Surg |
| Acland | Sarah | HSO Psychiat | Peterson | Rut | HSO Nurs Couns |
| Moilanen | Riitta | HSO Psych Nrs | Reid | Val | HSO Ultra Tech |
| Verweij | Adrie | HSO Psych Nrs | Scholz | Silvia | HSO Ob/Gynaec |
| | Randa | HSO | Snider | Ken | HSO GP/OPD/ER |
| | Sijmen, Mijke, Marijn, Ijbert, Ijke | | | Louise | HSO |
| Wright | Chris | HSO Psychiat | Strang | Heather, Jennifer, Christopher | |
| | | | Watson | Isobel | HSO Dept Hd Phys |
| <u>Missionwide Support Project</u> | | | | Robert | HSO Lab Tech |
| Brown | Kerry | HQ Nurs/MiWf Ex Cl | | Mindy | HSO |
| Chandy | P.V. | HQ MSP Dir | | Hayley, Holly | |
| | Annie * | HQ | Westbacke | Kerstin | HSO Dentist |
| | George, Jeannie | | Zimmerman | Mark | HSO Internist |
| Hunt | Heather | HQ GH Host/Co | <u>Secondment to HMG</u> | | |
| Konneback | Olof | HQ Publ/PR Off | Asaoka | Hisa | HSO Post Bas Tut |
| | Kerstin | HQ | Bradley | Roger | ED Curr Splst |
| | Lisa, Ellen | | | Helen | ED |
| Rollins | Jeff | HQ Mech Tech | Collett | Mark, Ruth | |
| | Sue | HQ | Hale | Val | HSO Post Bas Tut |
| | Asha, Jyoti, Priya | | | Cynthia | HSO |
| <u>Global Resource Management Project</u> | | | Ramse | Tom | HSO Lect, Dept CM |
| Curry | Doug | ED Dev Facl | | David | ED Tech Ed Splst |
| | Maggie | ED | | Miriam | ED |
| | Gordon, Elizabeth, Susan | | | Ruth, David | |
| <u>Nursing Campus</u> | | | | | |
| Ammitzboll | Ingrid | HSO Tut | <u>Training & Scholarship Programme</u> | | |
| Asher | Phyl | HSO Tut | Ortman | Mark | ED Bus Mgr |
| | Larry | | | Lori | HQ Bus Mgr |
| | Daniel | | | Jordan | |
| Evans | Marlene | HSO Tut | <u>Tutorial Group</u> | | |
| Kirjavainen | Kirsti | HSO Tut | Wyse | Cynthia | ED Tut Grp/ Tchr |
| <u>Patan Hospital</u> | | | | | |
| Aldo | Brigitte | HSO Anaes | <u>Village Leather Goods Training</u> | | |
| Block | Peter | HSO Surgeon | Titley | Anthony | RD Leath. Trn |
| | Arlene | HSO | | Anne | RD |
| | | | | Megan, Bridget, Douglas | |

OKHALDHUNGA

| | | |
|------------|---------------------|--------------------|
| Blake | Barbara | HSO Tut GP Tchr |
| | Horold | |
| Boyum | Leiv | RD Wtr Sys Comp Cd |
| | Mary | RD |
| | Elisabeth, Bendik | |
| Doehne | Thomas | RD NFE Comp Coord |
| | Karin | RD |
| | Malte, Elias Carl | |
| Hasselberg | Thomas | HSO Med Dir |
| | Birgit | HSO |
| | Friedrike, Josche | |
| Honold | Gerhard | RD RD Prog Dir |
| | Edie(Broscha)RD | |
| Ito | Kuni | HSO PHCP In_Cha |
| Kugele | Richard | RD For Comp Coord |
| | Kordula | RD |
| | Felix, Miriam | |
| LeMaster | Joe | HSO GP |
| | Judy | HSO |
| | Claire | |
| Martin | Florence | HSO Adm Off |
| Mori | Satoshi | RD Agr Comp Coord |
| | Masako | RD |
| | Taika, Yuki, Hiraku | |

POKHARAGandaki Boarding School

| | | |
|------------|-------------------|--------------------|
| Atkinson | Graham | ED Head PE/Ext Cur |
| | Deborah | ED |
| | Joshua | |
| Barclay | John | ED Prin, GBS |
| | Janine | ED |
| | Kathryn, Nicholas | |
| Hinchliffe | Caroline | ED Sci Tchr |
| Stone | Christine | ED Junior Sch Sup |

Rural Development Center

| | | |
|----------------|----------------------|----------------|
| Dijkema | Henk-Peter | RD An Hus Spec |
| | Dona | RD |
| | Sanne | |
| Green | Hans Olov | RD Wat Sys Adv |
| | Ingrid | RD Bus Mgr |
| Jeddere-Fisher | Keith | RD RDC Dir |
| | Hazel | RD |
| | Hannah, Samuel, Mary | |
| McCaslin | Walton | RD Agric Adv |
| | Ruth | RD [Tansen] |
| Stoufer | Ronald | RD |
| | Karen | RD Vet Dr |
| | Katie, Lisa | |
| Vandenber | John | RD Inc Gen Adv |

SURKHET PROJECT

| | | |
|---------|--------------------------------|------------------|
| Beale | Norman | ED Prim Tut Tchr |
| | Beth | ED |
| Doherty | Paul | RD Dev. Fac. |
| | Ruth | RD |
| | Hannah, Beth | |
| Smith | Scott | RD Proj Director |
| | Melanie | RD |
| | Kelli, Daniel, Timothy, Hilary | |

TANSEN

| | | |
|----------|--------------------------|-------------------|
| Bondevik | Gunnar | HSO GP |
| | Helga | HSO |
| | Solveig, Halfdan, Tarjei | |
| Brook | Malcolm | HSO Surg |
| | Siobhan | HSO |
| | John, Isobel, Louise | |
| Dornon | Lester | HSO GP |
| | Deborah | HSO |
| | Rachel, Luke | |
| Fleshman | Keith | HSO Surg |
| | June | HSO |
| Gobius | Risto | HSO Hosp Dir |
| | Martje | HSO |
| Harding | Sue | HSO Com Med Off |
| Holt | Charles | HSO Surg |
| | Dawn | HSO |
| | Peter, Kirsty, Timothy | |
| Jensen | Elly | HSO In-Srv Nrs Ed |
| Koolman | Mies | HSO Surg |
| Loader | Sheila | HSO Tut Tchr |
| McDonald | Neil | HSO Dentist |
| | Jane | HSO |
| | Katie, Lucy, Ian | |
| McKay | Valerie | HSO Pharm/Dept Hd |
| McKee | Linda | HSO Wd Sist |
| Pipher | Bruce | HSO GP/Anaes |
| | Jude | HSO |
| | Joel, Lauren | |
| Smith | Sue | HSO Med Supt |
| Tuffin | Val | HSO Wd Sist |
| Watson | John | HSO GP/Intern |
| Watson | Maxwell | HSO GP |
| | Rodgers | Alison HSO |
| | Benjamin, Richard | |

UNITED MISSION TO NEPAL
Information Office

News Release



27 November, 1991

New UMN-member welcomed

Relations with the Nepali churches and long-term strategy were some of the matters discussed at the Board Meeting of United Mission to Nepal (UMN).

A new member from the Philippines was welcomed into this unique cooperation of mission agencies from different national and denominational backgrounds.

The annual meeting of the UMN Board of Directors was held in Kathmandu 23-25 November 1991. Of the 38 cooperating Christian organizations from all over the world, 28 were represented.

The 39th member organization was welcomed into the fellowship as an application for membership from the Lutheran Church in the Philippines was accepted.

As a result of recent changes in the country, the Nepali representatives at the Board were officially nominated by two Nepali church organizations for the first time. The Board of Directors also heard reports on the present activities, status and plans of the Nepali churches.

The UMN Board would like to see relations with the churches of Nepal strengthened and hope it will be possible to respond to requests from the churches in a unified way.

Long-term strategic planning was also discussed and again it was emphasized that UMN's Christian identity must be clear.

According to the Annual Reports, UMN expatriate adults total 270, working in 170 government-approved posts. The annual budget is 12 million dollars.

(END)

For more information or photos:

Please contact Olof Konneback, UMN Information Officer



THE UNITED MISSION TO NEPAL

Executive Director: Mr. Edgar Metzler
Treasurer: Mr. L. Miller

Telephone : 228060, 221379, 228118, 227016
Telex : 2315 UMNEPA
Telegrams : UMNEPAL
Fax : 977-1-225559
Location : K-1-325 **Thapathali**
Mailing address :

POST BOX 126
KATHMANDU, NEPAL

October 24, 1991

Barbel Barteczko-schwelder
Gossner Mission
Gossner Haus
Handjerystrasse 19/20
D 1000 Berlin 41
WEST GERMANY



Re: Yearend Information - Narrative Summary Report and Financial Statement

Dear Barbel,

Enclosed are the yearend reports for the following programme units for which you have given significant financial assistance during the reporting period:

Non Formal Education
Drug Abuse Prevention Programme
Gorkha Community Health Project
Okhaldhunga Rural Development Project

Most programme units will have compiled more detailed information and reports as well and will be made available upon request. If you have questions for clarification or matters of concern from the reports, please contact us.

Much has happened during the past year here in Nepal. Major events include the election of a new Government and the renewal of UMN's General Agreement.

Many opportunities and needs remain before us and we are grateful to God for your part in providing the financial resources to respond in the Name and Spirit of Christ.

Sincerely,

Lynn J. Miller
Treasurer

NON-FORMAL EDUCATION SUPPORT OFFICE
SUMMARY REPORT

Mid-July, 1990 - Mid-July, 1991

DESCRIPTION/OVERVIEW

In rural areas of Nepal, adults continue to live as second class citizens due in part to lack of skills in literacy and lack of opportunity to learn competencies in appropriate child saving health technology, agro-forestry which improves ability in agricultural work, child spacing technologies and management of safe water resources, among others.

The United Mission to Nepal has developed programs in Non-Formal Education which enable participants to think about and understand their life situation, discover root causes of their problems and acquire skills which build up their confidence to make changes, often through using their own resources.

Non-Formal Education Programs of the UMN are located in Okhaldhunga, Surkhet, Gorkha, Palpa, Lalitpur, Andhikhola and new programs in Nishikot and Jajarkot. These NFE programs are based on a functional literacy approach to community development. Following primarily His Majesty's Government of Nepal's Adult Literacy Program "Naya Goreto", Non-Formal-Education classes raise critical awareness of situations that villagers face. At the same time adults become literate and are empowered to make decisions affecting their lives and the lives of their family. In areas where functional literacy is combined with effective and appropriate community health programs, infant mortality is lowered, sanitary latrines are built and used, water access has been improved and income generation savings programs have been implemented. Non-Formal-Education classes are an effective tool to initiate community organizing and decision making with primary emphasis on women, their enrollment, participation and development.

Nepal's literacy rate as a nation is officially 36%. However, only 18% of the women are considered literate. It is estimated that the rate for rural women is much lower. Women are becoming more vocal in demanding literacy training and will sacrifice time and rest in order to attend classes at night, walking along mountainous paths to meet in a facilitator's home or village house often after a 12 - 14 hour day of work. UMN programs give emphasis in literacy training for women. During this year, over 1200 participated in UMN Non-Formal Education classes.

The NFE Support Office acts as a resource, facilitation and advisory office to UMN, NFE programs which are organized under the various projects. Three programs are under Community Health, three programs are under Rural Development, and one program is a part of Economic Development. The newly opened Jajarkot program relates directly to the Education Department.

ACTIVITIES SUMMARY

1. Each NFE project of the UMN had a site visit by one or more NFE support staff during the past 12 months. Training assistance for facilitators was given in Surkhet, Gorkha, Andhikhola, and Khanne Khola. Site visits to Okhaldhunga, South Lalitpur and Tansen provided training for the new Project Director at Jajarkot and resulted in material collection for the first phase of the Post Basic Literacy Project.

2. NFE support staff keep ongoing contact with HMG's MoED and participated in two workshops on materials development. Nepali Senior NFE Consultant assisted in the securement of the NFE agreement for Jajarkot and helped plan initial stage with the new Project Director. On-going contact continues with other NGOs involved in adult literacy.
3. Supervisors and Coordinators of UMN NFE programs worked together in a one week seminar in late February with particular emphasis on planning, management and evaluation. Supervisors and facilitators participated in the Annual NFE workshop in Pokhara.
4. The NFE support office provides a supply of materials regularly used in all UMN classes. This includes stocking materials from the Adult Education Department of HMG. In the last fiscal year, materials were supplied to the projects in the amount of Rs. 125,129.
5. Exchange of information is made through workshops and sharing of information informally. The first NFE Newsletter was produced in June and it is hoped that this will also provide a forum for NFE workers. In the coming year, more effort will be expended in sharing resource materials from other NGOs working in adult literacy and to make multiple copies available to the projects.
6. The Post Basic Literacy Book project began phase one. Three books were designed and field tested for printing.
7. The Senior Nepali Consultant was transferred to the new Jajarkot Project as NFE Program In-Charge. A new NFE Trainer was recruited for Central HQs.
8. A two day training workshop for selected church leaders in Kathmandu was held in late June. Four classes started within the first month of the completion of the training.

PERSONNEL

| | |
|------------|-----|
| Nepali | 2.5 |
| Expatriate | 2 |

nfe-re.91

NON-FORMAL EDUCATION SUPPORT OFFICE
 Income & Expenditure statement
 For the Year Ended 16 June, 1991

| | Budget
1990/91 | Actuals
1990/91 | Percent
Over(Under) | Notes |
|---------------------|-------------------|--------------------|------------------------|-------|
| | | | Budget | |
| INCOME | | | | |
| Gifts | 312,600 | 411,351 | 32% | |
| PCS | 97,300 | 78,600 | -19% | |
| Sales | 60,000 | 125,129 | 109% | |
| | <hr/> 469,900 | <hr/> 615,080 | <hr/> 31% | |
| EXPENDITURES | | | | |
| Salaries | 178,600 | 113,713 | -36% | 1 |
| PCS | 97,300 | 78,600 | -19% | 2 |
| Seminars | 15,000 | 12,483 | -17% | 3 |
| Supplies | 6,000 | 11,923 | 99% | 4 |
| Materials | 110,000 | 155,816 | 42% | 5 |
| Travel | 40,000 | 38,697 | -3% | |
| Repair | 4,000 | 0 | -100% | 6 |
| Capital | 19,000 | 0 | -100% | 6 |
| Total Expenditure | <hr/> 469,900 | <hr/> 411,232 | <hr/> -12% | |
| Surplus | <hr/> 0 | <hr/> 203,848 | | |
| FTE : Expatriate | 2 | | | |
| Nepali | 2.5 | | | |

Notes:

1. Salary included budget for additional staff for 6 months. Hiring freeze imposed January, 1991.
2. Senior NFE Consultant/Trainer Post Vacant 3 months.
3. Variance due to costs for seminar charged to supplies in error. Year end actual costs approximately Rs. 2000 higher than listed.
4. Rs. 4799 charged at year end include 3750 transferred from Amp Pipal Project.
5. Year end purchase of literacy materials from HMG in order to maintain supply for UMN classes. Inventory of Rs. 68,000 will cover.
6. Office Renovation and Repair were not spent due to freeze on renovation expenditure in January, 1991.

REPORT
DRUG ABUSE PREVENTION PROGRAMME UMN/DAPP
JULY 1990 - JULY 1991

BACKGROUND

The year 1990/91 has been the final year of UMN's active involvement through DAPP. DAPP was intended to be a time-bound programme 5-6 years. The overall aim and objective was to initiate and support Nepali structures (NGOs) to develop appropriate programmes and activities in regard to Drug Abuse Prevention and Services.

This has been to a considerable extent achieved. As indicated in previous reports both DAPAN (Drug Abuse Prevention Association Nepal) and Youth Vision are a direct result of UMN/DAPP's involvement. DAPAN, provides services for detoxication from drug dependance as well as disseminates information/education to the public on Drug Abuse. Youth Vision engages in early intervention for the high risk group as well as provides support-services in follow up of detoxified individuals.

REPORT

During the year 1990/91 there has been a change in direction of the DAPP. In August 1990 the replacement for the then present DAPP Director came to Nepal, however, for various reasons had to return to Europe within a short time and therefore did not take up his assignment. It was then felt by the Director of DAPP as well as by other members in the Health Services Office (HSO) that given some extra time (up to July 1991) further personnel input by UMN may not be absolutely needed and therefore the personnel involvement of UMN could come to be withdrawn. This was in tune with the original plan of DAPP being a time-bound programme.

This meant, however, a considerable change in the thrust that the programme had prior to August 1991. From moving in the direction of urban youth development work to the need of consolidation. One of the structures UMN/DAPP had been involved in (DAPAN) came under considerable pressure because of the strong ties with the former political system, which fell in the Revolution April 1991. All government funding for this organization (as well as others) was stopped with immediate effect and thereby brought the services that DAPAN provided to the verge of closure. It was felt by the DAPP Director that there was a realistic possibility that through support at this juncture the structure could benefit in terms of becoming a viable NGO. The result was a complete reorganization of DAPAN including the working out of a new more realistic (politically democratic) constitution.

Youth Vision's service have broadened out over the past year to include a free clinic being run twice weekly. The evening Youth Club CHHAHARI has became very popular among young people and is frequented by up to 40 youths daily. The club has proven to be an

HS:32

appropriate early intervention service for many young people.

In April 1991 DAPP co-ordinated a meeting of 22 NGOs from Nepal, India, Pakistan, Sri Lanka and the United Kingdom. This meeting proved to be highly useful in terms of contact, breaking down of prejudices and the mutual suspicion between some of the NGO who participated. A consensus statement was worked out as a result of the deliberations during the meetings which addressed pertinent points regarding Drug Abuse Prevention and Services. It was agreed that FORUM should continue in the future.

There has been a considerable improvement between NGOs and the concerned Government authorities (Drug Control Office, Home Ministry). UMN/DAPP had been involved in this. A visit of officials including police to the various programmes took place (the first such visit ever). In turn this created better understanding and greater appreciation.

DAPP participated in the international meeting of Non-Governmental Organization against Drug Abuse held in November in Singapore and sponsored (in part) two members of Youth Vision to participate in the same. DAPP held one workshop during this conference.

DAPP/UMN assisted in organizing funds for the financial year 1991/92 from the UNDCP (United Nation Drug Control Programme) for DAPAN and Youth Vision.

DAPP/UMN also had some involvement in the Masterplan for Drug Control and Demand Reduction to be in place by July 1992 between HMG/N, Nepali NGOs and UNDCP.

dapprepo.91

MENTAL HEALTH PROGRAMME
Income & Expenditure Statement
for the Year Ended 16 July 1991

| | BUDGET
1990/91 | ACTUAL
1990/91 | PERCENT
OVER (UNDER) | NOTES |
|-----------------------------|-------------------|-------------------|-------------------------|-------|
| INCOME | | | | |
| Mental Health Fees | 0 | 25,685 | | |
| Mental Health Gifts | 1,216,300 | 1,570,036 | 29% | |
| Mental Health P.C.S. | 387,300 | 394,740 | 2% | |
| | <hr/> | <hr/> | <hr/> | |
| | 1,603,600 | 1,990,460 | 24% | |
| EXPENSES | | | | |
| Mental Health-General | | | | |
| Salaries | 65,000 | 60,355 | -7% | |
| PCS | 290,000 | 300,420 | 4% | |
| Contract Services/Research | 14,000 | 3,713 | -73% | 1 |
| Offices Supplies | 10,500 | 18,163 | 73% | 2 |
| Mat. Dev/Minor Equipment | 30,000 | 44,785 | 49% | 3 |
| Literature | 20,000 | 13,318 | -33% | 4 |
| Travel | 90,000 | 58,197 | -35% | 5 |
| Dhulikhel Jail | 93,300 | 93,300 | 0% | |
| Contingencies/Miscellaneous | 40,000 | 31,518 | -21% | |
| | <hr/> | <hr/> | <hr/> | |
| | 652,800 | 623,768 | -4% | |
| Drug Abuse Prevention Pro. | | | | |
| Salaries | 63,000 | 290 | -100% | |
| PCS | 97,300 | 94,320 | -3% | |
| Travel | 120,000 | 126,536 | 5% | |
| Supplies | 12,000 | 21,418 | 78% | |
| Material Assistance | 615,000 | 740,575 | 20% | |
| Contingency/Miscellaneous | 30,000 | 21,250 | -29% | |
| Minor Equip./Educ. Equip. | 4,000 | 0 | -100% | |
| | <hr/> | <hr/> | <hr/> | |
| Total DAPP Expenses | 941,300 | 1,004,388 | 7% | |
| Capital | | | | |
| | <hr/> | <hr/> | <hr/> | |
| Total Combined Exp | 1,603,600 | 1,637,502 | 2% | |
| Surplus (deficit) | | | | |
| Fund Beginning Balance | 0 | 352,959 | | |
| | <hr/> | <hr/> | <hr/> | |
| Fund Ending Balance | | 321,184 | | |
| | <hr/> | <hr/> | <hr/> | |
| FTE: Nepali | 1 | | | |
| Expatriate | 4 | | | |

Notes:

1. Contract Services - Research
This is less than expected as we were able to complete much of the research field work in the previous financial year.
2. Office Supplies
The program has grown considerably in this past year, and this increased budget reflects this. Also we had not been informed that we would be expected to pay computer maintenance to this year.
3. Material Development/minor Equipment
During the past year Rs.15,100 has received from FELM for buying of Restrainer Belts for the more human restraining of severely disturbed psychiatric patients. This Rs.15,100 has also been included in this minor equipment budget.
4. Literature
Some books ordered from U.K. have not yet arrived.
5. Travel
We had expected 3 members of the team to visit Bangalore for a study tour this year; but this has had to be postponed till next year.

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COMMUNITY HEALTH PROGRAMME
GORKHA PROJECT; UNITED MISSION TO NEPAL
SUMMARY ANNUAL REPORT 1990/1991.

The Gorkha Project Community Health Programme, (CHP), established in 1971 has changed in its approach in recent years, from a "service delivery" method working in two village Development Areas (VDA's); to a more participatory approach to the preventative aspects of primary health care, with local communities in 5 VDA's.

The population of the current impact area is 25,000. The staffing at the end of the financial year is:

Nepali Staff 12 Expatriate Staff 3.5 Total Staff 15.5

The two major strategies of, (1) working closely with the District Public Health Office (DPHO) to support the existing primary health care infrastructure. And (2) encouraging community based development, have continued throughout the year.

PROGRAMME ACTIVITIES

1. Maintenance of relationships with the DPHO, so far excellent; including ongoing supervision of all DPHO activities within our impact area. Having equivalent function of an integrated health post supervision of the 5 village Health Workers, one appointed to each of the 5 VDA's has been maintained. Their salaries and allowances are paid by the DPHO.
2. The second phase of training for the Community Health Volunteers (CHV's) took place towards the end of the year. The DPHO gave CHP the responsibility for arranging and carrying out the training, providing us with the necessary resources.
3. The continuing political changes have made work difficult at times. All decisions are interpreted politically in the community, it difficult to maintain an obviously neutral stance. Due to a lack of recognized leadership within the communities some activities have been difficult to maintain, in particular the 2 static clinics, one of which had to close at the New Year.

Mobile clinics have been running now for two years, tagging the less demanded activities of family planning, growth monitoring and ante-natal care onto the Vaccination camps. As well as the above, we also include simple curative care, prophylactic worm treatment and also include simple curative care, prophylactic worm treatment and Vitamin A for children age 1-3 years. These clinics were held in 3-5 centers per VDA initially every 2 months, and latterly (since April) due to various problems with a 2 monthly schedule, every month. Local and official response to this activity has been very positive and Vaccination coverage for all vaccines other than measles is now over 80%.

4. There has been a considerable growth in the function and activity of the Mothers Clubs. Following advice from the DPHO each was encouraged to form a 5 person working committee, with representatives from each village. It has been very helpful to work with these committees.

5. Non formal Education (NFE) and Income Generation Programmes, first introduced in 1983, have been limited until now to 2 VDA's of our impact area, and dependant on expatriate supervision. Recognizing the considerable potential of NFE, and increasing requests from villages for these activities a decision was made to considerably expand the NFE work in the coming year. The NFE consultant is now in post and the community response has been extremely encouraging. There have been 55 formal applications for literacy groups, representing over 1000 mostly female potential participants. Limitations of resources and experience have meant a restriction to supervising and supporting 15 groups now and 15 more every 6 months. Choosing the groups has been very difficult, as has been the selection of the 2 field supervisors, (87 applications for 2 posts.)

6. A cluster sample survey of the impact area^{for immunization coverage} was carried out and was very helpful in number of ways.

7. 3 drinking water systems were repaired in a year when the programme made moves to become more independent of the external support received in the past. Previously all male water committees have been encouraged to include women; our support to these committees has been increased with seminars and workshops.

The smokeless stove programme has received limited acceptance despite a considerable subsidy on locally made models.

8. Staff training has been a significant weakness in the past. This year in an attempt to deal with this problem a staff training day every month has been introduced and a weekly senior staff skills development programme. Six members of staff have attended short courses related to their work area this year. One member has received a scholarship to study for a Masters in Health Education in UK this year to follow up a certificate in Community Medicine completed last year. Another member has received a scholarship for certificate in Nursing training. 3 further staff will hopefully complete nursing studies and return to the programme in the coming year. One staff member has recently returned having successfully completed her nursing studies. This is a very encouraging point at which to close the summary.

Summary Financial Report-CHP

| | <u>Budget</u> | <u>Actual</u> |
|------------------------|-----------------|-----------------|
| <u>Income:</u> | | |
| Donations | 820,900 | 1,015,886 |
| Others (including PCS) | 380,800 | 248,428 |
| | <hr/> 1,201,700 | <hr/> 1,264,314 |

Expenditures:

| | | |
|------------------------|-----------------|-----------------|
| Recurring | 983,700 | 949,709 |
| Capital | 218,000 | 126,213 |
| | <hr/> 1,201,700 | <hr/> 1,075,922 |
| Change in Fund Balance | | 188,392 |

| | | |
|-----------------|------|-----|
| FTE: Expatriate | 5 | 3.5 |
| Nepali | 11.5 | 11 |

**UMN Gorkha Project
Community Health Programme
Income and Expenditure Statement
For the Year Ended 16 July, 1991.**

| | <u>Programme Budget
1988 - 1991</u> | <u>Cumulative
Budget at
16 July 1991</u> | <u>Cumulative
Actual at
16 July 1991</u> | <u>Budget
1990/91</u> | <u>Actual
1990/91</u> | <u>% Over
(Under)
Budget</u> | <u>Notes</u> |
|-------------------------------------|---|--|--|---------------------------|---------------------------|--------------------------------------|--------------|
| Income: | | | | | | | |
| Donation | 2,144,200 | 2,025,600 | 1,599,532 | 820,400 | 1,015,886 | 25% | 1 |
| Medicine | 20,000 | 18,600 | 13,725 | 6,600 | 3,967 | (40%) | 2 |
| Others | | 2,000 | 1,858 | 1,000 | 457 | (54%) | 3 |
| PCS | 1,304,000 | 1,127,200 | 584,564 | 373,200 | 177,709 | (52%) | 4 |
| Salaries for Village Health Workers | | | 66,295 | | 66,295 | 100% | 5 |
| Total | 3,468,200 | 3,173,400 | 2,265,974 | 1,201,700 | 1,264,314 | | |
| Expenditures: | | | | | | | |
| Recurring: | | | | | | | |
| Salaries | 1,402,700 | 1,245,700 | 1,166,468 | 433,000 | 464,419 | 7% | |
| PCS | 1,304,000 | 1,127,200 | 584,564 | 373,200 | 177,709 | (52%) | 4 |
| Medicines | 35,000 | 25,000 | 20,982 | 10,000 | 6,943 | (33%) | 2 |
| Medical Supplies | | 17,000 | 9,574 | 7,000 | 1,253 | (82%) | 2 |
| Education | 150,000 | 147,500 | 127,156 | 57,500 | 66,579 | 16% | 6 |
| Maintenance | 3,000 | 4,000 | 8,758 | 2,000 | 8,220 | 411% | 7 |
| Office Cleaning | | | | | | | |
| Administration & Mail | 55,000 | 99,500 | 112,577 | 64,500 | 77,412 | 20% | 8 |
| Travel & Transport | 110,000 | 97,000 | 147,248 | 32,000 | 60,621 | 89% | 9 |
| Office Equipment | | | 10,094 | | 10,094 | 100% | 7 |
| Miscellaneous | 14,000 | 13,500 | 13,980 | 4,500 | (753) | (16%) | 10 |
| Salaries of VHW | | | 77,292 | | 77,292 | 100% | 5 |
| Total | 3,073,700 | 2,774,400 | 2,278,713 | 983,700 | 949,709 | | |
| Capital: | | | | | | | |
| Water Programme | 209,000 | 230,000 | 291,771 | 100,000 | 120,659 | 21% | 11 |
| Equipment + Renovation | | 100,000 | 27,136 | 100,000 | 691 | (99%) | 7 |
| Dictaphone | 15,000 | | | | | | |
| Office Equipment | 134,500 | 15,000 | 23,537 | | | | |
| Walkie talkies | 13,500 | 13,500 | | | | | |
| Overhead Projector | 15,000 | 15,000 | 13,995 | - | 4,863 | 100% | 12 |
| Agriculture Evaluation | 7,500 | 7,500 | 7,100 | | | | |
| Solar Lanterns | | 18,000 | - | 18,000 | | | |
| Total | 394,500 | 399,000 | 363,539 | 218,000 | 126,213 | | |
| Charge in Fund Balance | | | (376,278) | | 188,392 | | |
| Carried Forward From Previous Year | | | | | 301,174 | | |
| Programme Fund Balance | | | | | 489,566 | | |
| FTE: Expatriate
Nepali | | | | 5
11.5 | 3.5
11 | | |

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Notes to CHP Statement:

1. Possibly due to exchange rate difference.
2. Staff changes and shortages in the Health Section resulted in lower productivity than planned.
3. Difficult area to budget accurately.
4. Unfilled posts resulted in lower PCS than budget. The director split his time between CHP + TCSP and also was on leave part of the year. Only 2 out of 3 community health + development worker posts were filled. The NFE supervisor post was unfilled until Jestha.
5. These salaries for village Health Workers are not part of CHP's budget but are simply monies received from government for payment to its employees. They are included here in an attempt to show all funds received and disbursed by the programme.
6. NFE materials required for the year 2048/49 were purchased in advance.
7. Maintenance, Office equipment and renovations should all be considered together. The maintenance budget was kept low with the idea that most maintenance would be done during the renovations of the new offices. However in fact most of the maintenance that was done (eg. white washing) would have to be considered routine. Office equipment for 90/91 includes costs of equipping the new office.
8. Administration/Mail is over budget 36% due to the following factors.
 - 1) The budget included only costs incurred by the general administration of the Project and not extra costs incurred within the programme for such things as photocopying & meetings.
 - 2) Administration expenses transferred from Business Office were over budget. Recently office expenses have tended to run well below budget. Following those trends has resulted in producing a budget which was insufficient.
9. The travel budget included the cost of staff travel within the programme's impact area as well as portage costs. Costs for staff travel for seminars etc. were not included in budget.
10. The cost of smokeless stoves originally charged to miscellaneous expenses has been transferred to inventory.
11. Fewer systems were repaired than planned but those done were large systems and involved the use of more advanced technology.
12. Cost of shipment and insurance not billed earlier.

UNITED MISSION TO NEPAL OKHALDHUNGA PROJECT
RURAL DEVELOPMENT PROGRAMMESUMMARY REPORT 1990/91PROJECT DESCRIPTION

Okhaldhunga District is a poor area in East Nepal with very little development. It is located in the hills where travelling is difficult, the nearest road being a 2 day walk away. There is an airstrip about a three hours walk from Okhaldhunga bazaar with flight connections to Kathmandu and some other centers. UMN has run a 20-bed hospital near Okhaldhunga Bazaar for 27 years, and since 1977 has also run a Community Health Programme. In January 1989 the Community Health Care Programme was divided administratively into a Rural Development Programme and a Primary Health Care Programme for a trial period until July 1991.

MANDATE AND PURPOSE

The Rural Development Programme of United Mission Okhaldhunga Project supports the health work of the project by carrying out health related activities. Those activities fall into line with HMG's basic needs programme until the year 2000 and with the Alma Ata declaration about Primary Health Care objectives.

STRATEGY

The RD programme begins work in a new geographical area by organizing NFE classes. The other sections give input to NFE, in particular to the follow-up programme after the basic courses. Out of the NFE classes may evolve a continued cooperation with one section on a group or community level. The initiative and responsibility for the work should stay as much as possible with the local people in order to increase their capacity to carry on the development process on their own.

ADMINISTRATION

Administration facilitated the effort to further develop the strategy and approach of the programme and to coordinate the four sections. Coordination with government offices was difficult in a time of rapid changes (politically and personnel wise) and could therefore not fulfill all expectations. The coordination between Hospital, Primary Health Care Programme and Rural Development Programme was improved through regular Field Council Meetings.

Forestry section

The Forestry Section continued its work in education and motivation on the importance of forests. Technically the main focus shifted from seedling production and planting to including protection and management of forest resources.

Seedling production is still being supported through private nurseries. User group formation is being facilitated through staff and through local leaders.

3 women's groups and many individual training participants are being supported to be local forestry leaders in order to motivate their villages for active improvement in their common forests and private fodder resources.

Non Formal Education Skill Learning

The NFE SL Programme within RD Okhaldhunga is meant to be a motivational and educational programme for adults, in particular

women. Regardless of caste or gender it seeks to reach economically disadvantaged segments of the rural areas it works in.

This year has seen an expansion of the programme in regard to number of new NFE groups established (22), while a practical follow-up period was organized with 7 groups of the former basic course, altogether involving approximately 450 participants. Our strategy aims at facilitating wider community development activities, using NFE as an entry key into new areas. A continual presence of the programme for a longer period of time is thought to be beneficial for practical development activities.

Agriculture Section

Agriculture Section has been working through a committee, user groups and small farmer groups, NFE participants and individual farmers in order to improve the farming system and animal breeding.

Agriculture section contributed to NFE follow-up with kitchen garden and animal health and husbandry activities through theoretical activities. Eight members are growing vegetable seeds and organized themselves in a group.

Animal breeding work has been continuing in Umbu including buffalo, goat, chicken and swine.

Small farmer groups developed an increasing understanding of group responsibility. They conducted monthly meetings and initiated income generating activities through a revolving fund.

Drinking Water Section

While 6-8 systems were planned for installation only 4 were actually completed, while another 4 were 60-85% completed.

Main causes for not reaching the target were:

1. The new contribution policy of paying less for portering and the village user groups having to contribute more.
2. The national election in May '91 causing interruptions.
3. Delay in starting an installation due to lack of unity among the users.
4. Insufficient work contribution during installation time.

A planned training course in water systems maintenance for village appointed maintenance workers could not be held. The reason for this was delay in starting the installation and the training instructor from the Rural Development Centre in Pokhara could not come in time.

New feasibility surveys have been done for 14 places, of which 5 nos. were for new and 9 for old systems.

3 of the surveys came as a result of the Non-Formal Education Section's activities with basic literacy and follow-up classes.

Personnel

16 Nepali and 5.1 Expatriate team members

| | Approved: | Filled |
|------------|-----------|--------|
| Expatriate | 5.1 | 5.1 |
| Nepali | 19.0 | 16.0 |

OKHALDHUNDA RURAL DEVELOPMENT PROGRAMME
Income & Expenditure Statement
For the Year Ended 16 July 1991

| | Programme
Budget
1990/93 | Over
(Under)
Budget | | NOTES |
|----------------------------|--------------------------------|---------------------------|-------------------|--|
| | | BUDGET
1990/91 | ACTUAL
1990/91 | |
| INCOME | | | | |
| From Donors | 10,344,000 | 2,899,000 | 4,370,419 | 51% |
| PCS | 1,520,000 | 421,000 | 393,656 | -6% 7 |
| Misc. | 150,000 | 50,000 | 12,645 | -75% |
| | 12,014,000 | 3,370,000 | 4,776,720 | 42% |
| EXPENDITURE | | | | |
| ADMIN. Salaries | 430,000 | 126,000 | 100,735 | -20% 1 |
| PCS | 409,000 | 118,000 | 85,430 | -28% 2 |
| Travel and allow | 66,000 | 20,000 | 13,299 | -34% 3 |
| Rent | 18,000 | 5,000 | 3,386 | -32% 4 |
| Materials | 69,000 | 20,000 | 26,729 | 34% 5 |
| Miscellaneous | 30,000 | 10,000 | 10,734 | 7% |
| NFE | 746,000 | 215,000 | 206,362 | -4% |
| Salaries | 284,000 | 82,000 | 81,059 | -1% |
| Travel and allow | 279,000 | 80,000 | 68,288 | -15% |
| Rent | 18,000 | 5,000 | 5,566 | 11% |
| Materials | 1,232,000 | 370,000 | 227,829 | -38% 6 |
| Training | 180,000 | 50,000 | 43,164 | -14% |
| Miscellaneous | 30,000 | 10,000 | | -100% |
| WATER | 518,000 | 131,000 | 121,730 | -7% 1 |
| Salaries | 259,000 | 57,000 | 65,049 | 14% 2 |
| Travel and allow | 279,000 | 75,000 | 58,087 | -23% 1 |
| Rent | 12,000 | 3,000 | 7,166 | 139% 4 |
| Materials | 3,235,000 | 928,000 | 686,395 | -26% 7 |
| Training | 75,000 | 20,000 | 1,429 | -93% 8 |
| Miscellaneous | 30,000 | 10,000 | | -100% |
| FOREST | 342,000 | 81,000 | 104,558 | 29% 9 |
| Salaries | 284,000 | 82,000 | 81,059 | -1% |
| Travel and allow | 223,000 | 53,000 | 33,261 | -37% 9 Notes: |
| Rent | 9,000 | 3,000 | 3,766 | 26% |
| Materials | 475,000 | 140,000 | 28,654 | -80% 10 1) Post not filled according to plan |
| Training | 102,000 | 25,000 | 8,834 | -65% 11 2) Mistake in calculation |
| Miscellaneous | 30,000 | 10,000 | | -100% |
| AGRI. | 493,000 | 142,000 | 155,459 | 9% 3) Lower expenditure than planned. |
| Salaries | 284,000 | 82,000 | 81,059 | -1% 4) Not adjusted with Rent Drinking |
| Travel and allow | 208,000 | 60,000 | 42,814 | -29% 3 Water sect. |
| Rent | 15,000 | 5,000 | 5,366 | 7% 5) Setting up the office caused extra |
| Materials | 212,000 | 61,000 | 59,493 | -2% 6) Sanitation programme did not exceed |
| Training | 70,000 | 20,000 | 13,315 | -33% |
| Miscellaneous | 30,000 | 10,000 | | -100% 7) a trial stage and kerosene prizes |
| | | | | were estimated to be higher. |
| Sub total | 10,976,000 | 3,109,000 | 2,430,075 | -22% |
| Contingencies | 852,000 | 155,000 | 0 | |
| | | | | 7) Community organization took longer than |
| Sub Total | 11,828,000 | 3,264,000 | 2,430,075 | -26% |
| Capital | 186,000 | 106,000 | 55,867 | -47% |
| | | | | 8) Training was postponed. |
| Total Expenditure | 12,014,000 | 3,370,000 | 2,485,941 | -26% |
| | | | | 9) Salaries and Allowances were budgeted |
| Surplus for the year | | | 2,290,779 | in different columns. |
| Deficit, beginning of year | | | (1,566,356) | 10) Less seedlings were produced due to |
| | | | | changed strategy. |
| Balance, end of year | | | 724,423 | 11) More trainings were conducted locally |
| | | | | with own resource which saved costs. |
| | | | | 12) AHIP programme was phased over and only |
| | | | | one staff was sent for training to RDC. |

The tragic news has reached us that Tom Moncrieff was killed in a car accident on October 10, 1991 coming back from Alice Springs to Adelaide. Liz and Emily both have a broken arm. Suzanna and the boys are okay.

Interserve Australia reports "Liz was driving and was distracted. The car rolled a couple of times. Tom tried in vain to right it. Liz is being surrounded by much love and practical, experienced caring."

At this time of grief, Liz and the children will need our prayers and support. The address is: c/o Interserve Australia, Box 320, Box Hill, VICTORIA 3128, Australia.

UNITED MISSION TO NEPAL
Information Office

Eingegangen

6. Aug. 1991

Erledigt:.....

To: Member Bodies and Other Organisations
related to the United Mission to Nepal

JAI NEPAL - New Information Tool

It is a privilege to be able to send you a first sample of a new information and activity packet called "Jai Nepal" ("Long live Nepal").

The packet of master sheets for photocopying is produced jointly by UMN and International Nepal Fellowship (INF). We trust that it will be a helpful tool whenever there is a chance to highlight Nepal and our work here.

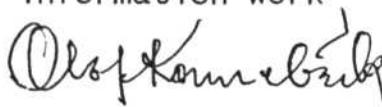
Please look through "Jai Nepal" and calculate how many sets you need. A total number of 500 packs have been printed, in anticipation that most of our member organisations would like to order at least 10-15 packs each.

You do not have to pay for this first set, but when you order more we will charge you the cost prize of Pounds Sterling 3.- or US Dollars 5.- per set.

In order to facilitate distribution, it is greatly appreciated if you let us have your order as soon as possible. Mail it to The United Mission to Nepal, The Information Office, P O Box 126, Kathmandu, Nepal.

To those of you who are unable to use this English version: Please feel free to translate and use the illustrations in your own edition.

With a prayer for God's blessing upon your important information work


Olof Konneback
UMN Information Officer

P.S. These black and white copies are intended for photocopying on to coloured paper and binding in a more attractive way.

1 —
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3 —
4 —
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6 —
7 —
8 31
9 6.
0 0

2/31/6 Personnel Department

Personnel Profile

United Mission to Nepal

November 1993

UNITED MISSION TO NEPAL
PROJECT INFORMATION 1993

| PROJECT NAME | Project Type | | Personnel | | |
|--|--------------|---|-----------|-------|--------|
| | A | B | C | APPT. | NEPALI |
| EDUCATION DEPARTMENT | | | | | |
| Non Formal Education | X | | | 2 | 4 |
| Ganadaki Boarding School, Pokhara | | X | | 5 | - |
| Jumla United Mission Project | X | | | 7.5 | 15 |
| Kathmandu International Study Centre (KISC) | X | | | 6 | 11 |
| Kathmandu Tutorial Group | X | | | 1 | - |
| Kathmandu University | | | X | 1 | - |
| Training & Scholarship Programme | X | | | - | 13 |
| CTSDC and CTEVI | | | X | 2 | - |
| Jajarkot Project | X | | | 3 | 40 |
| ENGINEERING & INDUSTRIAL DEVELOPMENT | | | | | |
| Andhikhola Project | X | | | 3 | 50 |
| Butwal Engineering Works | | X | | - | 50 |
| Butwal Plywood Factory (Forestry sector only) | | X | | - | 32 |
| Butwal Power Company, Andhikhola | | X | | 1 | 47 |
| Butwal Power Company, Jhimruk | | X | | - | 30 |
| Butwal Power Company, Kathmandu | | X | | 7 | 36 |
| Butwal Power Company, Khimti | | X | | - | 8 |
| Butwal Power Company, Butwal | | X | | - | 10 |
| Butwal Project | | X | | 1 | 6 |
| Himal Hydro, Butwal | | X | | - | 10 |
| Himal Hydro, Jhimruk | | X | | 1 | 124 |
| Himal Hydro, Kathmandu | | X | | 3 | 18 |
| Himal Hydro, Khimti | | X | | 3 | 470 |
| Himal Power Limited | | X | | 1 | |
| ITID, Butwal Technical Institute | | X | | - | 23 |
| ITID, Development and Consulting Services | | X | | 8 | 61 |
| Jhimruk Project | X | | | 1 | |
| Nepal Hydro Electric, (Butwal, Kathmandu & Khimti) | | X | | 2 | 22 |

UNITED MISSION TO NEPAL
PROJECT INFORMATION 1993

| PROJECT NAME | Project Type Personnel | | | | |
|--|------------------------|---|---|-------|--------|
| | A | B | C | APPT. | NEPALI |
| HEALTH SERVICES | | | | | |
| Amp Pipal Hospital | X | | | 5 | 76 |
| Community Development & Health Project, Lalitpur | X | | | 5 | 149 |
| Gorkha Community Health Programme (CHP) | X | | | 2 | 24 |
| Gorkha Tuberculosis Control Support Project | X | | | - | 2 |
| Institute of Medicine (Seconded Workers) | | | X | 3 | |
| Mental Health Programme | X | | | 3 | 3 |
| Medical Supplies Department | X | | | 1 | 6 |
| Nursing Campus, UMN Programme | X | | | 3 | 44 |
| Nutrition | X | | | 1 | 7 |
| Oral Health Programme | X | | | 1 | - |
| Okhaldhunga Hospital * | X | | | 2.5 | 36 |
| Okhaldhunga Project (PHCP) | X | | | 0.5 | 12 |
| Palpa Community Health Programme (CHP) | X | | | 1 | 48 |
| Patan Hospital | | X | | 11 | 379 |
| Tansen Hospital * | X | | | 11 | 293 |
| Note * Includes Tutorial Group Teacher | | | | | |
| RURAL DEVELOPMENT | | | | | |
| Leathergoods Project | X | | | 1 | 3 |
| Nepal Resource Management Project | X | | | 2 | 33 |
| Okhaldhunga Rural Development | X | | | 1 | 17 |
| Rural Development Centre, Pokhara | X | | | 5 | 45 |
| Surkhet | X | | | 2 | 18 |

UNITED MISSION TO NEPAL
PROJECT INFORMATION 1993

| PROJECT NAME | Project Type Personnel | | | | |
|---|------------------------|----|---|-------|--------|
| | A | B | C | APPT. | NEPALI |
| HEADQUARTERS/ADMINISTRATION | | | | | |
| Education Services Office | X | | | 2 | 3 |
| Engineering & Industrial Development Office | X | | | 1 | 1 |
| Executive Director's Office | X | | | 5 | 3 |
| Finance Director's Office | X | | | 2 | 8 |
| Health Services Office | X | | | 4 | 2 |
| Missionwide Support Project | X | | | 7 | 65 |
| Personnel Department | X | | | 8 | 22 |
| Rural Development Office | X | | | 4 | 2 |
| | | | | 21 | |
| Furlough (EID-5, HS-12, HQ-4) | | | | | |
| | | | | | |
| TOTALS | 34 | 18 | 3 | 173.5 | 2381 |

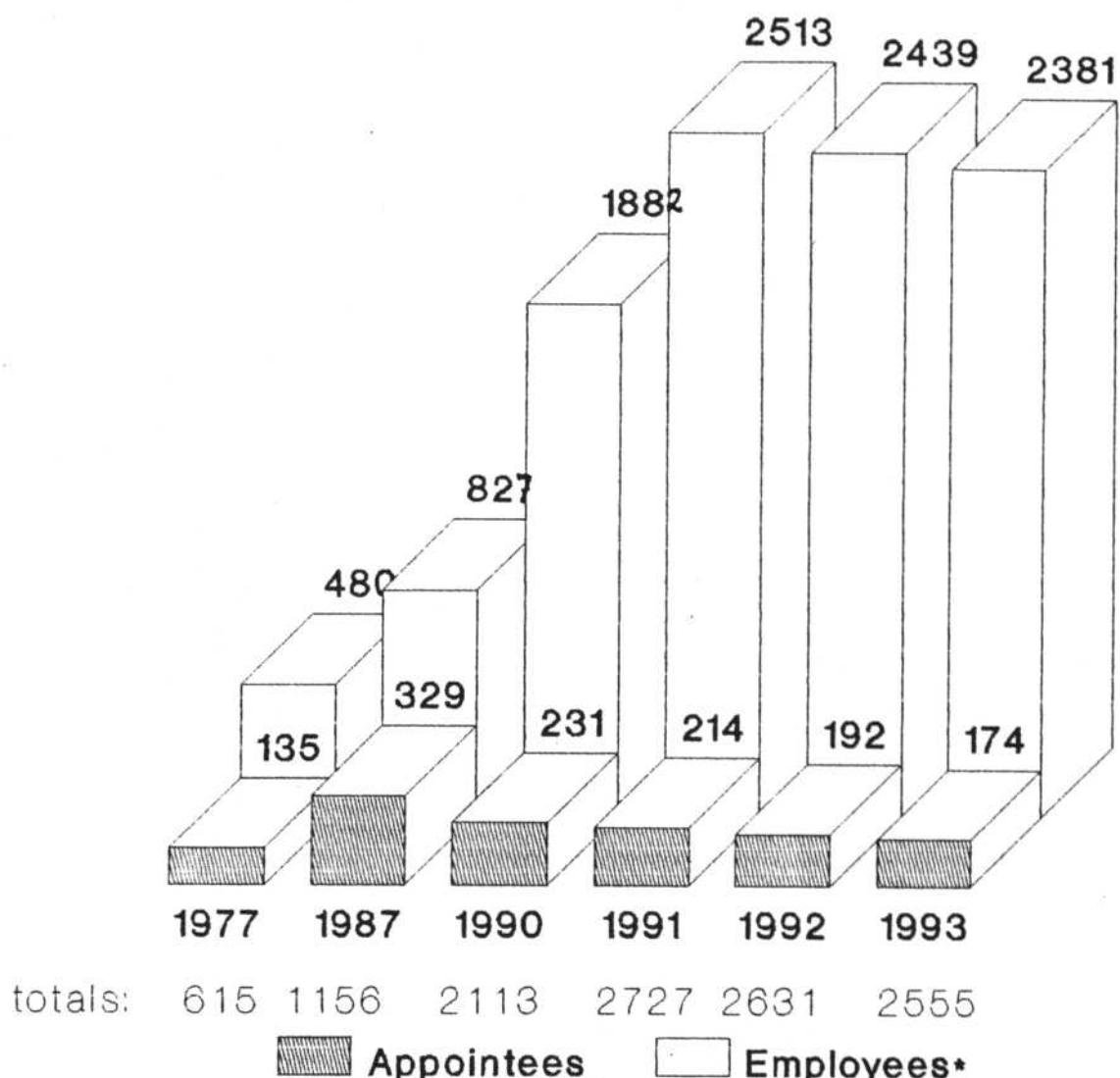
A = UMN Managed

B = Board Managed with UMN Representation

C = Secondments

UMN's FILLED POSTS

(includes UMN-related programme unit)



* companies not included in 1987

Who Sends Us Expats?

Average Annual Contribution of Expat Personnel

Non-member Agencies



Australian Agencies



East Asia Agencies



South Asia Agencies



Scandinavian Agencies



United Kingdom Agencies



Other European Agencies



North American Agencies



International Agencies

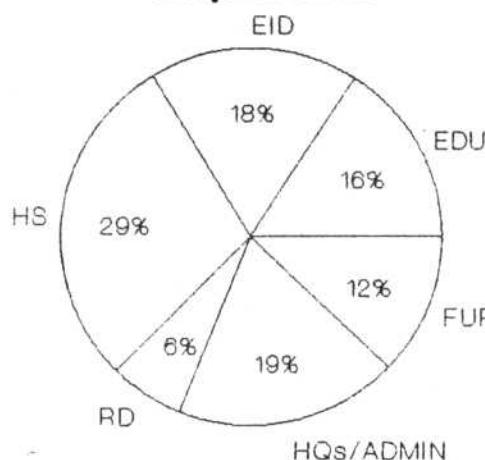


one = 5 persons

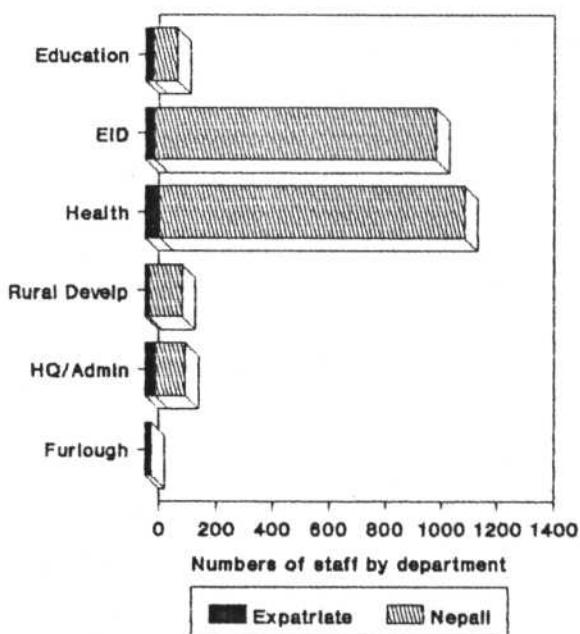
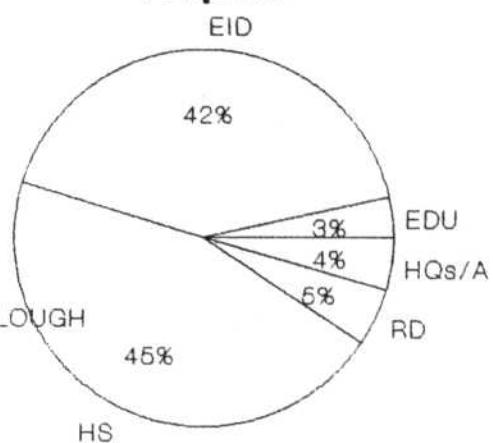
Average annual total
= 350 persons

Personnel by Department

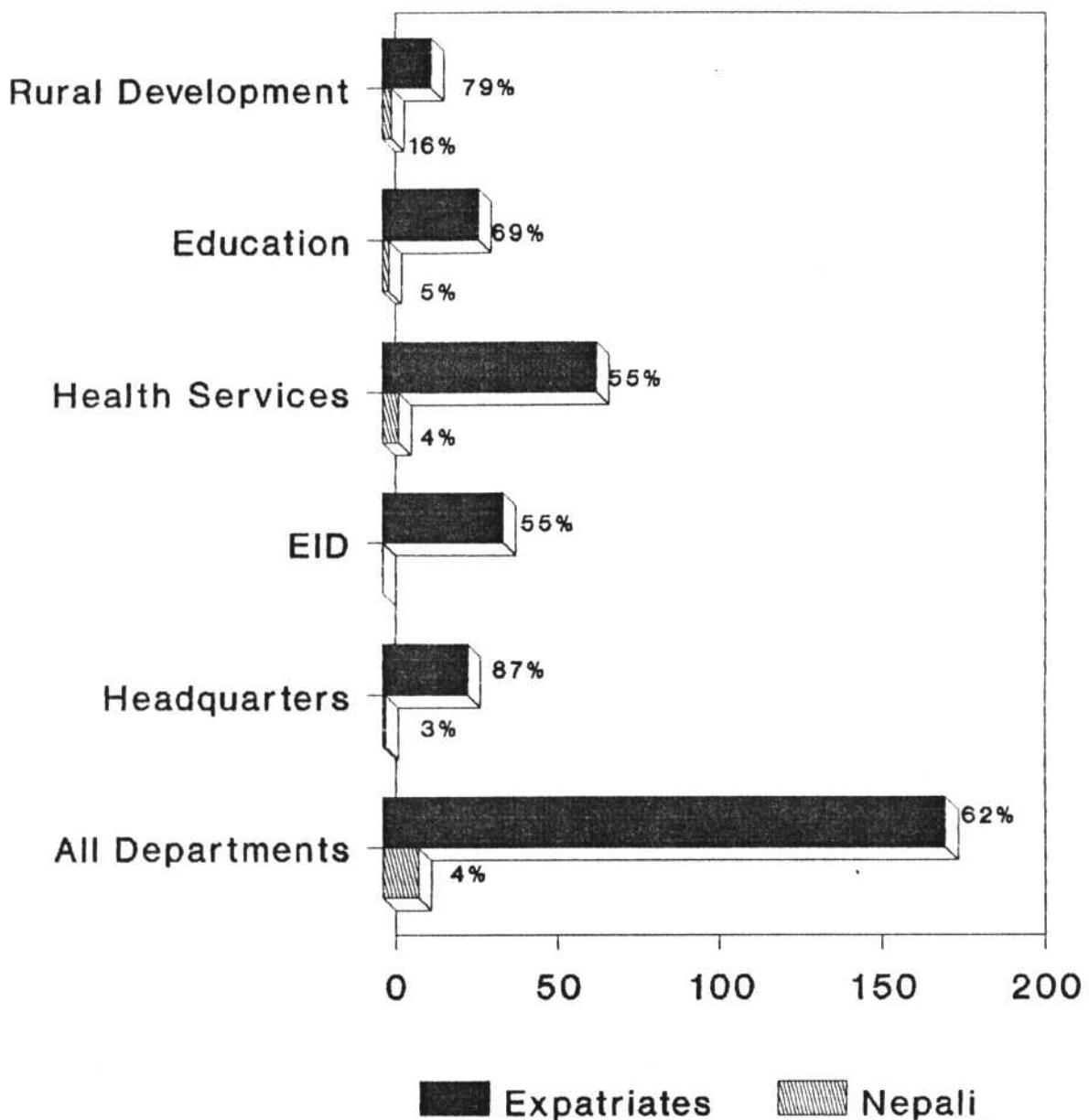
Expatriate



Nepali

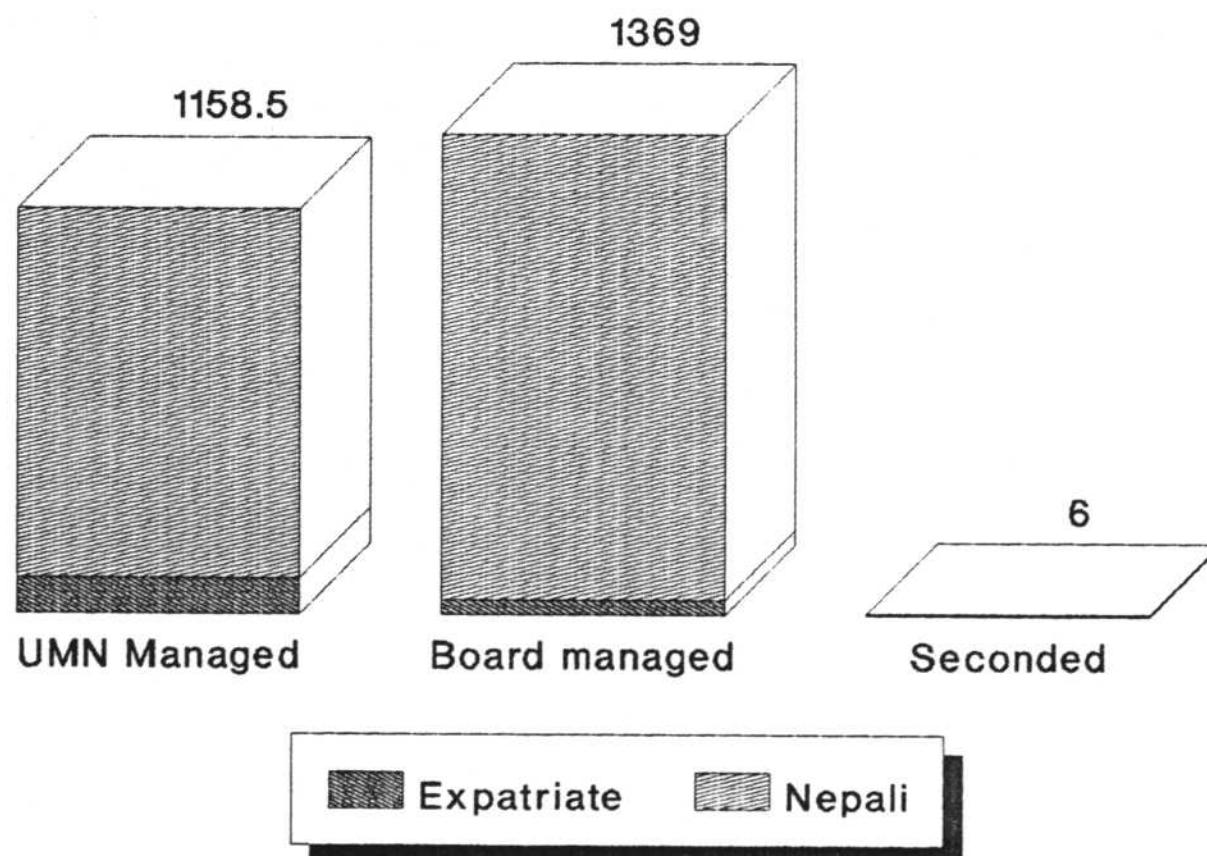


Percentage of Expatriate Posts Filled By Expatriates and Nepali



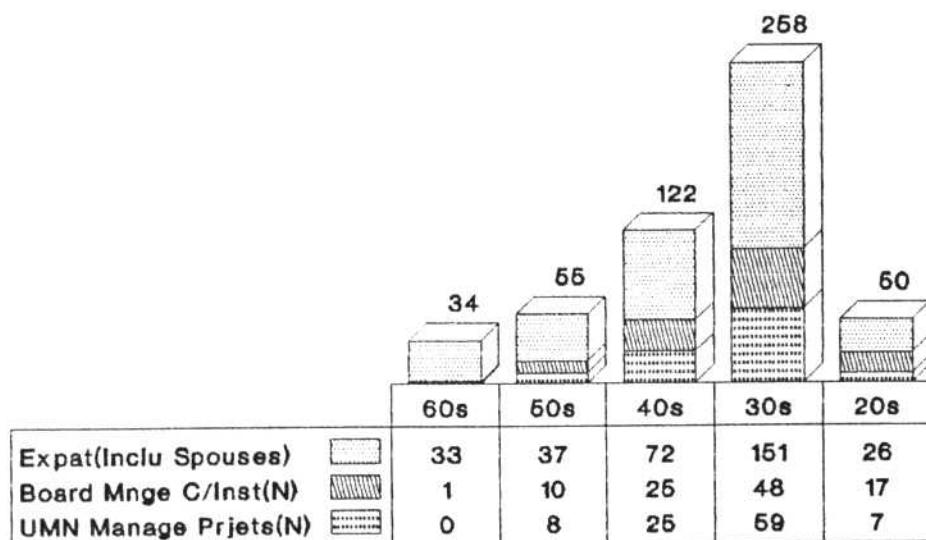
Personnel by project type

Total Filled Posts

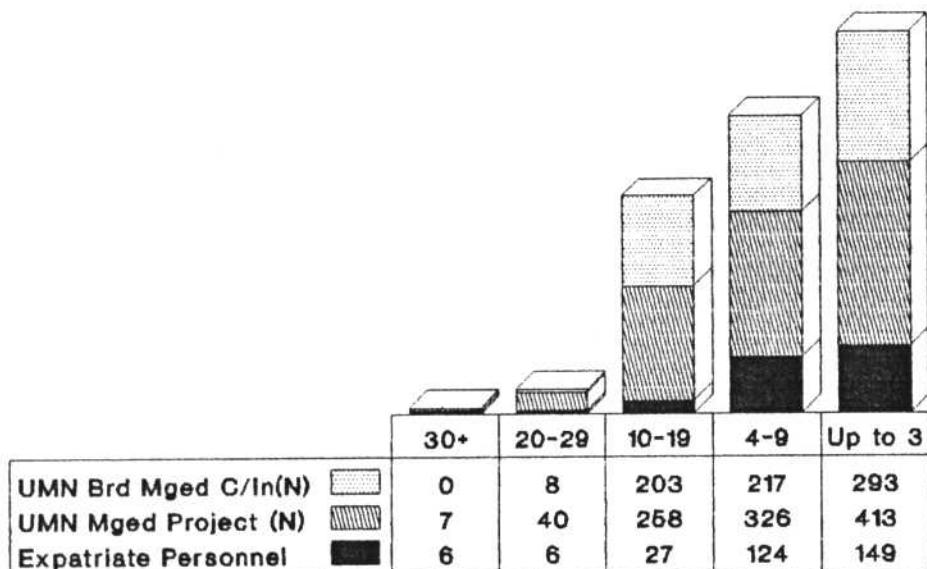


AGE PROFILE

Senior Nepali Staff 1993



Length Of Service



UNITED MISSION TO NEPAL

Contributions of Expatriate Personnel by Member Agencies

| Member Body
Name/Initials | | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | Total Person Years | Average Persons per Year |
|------------------------------|---------|------|------|------|------|------|------|------|------|------|--------------------|--------------------------|
| | | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ----- | ----- |
| AOG | USA NA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 4 | 0 |
| BMS/UK | UK UK | 20 | 0 | 19 | 22 | 27 | 20 | 17 | 18 | 23 | 166 | 21 |
| CC(D) | USA NA | 0 | 0 | 4 | 4 | 4 | 3 | 3 | 0 | 5 | 23 | 3 |
| CMS/AUS | AUS AUS | 14 | 0 | 18 | 16 | 17 | 15 | 17 | 15 | 17 | 129 | 16 |
| CMS/UK | UKU UK | 8 | 0 | 13 | 11 | 10 | 7 | 7 | 7 | 10 | 73 | 9 |
| CNI | IND SA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COS | SCO UK | 4 | 0 | 6 | 3 | 3 | 3 | 3 | 5 | 5 | 32 | 4 |
| CSI | IND SA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CSO, G (DU) | GER EU | 4 | 0 | 5 | 7 | 9 | 9 | 7 | 4 | 4 | 49 | 6 |
| DSM | DAN SCA | 2 | 0 | 7 | 6 | 5 | 5 | 2 | 4 | 6 | 37 | 5 |
| EFCF | FIN SCA | 5 | 0 | 5 | 4 | 3 | 1 | 1 | 1 | 1 | 21 | 3 |
| ELCA | USA NA | 7 | 0 | 8 | 8 | 8 | 4 | 6 | 6 | 5 | 52 | 6 |
| FELM | FIN SCA | 13 | 0 | 13 | 12 | 9 | 6 | 6 | 6 | 8 | 73 | 9 |
| GOSSNER | GER EU | 3 | 0 | 2 | 2 | 5 | 4 | 5 | 2 | 1 | 24 | 3 |
| ITAG | USA NA | 0 | 0 | 0 | 0 | 0 | 7 | 6 | 6 | 2 | 21 | 3 |
| INTERSERVE | INT INT | 93 | 0 | 98 | 97 | 101 | 96 | 78 | 71 | 81 | 715 | 89 |
| JAM | JAP EA | 2 | 0 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 12 | 2 |
| JOCMCS | JAP EA | 2 | 0 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 13 | 2 |
| KCMEA | KOR EA | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 4 | 0 |
| LCP | PHI EA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MBM | USA NA | 2 | 0 | 13 | 14 | 15 | 16 | 14 | 6 | 6 | 86 | 11 |
| MCC | USA NA | 14 | 0 | 11 | 9 | 10 | 10 | 8 | 5 | 6 | 73 | 9 |
| MCI | IND SA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MCOD | UK UK | 13 | 0 | 11 | 7 | 8 | 9 | 9 | 8 | 6 | 71 | 9 |
| NHAM | NOR SCA | 16 | 0 | 12 | 10 | 14 | 14 | 17 | 15 | 11 | 109 | 14 |
| OREBRO | SWE SCA | 17 | 0 | 22 | 24 | 17 | 18 | 11 | 14 | 15 | 138 | 17 |
| PCC | CAN NA | 1 | 0 | 3 | 2 | 2 | 2 | 4 | 4 | 8 | 26 | 3 |
| PCI | IRE UK | 6 | 0 | 8 | 8 | 7 | 6 | 9 | 12 | 8 | 64 | 8 |
| PCSM | IND SA | 4 | 0 | 4 | 4 | 4 | 4 | 2 | 2 | 2 | 26 | 3 |
| PCUSA | USA NA | 15 | 0 | 17 | 19 | 9 | 6 | 9 | 11 | 11 | 97 | 12 |
| RBMU | UKA INT | 14 | 0 | 13 | 12 | 13 | 6 | 1 | 0 | 0 | 59 | 7 |
| SFM | SWE SCA | 6 | 0 | 2 | 4 | 3 | 0 | 2 | 3 | 2 | 22 | 3 |
| SFNM | SWI EU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 |
| TF/UK | UK UK | 12 | 0 | 11 | 13 | 11 | 12 | 16 | 16 | 18 | 109 | 14 |
| UELCI | IND SA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| UCC | CAN NA | 15 | 0 | 8 | 8 | 6 | 6 | 2 | 2 | 4 | 51 | 6 |
| UCCJ | JAP EA | 2 | 0 | 2 | 2 | 2 | 0 | 2 | 0 | 0 | 10 | 1 |
| UMC | USA NA | 13 | 0 | 8 | 7 | 5 | 8 | 11 | 9 | 9 | 70 | 9 |
| WCM | USA NA | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 1 |
| WC/USA | USA NA | 8 | 0 | 12 | 13 | 11 | 4 | 4 | 4 | 6 | 62 | 8 |
| WMPL | USA NA | 14 | 0 | 17 | 15 | 18 | 17 | 14 | 12 | 8 | 115 | 14 |
| NON-MEMBERS | | 20 | 0 | 24 | 30 | 24 | 15 | 10 | 16 | 18 | 157 | 20 |
| *** Total *** | | 370 | 0 | 399 | 399 | 386 | 339 | 308 | 290 | 311 | 2802 | 350 |

UMN EXPATRIATE PERSONNEL

Member Bodies

Person

| | |
|---|----|
| 1. Assemblies of God | 2 |
| 2. Baptist Missionary Society, UK | 23 |
| 3. Christian Church (Disciples) USA | 5 |
| 4. Church Missionary Society, Australia | 17 |
| 5. Church Missionary Society, UK | 10 |
| 6. Church of North India | 0 |
| 7. Church of Scotland, UK | 5 |
| 8. Church of South India | 0 |
| 9. Committee for Service Overseas (DU), Germany | 4 |
| 10. Danish Santal Mission, Denmark | 6 |
| 11. Evangelical Free Church of Finland | 1 |
| 12. Evangelical Lutheran Church in America | 5 |
| 13. Finnish Evangelical Lutheran Mission, Finland | 8 |
| 14. Gossner Mission, Germany | 1 |
| 15. International Technical Assistance Group, USA | 2 |
| 16. Interserve | 81 |
| 17. Japan Overseas Christian Medical Cooperative Service | 2 |
| 18. Japan Antioch Mission | 0 |
| 19. Korean Christian Medico-Evangelical Association | 0 |
| 20. Lutheran Churches in the Philippines | 0 |
| 21. Mennonite Board of Missions, USA | 6 |
| 22. Mennonite Central Committee, USA | 6 |
| 23. Methodist Church in India | 0 |
| 24. Methodist Church, UK | 6 |
| 25. Norwegian Himal-Asia Mission, Norway | 11 |
| 26. Orebro Mission, Sweden | 15 |
| 27. Presbyterian Church in Canada | 8 |
| 28. Presbyterian Church in Ireland | 8 |
| 29. Presbyterian Church Synod, Mizoram, India | 2 |
| 30. Presbyterian Church in USA | 11 |
| 31. Swedish Free Mission, Sweden | 2 |
| 32. Swiss Friends for Mission in India & Nepal, Switzerland | 0 |
| 33. Tear Fund, UK | 18 |
| 34. United Church of Canada | 4 |
| 35. United Evangelical Lutheran Churches in India | 0 |
| 36. United Methodist Church, USA | 9 |
| 37. Wesleyan Church, Canada | 1 |
| 38. World Concern, USA | 6 |
| 39. World Mission Prayer League, USA | 8 |

Non Member Body Sending Agencies

| | |
|---|---|
| 1. Baptist Union of Norway | 2 |
| 2. Church Missionary Society, Ireland | 3 |
| 3. Life Ministries, Australia | 2 |
| 4. Navigators, USA | 2 |
| 5. Southern Baptist Convention, USA | 2 |
| 6. Summer Institute of Linguistics, UK | 2 |
| 7. Tear Fund, Holland | 5 |
| 8. Volunteer International Christian Services, Canada | 2 |

Expatriate Personnel Available Assignment Time

10% time out for furlough home assignment

5% time out for LOP

2% time out for post LOP language study

1% time out for other UMN activities

Total 18% time out of assignment

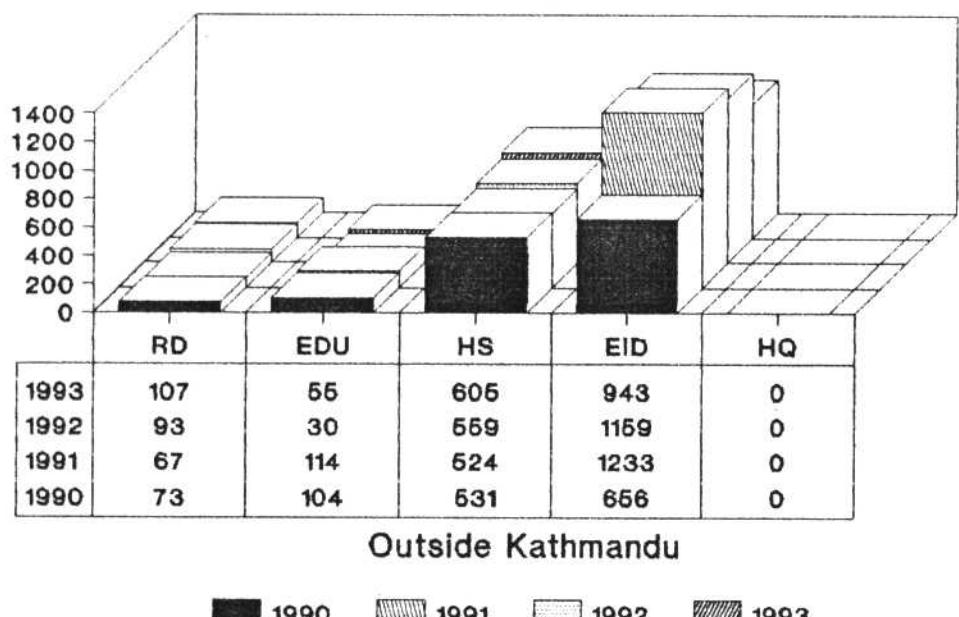
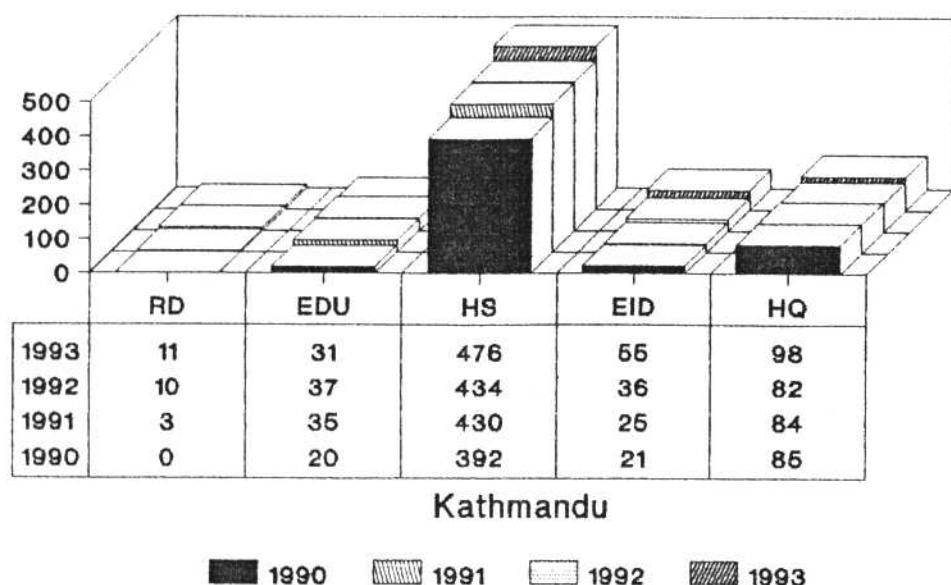
RESULTS:-

At 62% overall staffing level, actual available human resource for approved posts is 51% from expatriates.

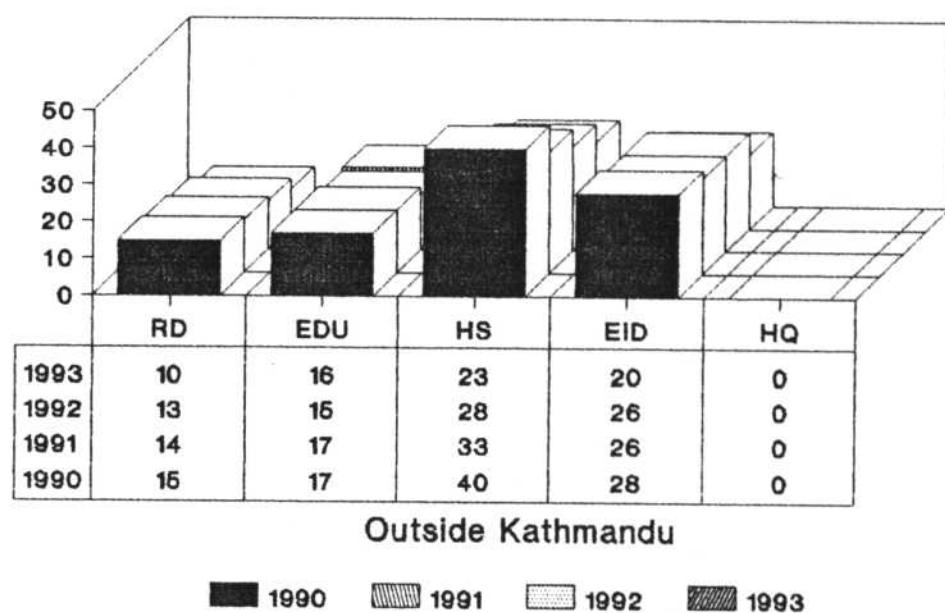
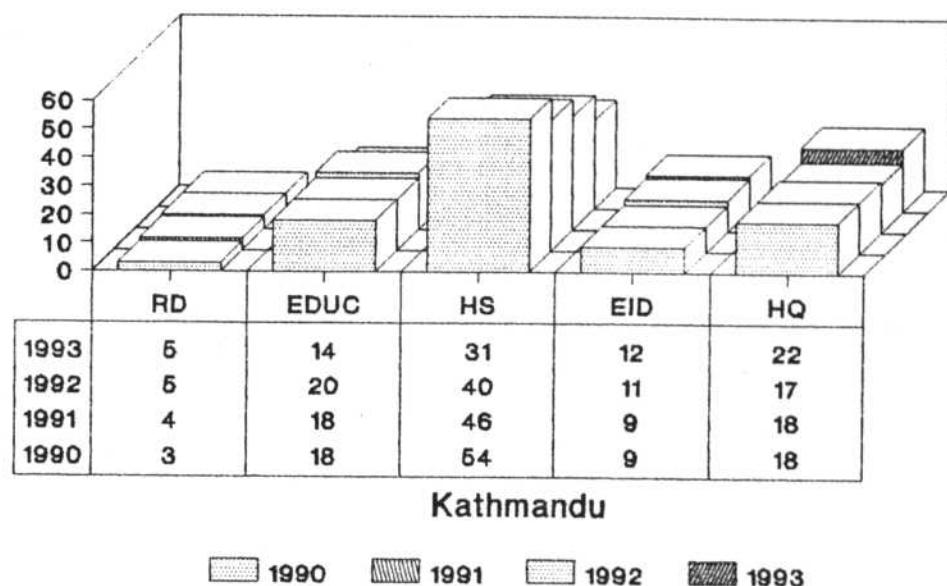
51%

UMN Nov 1993

Geographical Distribution of UMN N.Staff 1990 - 1993



Geographical Distribution of UMN Expat 1990 - 1993



UMN Personnel
Countries of Origin

| | |
|----------------|------|
| Australia | 51 |
| Canada | 26 |
| Denmark | 6 |
| Finland | 11 |
| Germany | 6 |
| Ghana | 1 |
| India | 2 |
| Japan | 2 |
| Nepal | 2381 |
| Netherlands | 8 |
| New Zealand | 5 |
| Norway | 12 |
| S. Ireland | 2 |
| Sweden | 15 |
| Switzerland | 0 |
| United Kingdom | 102 |
| USA | 64 |
| <hr/> | |
| Total | 2694 |

Eingegangen

11. Jan 1994

Erledigt:.....

30 December, 1993

यूनाइटेड मिसन दु नेपाल



To: All Member and Sending Bodies

United Mission to Nepal

Dear friends,

Greetings and best wishes to you for the new year. May God bless you in 1994.

I enclose an "Information Sheet" which will help you to understand our Tutorial-Teacher Support arrangements. I hope that this is clear. If you have any more questions on this, please let us know, we will try to answer them.

Let me make clear to you that we consider Tutorial-Teachers as much as our missionaries as anybody else. There is no difference. We charge for their services as we do charge for medical services etc. It is absolutely nothing to do with the understanding of their status being different.

We appreciate the services of Tutorial Teachers and know how dependent we are on them. So please help us to find good teachers who are willing to do this service.

Hoping that things will be clear and that we will learn to work with there new arrangements I am,

Sincerely yours,

Dorothea Friederici
Personnel Director

**Information to UMN Sending Bodies concerning
Support Cost Sharing for Tutorial Group Teachers
and KISC Teachers**

Tutorial Group Teachers (TG)

The Finance Committee and Executive Committee of UMN have adopted a policy which more equally shares the support costs of T.G. teachers among those who use the services of the teacher. The purpose of this policy is to make it more possible for more Sending Bodies to send T.G. teachers and to more fairly share teacher support costs. Each year, a figure will be calculated that each T.G. child will pay for teacher support costs. The costs for the year starting January 1994 will be US\$1,768 per child per year for full time attendance. Other usual T.G. costs will be charged for children attending the group.

Sending Bodies who supply a T.G. teacher are eligible to receive support cost reimbursement. T.G. teacher Sending Bodies have a choice of how to receive the reimbursed funds. (Please refer also to Dorothea Friederici's letter to you of June 24, 1993.) The target of \$8,400 for support cost reimbursement has been approved.

Sending Bodies may choose to utilize the money in several ways.

- a. Directly returned to Sending Body.
- b. Directly given to the teacher which would reduce Sending Body support costs.
- c. Reduction of fees of students of a Sending Body supplying a teacher.
- d. Placing funds in an account for scholarships of Sending Bodies who may not be able to support children education costs in Nepal. (This fund to be controlled by the UMN Finance Director)

Teacher Support Costs will be placed in Sending Body accounts in Kathmandu and will be disbursed by written instruction of Sending Bodies. Sending Bodies who supply a T.G. should direct to UMN how they wish to disburse the teacher support costs sharing funds.

Kathmandu International Study Centre (KISC)

The Management Committee of KISC has adapted a policy of including teacher support costs into KISC fees charged to students of KISC. Thus, any Sending Body who sends a teacher to KISC will be reimbursed some support costs for teaching at KISC. Teachers of KISC may also be hired locally. The purpose of this policy is to make it more possible for Sending Bodies to send KISC Teachers to Nepal, to more fairly share teacher support costs and to hire local teachers when there is a need.

From January 1994, Sending Bodies will be reimbursed at rates dependent upon the number of periods of classroom teaching up to a maximum of \$2,100 per term or \$8,400 per year. Variations in the number of periods taught by a teacher will come by part time teaching, time tabling of teachers, and the curriculum needs of the school. Some administrative or support functions will be considered as equivalent to classroom teaching periods i.e. Principal, Library.

Sending Bodies who have teachers at KISC will be reimbursed support costs in one of the following ways:

1. Money returned directly to the Sending Body.
2. Money paid directly to the teacher which would reduce Sending Body Support Costs.
3. Money used to reduce fees of students from the teachers' Sending Body.

Teacher Support Cost funds will be placed in Sending Body Accounts in Kathmandu and will be disbursed by written instruction of Sending Bodies. Sending Bodies will need to direct UMN how they wish to disburse the support cost funds.

ISBC-SCS

Gossner Mission



Handjerystraße 19–20
1000 Berlin 41 (Friedenau)
Fernsprecher: (0 30) 85 10 21

Indien Öffentlichkeit
 Nepal Gemeindedienst
 Zambia Verwaltung

Lt. Rücksprache am _____
 Erledigung Ihres Anrufs/
Schreibens vom _____
 Mit Dank zurück
 Zum Verbleib bei Ihnen
 Anruf

Mit der Bitte um
 Kenntnisnahme
 Erledigung
 Rücksprache
 Stellungnahme
 Abzeichnung
 Rückgabe

| Ihre Zeichen | Ihre Nachricht vom | Unsere Zeichen | Sachbearbeiter/Hausapparat | Datum |
|--------------|--------------------|----------------|----------------------------|-----------|
| | | str | Strittmatter 37 | 12.1.1994 |

Gossner Mission · Handjerystraße 19–20 · 1000 Berlin 41 (Friedenau)

United Mission to Nepal
attn. Dorothea Friederici
P.O.Box 126

Kathmandu/Nepal

Liebe Dorothea,

beiliegend erhältst Du eine Kopie
der Zusatzvereinbarung zu Helmut
Friedrichs Vertrag - zu Deiner
Information.

Gruß

A. Strittmatter

11.1.94 16¹⁶ 02



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United Mission to Nepal
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12439

Kathmandu/Nepal

January 11, 1993

Arrival Time of Georgia and Helmut Friedrich

Dear Ms Andrews,

here I am again and I hope this will be the last fax I have to write in this matter.

RNA changed again the timetable and so the Friedrichs will leave Frankfurt on January 13, at 6.30 a.m and will arrive in Kathmandu at 10.30 p.m.

Please be so kind and inform the Röthlisbergers about this change of time for they wanted to go and meet the Friedrichs at the airport. Thanks a lot and all the best.

Cordially Yours,

A. Strittmatter
Aloisia Strittmatter
Ass. to the Nepal Secretary