The UMN Jubilee Year, which we entered in March 2003, is a time for celebrating, our 50th year serving Nepal in the name and spirit of Christ. It is encouraging to be reminded that many Nepalis and expatriates have over the years, through UMN, used their skills, experience and resources in Nepal, giving gladly in support of development while transforming individual lives and communities in Nepal.

We have shared in the successes and the sorrows of the past year and we have never lost the sense of being very much a part of Nepal, even with the different perceptions of our multi-national staff. Conflict in the country has remained a part of our life too, with projects and programmes subject to fluctuating security risks as the staff endeavour to continue bringing much needed services, training sessions and support to local people and partners. Cautious optimism seems to have to be tempered with reality of the complexity of present politics, and a pragmatic approach to all our work is needed as we view our own opportunities and discouragements.

Leading up to the December 2002 Board Meeting much work was done analysing and evaluating the material which had been collected from stakeholders, questionnaires, surveys and meetings. The Board Meeting in December approved the new Strategic Plan 2003-2008 and this gave further clarity to the development of the new structure, plans and programmes. It also gave us every opportunity to enter our Jubilee Year as a transforming organisation in transformation. Future geographic areas of work are now identified and personnel are working hard to identify the right people to lead us along the new road ahead.

The security of our staff remained a high priority and as a result more were based in Kathmandu, but in the future this is intended to be reversed as we look towards partnering with Nepali organisations in different locations. Our overall staff numbers are dropping as the transition of work from UMN to local Non-Government Organisations (NGOs) begins to be felt.

We have valued the support from His Majesty’s Government and look forward to a continuing positive working relationship in the years to come. I respectfully present this report to His Majesty’s Government of Nepal, the Board of Directors and other friends and supporters of UMN.

* UMN Member Bodies

**Australia**
- Church Missionary Society
- Tear Australia

**Canada**
- Presbyterian Church in Canada
- United Church of Canada

**Pentecostal Assemblies of Canada**
- Volunteer International Christian Services

**Denmark**
- Danmission

**Finland**
- Evangelical Free Church of Finland
- Finnish Evangelical Lutheran Mission

**Germany**
- Gossner Mission
- Church Development Service (E&D)

**India**
- Church Of North India
- Church Of South India
- Methodist Church in India

**United Evangelical Lutheran Church in India**
- Presbyterian Church Synod Miaoam

**Ireland**
- Presbyterian Church in Ireland
- Church Missionary Society

**Japan**
- Japan Overseas Christian Service-JOCS

**United Church of Christ Japan**

**Netherlands**
- Tear Fund Netherlands
- Uniting Churches in the Netherlands

**Norway**
- Norwegian Himal - Asia Mission

**Nordnorsk**
- Norwegian Pentecostal Mission
- Singapore
- Singapore Baptist Convention

**South Africa**
- SAAWE

**Sweden**
- Inter Act
- Swedish Pentecostal Mission

**Switzerland**
- Swiss Friends for Mission in Nepal

**United Kingdom**
- BMS World Mission
- Church Mission Society
- Church of Scotland
- Methodist Church, Britain
- Tear Fund

**United States of America**
- CBGM Area Executive
- Evangelical Lutheran Church of America
- Mennonite Central Committee
- Mennonite Mission Network
- International Technical Assistance Group
- Presbyterian Church
- United Methodist Church
- World Concern
- World Mission Prayer League
- American Baptist Church Board of International Mission
- Mary Knoll Sisters
- Navigators
- Southern Baptist Convention
- Wesleyan World Mission
- Multi-national Bodies
  - Assemblies of God
  - Intererve
  - SIM
  - South Asia Group

* United Mission to Nepal is a joint effort by 26 Member Bodies and 25 Affiliated Member Bodies in close cooperation with Nepali individuals, organisations and Government. (Affiliated Member Bodies in italics)
Resources

Finance

Despite changes of strategy and structure, and political uncertainty, there has been wonderful support in the provision of funding for the work of UMN for the year 2002-03 and also in promises and advances to fund the current year.

It is encouraging and reassuring to receive support from UMN Member Bodies, from other development and non-government funding bodies and from individual friends from around the world. The total gifts and grants received during the year amounted to about $3 million, representing nearly half of the total UMN income received in the year. The balance comes from fees and sales in Nepal.

Distribution of Gifts and Grants 2002-2003

Gifts from many hundreds of individuals worldwide, amount to over $150,000. The personal contributed services of expatriate members (PCs), who come as volunteers fully supported by their sending organisations are at no cost to UMN, but are valued at Nepali rates at about $300,000 for the year.

Grants, as can be seen below, include 71% from northern Europe. It would be hoped to target this area, as well as others in the world, as UMN moves forward through the transition period, releasing directly managed programmes to work in new ways, particularly in partnership with Nepali NGOs.

Source of Gifts and Grants by Country

- Finland 18%
- Netherlands 17%
- Germany 10%
- Sweden 9%
- Individuals 10%
- UK 15%
- Other Countries (each contributing less than 6% of total)
- Rural Development 24%
- Education 12%
- Health 58%

Personnel

During the period 2002-03 the department continued to support all aspects of UMN's work by recruiting suitably qualified and committed personnel. It has also been a time of opportunity as teams are being identified and prepared in order to take roles in the transition of responsibility to independent organisations. It is anticipated these will continue some of UMN's current work, and will undoubtedly expand into other areas.

The year saw a re-organisation from the functional departments of the past into a 'Transition Structure', which was designed to enable the organisation to progress both 'current' and 'new' UMN in parallel. The number of Nepali staff was reduced from 802 in July 2002 to 737 in July 2003. The number of expatriate visa holders was also reduced from around 120 to 100 in the same period.

Work continued in areas of pastoral care of staff, recruitment management, employee relations and staff association representation. Training and development of staff remained an important activity and the Language and Orientation Programme (LOP) staff thoroughly revised the basic course book and orientated two large groups.

Care has been taken through the year to design a framework of employment that upholds UMN's commitment to a careful and compassionate transition period.

U

MN has worked closely with His Majesty's Government of Nepal (HMGN) at different levels in a number of areas. The Oral Health Programme has been working in partnership with the Department of Health Services HMGN to establish an Oral Health Unit. They have been heavily involved in the preparation of the Oral Health Policy, the National Strategic Plan and the Action Plan for Oral Health. These plans have now been presented to the Minister for Health and we are awaiting approval of these. The Oral Health Programme has also already developed and finalised a "Basic Package of Oral Health Care - A Manual for Health Care Personnel" which has been accepted as a national manual by the Oral Health Section in the Department of Health Services.

Two doctors were seconded to the B.P. Koirala Institute of Health Sciences in Dharan to develop the new Post Graduate MD Programme in Family Medicine.

The Sakriya Unit has been significantly involved in the development of the National strategy for HIV/AIDS and the Counselling Manual produced by this unit has been accepted to represent the National Guidelines.

In the area of Reproductive Health, the Reproductive Health Coordinator has been involved on the task forces for both the National Nodal Strategy and the 15 Year Safe Motherhood Strategy (2002-2017). The Coordinator was also involved in the Safe Motherhood Sub-Committee on a monthly basis and in the training of district doctors in basic obstetric care as part of the National Training Strategy. More than twenty district doctors have completed this training. In May 2003, as a result of this training, one doctor performed the first ever caesarian section in the Jumla district saving the life of a mother and her newborn daughter.

The Rehabilitation Programme has been assisting in the preparation of the Code of Conduct for Physiotherapists. The only national Physiotherapy training has also commenced in Dhulikhel Medical Institute and the programme, in collaboration with Nepal Health Professional Council, worked to develop national norms and standards for physiotherapy education in Nepal.

In partnership with Lalitpur City Council, UMN's Yala Urban Health Programme has continued to advocate for primary health care in cities. This programme has also continued to use its field experience to advise the National TB Programme through the TB Control Network.

The Mental Health Programme has worked in partnership with the Department of Psychiatry, Institute of Medicine (IoM) in the Western Region Community Health Project. Additionally the 'Manual of Trauma Counselling' which had major contributions from UMN staff as part of the Tri Agency Group was accepted as part of the national guidelines.

Partnering with HMGNepal

In Education UMN has been involved in the writing of the National Primary English Curriculum. There has also been input into text books and teachers' guides. A significant contribution has been made to training primary teachers.

The Rural Development Department representatives shared their expertise, especially in the fields of forestry and agriculture, through workshops in which His Majesty's Government, International Non-Government Organisations (INGOs) and Non-Government Organisations participated.
During 2002-03 UMN has partnered with forty NGOs in twelve different districts, some doing general work, some running training courses, some running cooperatives and some doing social work.

There has been an involvement in a wide variety of work, giving resources support through forming village groups, community mobilisation, through raising awareness and making resources available, and through capacity-building when assistance has been given planning work and developing technical skills.

A UMN partnership is a mechanism for strengthening the impact of locally established development work in Nepal and is bound in a mutually supportive relationship, one with another in a common goal. This is characterised by responsibilities and obligations, sharing of resources and compatible values.

Our commitment is that UMN will be an accountable and reliable partner, transparent and flexible in a working relationship and demonstrating justice and equality. The intention is that we will continue to partner Nepali-managed programmes, respecting gender, caste and international perspective, and be ready to support human resource training and development.

During the year organisational assessment workshops helped partner organisations develop strategic directions and operational plans and an assessment has been carried out in over twelve groups. Non-Government Organisation (NGO) orientation workshops were arranged in five UMN projects to update the NGO collaboration concept and to share the impact of the Social Development Organisation Act and the registration process.

Capacity-building training was organised for two partners on business planning, and a collaborative monitoring workshop with the Ministry of Local Development was also jointly organised by the Partnership Programme. In addition a plan to execute and monitor NGO activities at district level was also developed. It held regular follow-up meetings with local development officers in Okhaldhunga, Surkhet and Morang.

Relationship-building has led to effective help being available to NGOs in partnerships with donors, with government and district level agencies and with the Nepal Rastra Bank and its Rural Self-Reliance Fund. Six partner organisations have been accepted by donors to implement community development activities in Okhaldhunga, Ramechhap, Banke and Achham districts.

Particularly encouraging is the Resources Interdependently Shared for Empowerment (RISE) partnership with the Interdependent Society in Surkhet which was able to provide 70% of the year’s budget for development projects from local sources. Effectively planning, implementing and monitoring community development activities in their constituencies and expanding those relationships with district level government and NGOs contributes to the support given to partners.

Partnership organisations have established themselves as credible organisations in the community and as a result they continue to implement their plans in spite of the difficult security situation in the country. They have organised their own General Assembly which strengthens their governance system. This approves their annual plan, their policies and the selection of an auditor.

especially from overseas, was difficult. Nevertheless the training activities continue to challenge the hospital with record acceptance of students in Midwifery and Nursing and the commitment to the Medical Doctorate in General Practice (MDGP) Programme. Similarly, the challenge of being seen as the regional trauma centre led to a two-day conference on Trauma Management in November 2002, in which at least one hundred doctors and paramedics from Nepal participated.

The UMN Okhaldhunga Community Hospital seeks to be a model for providing surgical and clinical services appropriate to the district level. During the year 2002-03, it continued to provide a range of curative, promotive health services and gave charity care for the poor. In coordination with UMN Rehabilitation Unit, it was able to send disabled patients with traumatic or congenital problems for further treatment and care in other centres. It continues to promote a district wide referral system by providing and preparing referral training and protocol. It also established the district TB DOT (Directly Observed Therapy) programme centre to accommodate patients from within and outside the district. Showing a result of 71.4% case finding rate, and a 74% cure rate, the hospital accepted the request by District Health Office to expand and supervise TB patients in the far western areas of Okhaldhunga district.

The community health section continued to facilitate non-formal education, child-to-child and women’s groups in its working areas. It also continued the Community Drug Programme (CDP), which is a major part of His Majesty’s Government of Nepal/Health Post, Sub-Health Post (HMGN, HP-SHP) support programme. In this context, awareness among the community and the empowerment of the village leaders to strengthen the HP/SHP management committee remained a crucial activity of the programme. In response to the request by the community leaders, the District Health Office (DHO) and the District Development Committee (DDC), the community health programme was expanded to 4 new VDCs in the Okhaldhunga district.

UMN has had discussions with the Amp Pipal Hospital Support Committee and signed an agreement with the Chair of the Hospital Development Board. Interest from the Amp Pipal Endowment Fund will provide a second senior hospital manager to improve administration, who will offer training as available and assist with maintenance work.

The Medical Supplies Department continued to provide necessary drugs and medical supplies for the UMN and INF hospitals, and also to other non-profit organisations.
During the fiscal year 2002-03, the United Mission Hospitals in Nepal and its hospitals moved towards the challenging task of making changes to their structure and culture. These included exploring the future governance of the UMN hospitals of Tansen, Okhaldhunga and of Patan Hospital.

Patan Hospital, one of Nepal’s largest hospitals, administered under a joint agreement between HMG and UMN, entered in the third decade as an efficient and effectives hospital-based health service provider. The hospital provides quality health care from primary to tertiary level, and gives quality training. The hospital remodelled the emergency room to give patients more comfort, expanded laboratory services and added an extra clinic day on Wednesdays in order to increase the overall outpatient service and thus reduce ‘turn away’ on other clinic days. There is evidence of increasing charity care being provided by the hospital. Although the outpatient numbers dropped slightly in comparison to last year, a total of 315,000 patients were seen in the year. An additional 10% increase in maternal deliveries was noted and the Orthopaedic Clinic was one of the busiest clinics in the hospital. Yet another significant achievement was seen in the number of TB patients who were either cured or completed their treatment during the fiscal year. Affiliated with Nepal Academy of Medical Sciences (NHAMS), regular post-graduate doctors’ training and midwifery refresher training continues, together with anaesthesia training. All these add to the activities of the hospital. Furthermore, negotiations with HMG/Nepal are in process for providing Ultrasound training. Streamlining of services, changes in the governance, and building up of training networks with various government departments also contributed to the successful facilitation of much of the Patan Hospital work.

For the UMN hospital in Tansen, the fiscal year was one to be celebrated, with the construction of a new maternity building being started and new maternity equipment being donated. Tansen Hospital continued to provide services to an increasing number and greater complexity of patients throughout the year, with an annual increase in most areas of about 7%. The number of outpatients was slightly higher than for two previous years at 82,922, and admissions rose to a record 9,894 patients. The number of maternal deliveries also rose this year and the number of patients seen in the emergency department was 9,743. The hospital also worked hard to deal with two epidemics of typhoid. The Pastoral Care team in the hospital continued holistic care to all patients and was able to support many of the poor and the needy patients throughout the year. Another important aspect of the work of the hospital, the community health activities, increased this year with improvements to maternity and child health care services. In the current context of the deteriorating security situation the recruitment of senior training staff, new maternity

Despite the difficult security situation in the fiscal year, UMN projects and programmes continued and were implemented through effective coordination with, and support from, the District Development Committees, the District Administration Offices and the Village Development Committees (VDCs). Ramechhap Community Development Project (RCDP) has proved to be highly successful in working with partners, and through partnership with two local NGOs, one made up of former RCDP staff and the other an existing local NGO. Together they implemented community awareness programmes in 4 VDCs with sixty-one community user groups. In addition, RCDP also partnered with two other local NGOs to facilitate the formation and registration of community user groups. The District Development Committee and other line agencies appreciated the work done by RCDP and appraised the work carried out by Community Development Society, an independent NGO in Ramechhap. At the end of the fiscal year, RCDP was officially phased out.

The Rural Development Centre in Pokhara was able to deliver non-agricultural training planned and offered training, at least in the first six months of the fiscal year. Forty-two different training courses were delivered out of which thirteen were new courses. A total of 1,514 trainees including 682 women (45%) benefited from these training courses, and in terms of serving the poor it was noted in the follow-up assessments that 56% of the trainees who met belonged to a group which did not have enough food to feed their family for a whole year.

At the start of the fiscal year 2002-03, natural disasters, such as heavy rain and flooding, caused major damage to property and affected lives in some of UMN’s project areas. Immediate relief and support was made available to the victims and this was greatly appreciated by district administration. This, along with the security situation, presents difficult challenges for UMN’s health projects. In spite of these problems, Community Development and Health Project (CDHP) activities in Makwanpur and Lalitpur continued throughout the year, although there was a reduction in the number of field and supervisory visits. The community training was run at the district headquarters with continued support from the communities. Technical and material support was provided by CDHP in specialist areas of oral and mental health. They gave technical support on the organising of clinics and health camps as well as those for immunisations and family planning, and strengthened the managerial and leadership abilities of health committees. All activities focused on the availability of quality health services from health posts/sub-health posts. At the district level also, CDHP supported the District Health Office in their oral and mental health programmes. Additionally, in order to implement the community drug scheme of the District Health Care and CDHP also helped to organise two workshops for the members of Health Post/Primary Health Care. In coordination with UMN Oral Health and Mental Health Programmes, fourteen government Health Post/Primary Health Care staff received basic oral health and mental health training from CDHP.
The handover process of Chhapagaun health post partnership was initiated at the end of the fiscal year, and Lalitpur Ashrang health post was handed over to the local health committee and the district health office. Similarly, Makwanpur CDHP was successfully transferred over to the Centre for Development—Makwanpur, an NGO established by UMN staff. In Lamjung, the Community Health Project (previously Gorkha Community Health Programme) implemented integrated health and development activities in 4 VDCs of Lamjung district with the objective of training and supporting the communities committed to sustainable health development activities. It conducted training and Non-formal Education classes, carried out monthly follow-up visits and completed five water systems.

UMN’s Nutrition Programme continues to build a good relationship and coordination with the Nutrition Section of His Majesty’s Government/ Nepal Ministry of Health.

UMN’s involvement in urban health continued with the transfer of the Maternal and Child Health section to the Lalitpur Sub-Metropolitan City (LSMC) office and the integration of Tele Health Promoter (nominated health volunteers) activities. Under the new agreement between UMN and LSMC, UMN’s Yala Urban Health Programme (YUHP) focused on strengthening the LSMC in its basic services provision with special emphasis on the poor and the marginalised. The target beneficiaries in all twenty-two electoral wards of Patan are 162,991. His Majesty’s Government of Nepal-Department of Health Services officially recognised the LSMC/YUHP model, and donated seventeen sets of equipment for ward clinics as well as giving a government-certified training to seventy-five Tele Health Promoters.

The Sakriya Unit (HIV/AIDS) as well as contributing at national level, carried out trainings for trainers on HIV/AIDS, (mainly non-UMN organisations), produced a video “Sobha” with English sub titles, introduced a new course on Home Based Care and completed the translation of the WHO ‘Home Based Care’ manual into Nepali. They also introduced an evaluation instrument for counselling courses.

Built upon the experiences of DCS, the pilot phase of Enterprise Support Programme was completed in this financial year. Several projects were carried out in partnership with private entrepreneurs. The production and marketing of mandarin juice under the brand name “Rasilo” was handed over to a private company. Several small-scale food processing enterprises were established or supported, e.g. banana chips production inPokhara, frozen french fries and nuggets production in Kathmandu and honey production in Nawalparasi.

In spite of the deteriorating security situation of the country, Himal Hydro and General Construction Co. Ltd. continued commercial operation. Nepal Hydro and Electric Pvt. Ltd. continued to manufacture equipment for the hydro-electric industry and also continued its development work with Pico turbines. Relating to this, two successful Pico turbine workshops were organised in Butwal with the encouragement of the Honourable Minister of Water Resources, encouraging capacity-building which is a foundation work of UMN.

UMN continued to provide highly skilled professional assistance through secondments to Hydro Consult Pvt. Ltd. with the intention of giving technical input and encouragement in the start up phase.

In spite of local difficulties, Jhimruk Industrial Development Centre Pvt. Ltd. (JIDCO) restarted activities in lowkey profile after its office was ransacked. There has been progress on various fronts and requests for JIDCO services have increased.

The process of closing the Butwal Plywood Factory Pvt. Ltd. has continued and the company is expected to be wound up within the next fiscal year.

UMN’s partner, Gandaki Boarding School (GBS) in Pokhara, has been acknowledged as the best school in Kaski district this year and the school once again achieved a 100% pass rate in the School Leaving Certificate (SLC) Examination, 97.4% secured first division and of those 66% passed with distinction. Similarly, 100% of the Higher Secondary students (Science Faculty) of Gandaki College of Engineering and Sciences (GCES) secured first division passes with 66% securing distinction.

UMN expatriate appointees have continued to be seconded to various institutions, such as the B.P. Koirala Institute of Health Sciences (BPKIDS), Kathmandu University, the Institute of Medicine, the Nursing Camp at Maharajgunj and the Lamjung District Community Hospital. Their contribution in the Family Medicine Training Programme, their technical input in engineering, nurse training and community health have been significant and appreciated.

UMN continued to provide highly skilled professional assistance...
During 2002-03 UMN has continued to work with a variety of institutions.

For one of UMN’s oldest partners, Butwal Power Company (BPC), the privatization was completed with 75% of the shares being sold to a local consortium (with a minority foreign component) thus assuring the long-term sustainability of the company. UMN still has a 3% sharehold in BPC. Over the years UMN contributed towards the capacity building of the company and had opportunities to fulfill its Mission and Vision.

Butwal Technical Institute (BTI) continues nearly forty years of work providing quality vocational training. During the fiscal year 2002-03, twenty-fourth year trainees graduated from BTI, and three thousand candidates for Nepal Electricity Authority were skill tested by BTI. During the year, BTI began to move towards the provision of business skills education to entrepreneurial-minded people. In almost every major development in Nepal, there has been a Butwal Technical Institute trained technician performing some vital function.

The financial year saw a successful start-up of six private enterprises by former employees of Development and Consulting Services (DCS). After thirty years of operation, and substantial contributions to the appropriate technology sector in Nepal, DCS as an institution is now closed for business. During this fiscal year former employees were assisted in the formation of their own enterprises by selling DCS equipment to them at a reasonable price and making DCS designs available to them. In this way some DCS development technologies continue to be made available in Nepal in a sustainable manner.

Two sections of DCS work, Food Income Security and Cold Storage have been transferred to the Enterprise Support Programme (ESP) and as an important technology born out of DCS, the latter has been tested successfully. Cold storage for mandarin oranges showed positive results and an understanding of storing onions was obtained. Farmers have shown a significant interest in using this technology. Demonstrating a different technology, low-cost and earthquake-resistant housing was successfully completed as a pilot project in Bardiya district and altogether fourteen houses for freed Kamaiyas (bonded labourers) were built by UMN.

completed their graduation. The aim of this course is to train nurses to staff the western region of Nepal.

In partnership with Nelson Leroy Ltd., UMN Oral Health Programme gave oral health education to 50,000 students in one hundred and eight schools, where 20,538 students were given dental examinations. Advocacy for fluoridation of toothpaste was another aspect of the Oral Health Programme work.

For UMN’s Education work, the fluctuating security situation has led to adjustments, month by month, in the activities that it has been possible to implement. An ‘education day’ for those in leadership in the various projects was held in September in order to help their understanding of the future.

In the Mugu Education Programme results are significant, although it is not possible to assess the full impact so early on in the programme. In this very remote and underserved community, with an adverse security situation, it has been encouraging to see significant changes in attitudes to women, to sanitary conditions and to note the enthusiasm of groups to demonstrate their commitment to effective community development. An increase was seen in vegetable production, safe motherhood initiatives, village animal health and in traditional birth attendant knowledge. Primary school enrichment, Non Formal Education (NFE), and community development works were initiated with increased awareness and empowerment for two local NGOs and forty community groups.

The School Partnership Programme in Syangja has had a high degree of participation by the local community in education improvement activities, and the sense of ownership, "it's our school", is increasing. There is a greater awareness among the parents of the importance of going to school, and attendance by children from poor, marginalized and disadvantaged families is growing. Head teachers and teachers have better teaching skills and have created an active student-centred teaching and learning environment in the school.

The Dailekh NFE programme has been working with a very low profile this year and it has been difficult to carry on activities as much as had been hoped. A local NGO was formed and registered and an organisational assessment was carried out. Three hundred NFE participants had the opportunity to increase their literacy skills and there were improvements in both the physical (new buildings and academic environments of schools and health services in the project area.

The Scholarship Programme of UMN provided scholarships to students coming from vulnerable groups, such as the blind, deaf, disabled, orphan, single parent, prison children, temple children, Chepangs and girls/women in crisis. A total of 124 students received school level scholarships for grades one to ten during 2002-03. A total of 75 students received general scholarships for tertiary level and skills/vocational training during the same period.

Three new Pipal Pustak books for the non-formal education project were published expanding the range of reading books available.