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UMN News

United Mission to Nepal



Women and Children &

Our hope that they would live a better life with dignity

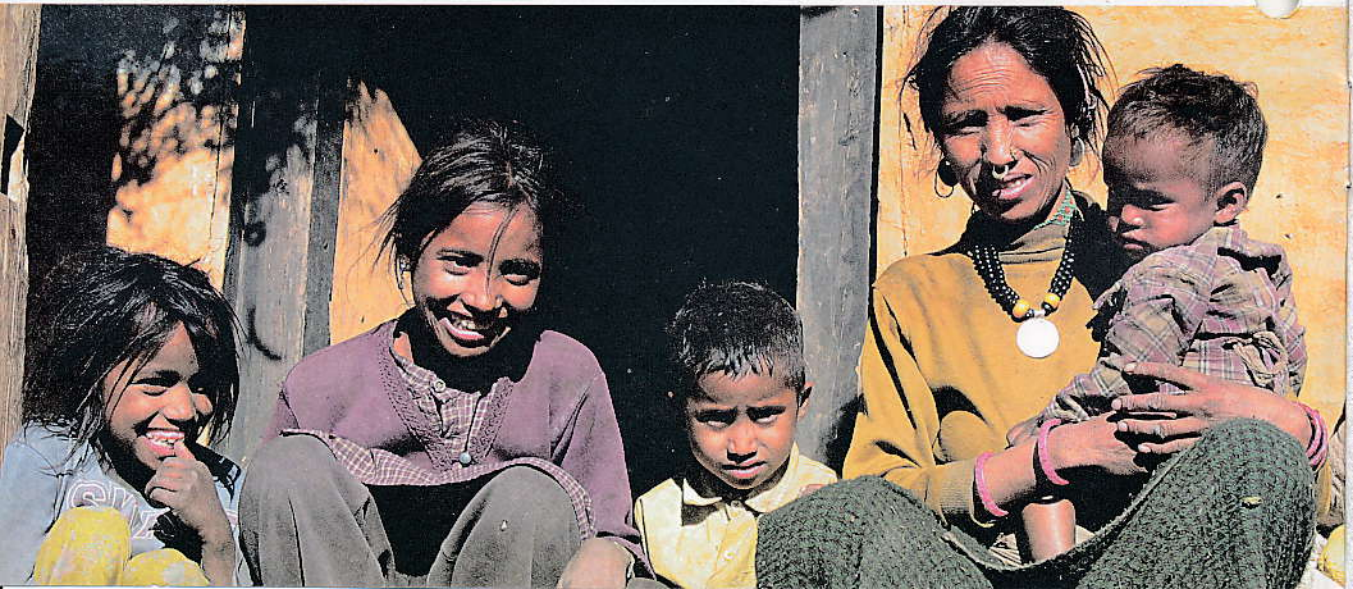
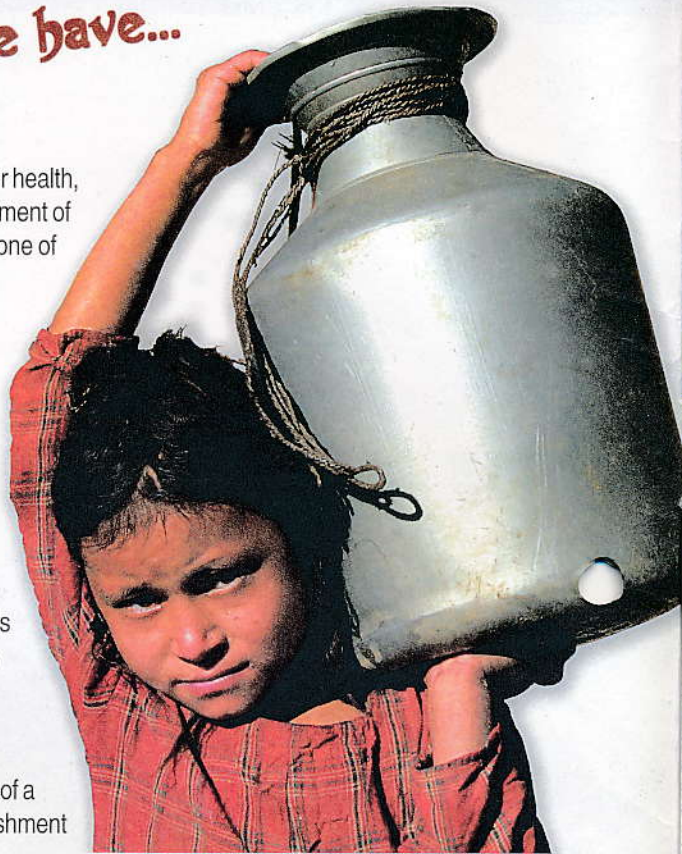
We seek to share what we have...

The status of women and children, and the priority given to their health, education and development, is a mirror for the overall development of a country. In most places in the world, women form the backbone of families and communities and children are the future of the country. Women are estimated to be the sole breadwinners in one quarter to one third of the world's households. However, Nepali women, the burden bearers of the family, do not enjoy an equal status with their male counterparts. They lag far behind in all areas including opportunities and rights, and various studies see this gap as a major cause of poverty in Nepal. Moreover, children's participation in their own welfare and development is not yet the focus in mainstream development work.

By choosing *Women and Children* as a focus of work, UMN is trying to improve the situation by working together with various partners to:

- empower women and children to become key decision makers in their lives, their families and communities
- enhance protection of children by promoting the adoption of a child protection policy, including preventing corporal punishment and child trafficking
- facilitate the social and physical rehabilitation of children with disability and de-stigmatisation of people with disability
- improve the quality of health care delivery and access, especially to the poor in remote places and
- promote healthy behaviour.

Mother Teresa once said, "When a poor person dies of hunger, it has not happened because God did not take care of him or her. It has happened because neither you nor I wanted to give that person what he or she needed". Every day, hundreds of women and children are dying in Nepal because they lack food, education, health care, and most of all, the opportunities they deserve. What can we in UMN do to change the situation of women and children in Nepal? We seek to share what we have – to enhance our partners' capacity so that women and children might live a better life with dignity.



Maya* died at the Mugu district hospital due to bleeding during pregnancy while she was waiting to be transferred to a bigger hospital in Nepalganj. She waited for three days at the hospital. Unfortunately, for Maya, due to bad weather neither the plane nor helicopter could come to Mugu when she needed it most. She was 8 months pregnant when she fell down the stairs in their house, which caused the bleeding. She was brought to the hospital by her family. However, the small hospital at Mugu could not provide the emergency Caesarean section that she needed.

(Maya*- name changed)

A hope for better care

Maternal mortality reduction is one of the eight Millennium Development Goals, to which the Nepal Government committed to address by 2015.

Although it has improved, and is now at 281 deaths per 100,000 live births in 2006 compared to 539 in 1996, maternal mortality in Nepal is one of the highest among the South Asian countries. The main challenge of health system improvement has been human resource management and referral from remote places.

Mugu is the most remote and least developed district among Nepal's 75 districts. The population is about 44,000 with most of the people living below the poverty line. A study done in 1998 revealed that the maternal mortality rate in Mugu is more than 6000 per 100,000 live births.

With the support of UMN, the Mugu District Hospital began a 24/7 delivery service with emergency obstetric care in 2006. Since then more than 250 women have received quality delivery

care service at the hospital. Most of them came to the hospital after developing complications during childbirth and would have died or needed referral to a bigger hospital if this emergency obstetric service was not provided at the hospital. Also, more than 25 women received referral support to a bigger hospital for emergency Caesarean section. With UMN's encouragement and support, a referral committee was formed at the hospital to support referred women.

As one of the partners of Support to Safe Motherhood Programme (SSMP), a Department for International Development (DfID) supported programme, UMN is involved in strengthening the district health system for improved service delivery in Rupandehi and Mugu districts. In addition, as a member of Nepal's national Safe Motherhood and Neonatal Health Sub Committee (SMNHSC), UMN is involved in developing a

referral strategy for safe motherhood in Nepal. The experience gained from Mugu district will be beneficial for developing a referral strategy for safe motherhood in Nepal and hopefully, tragedies like Maya's will be prevented.

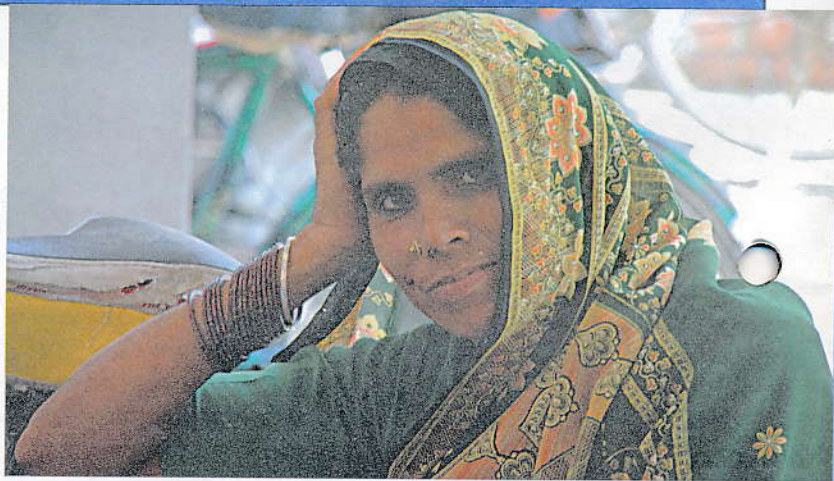
Maureen Dariang

Women and Children Advisor



Keshari's parents died when she was young and so she had to live with an aunt. Not able to afford to send Keshari to school, her aunt arranged for her to get married to a well educated man in her village. Soon after her marriage, her husband started to mistreat her, forbidding her to leave the house and often after heavy drinking, returned home to fight with her and beat up the children. Sometimes she and the children were chased out of the house and forced to sleep outside.

Behind closed doors



Violence against women is common place in Nepal. The society assigns deeply rooted strict gender roles for men and women that lead to discriminatory practices against women. Domestic violence in Nepal, as in many countries, is hidden and is considered a private matter that should not be disclosed to others. It happens across all social strata and is justified by husband and wife alike. More than 23% of women and 20% of men still accept wife beating as normal punishment for mistakes.

To prevent violence against women, UMN is working with partner NGOs to empower women so that they are able to make decisions. Women are being encouraged to join and participate in village women groups where they can share their views and discuss issues that affect them daily. Issues like domestic violence are discussed and women affected by violence are now seeking

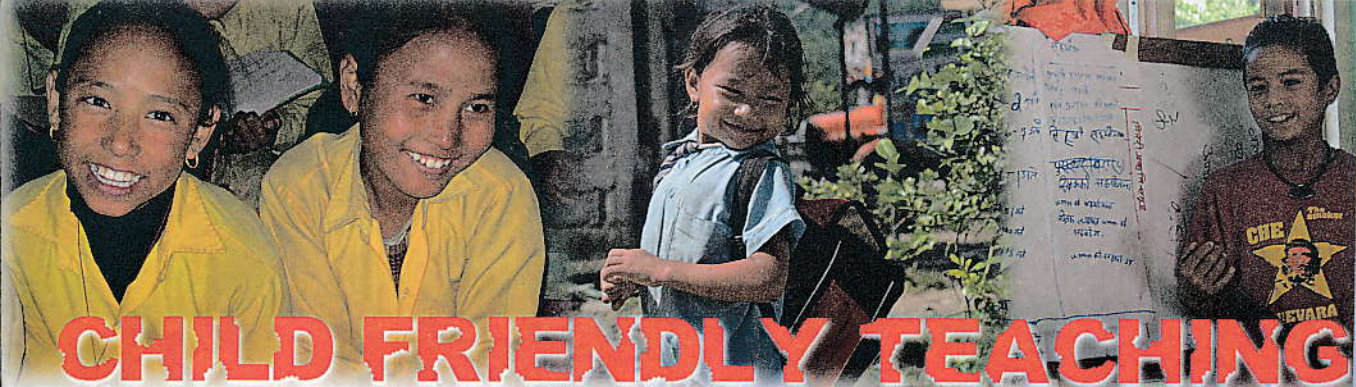
support from these groups. Currently, six of our partners are working to strengthen such women's groups. Men's involvement in this process has been encouraged because without their commitment to end violence against women, women empowerment can often times lead to more conflict within the home.

We are also giving training to partner NGOs and communities to recognise violence against women and report it to the appropriate agencies. Communities are also being mobilised to support victims of domestic violence and following several training programmes, there is now an increased awareness of the communities' role in monitoring and helping those affected by violence.

Our hope is that through combined efforts with partner NGOs and community members, we will be able to prevent atrocities committed against women.

Maureen Dariang

Women and Children Advisor



CHILD FRIENDLY TEACHING

Bimal Thapa, a teacher at Jana Jagriti Lower Secondary School, Dhading, always took a stick with him to class so that his students would fear and obey him. After participating in a 3-day training workshop organised by UMN on child-friendly teaching practices, his approach to student discipline has changed. Instead of using a stick as a weapon, Bimal now employs other non-violent teaching methods.

According to Laxman Sharma, a national level trainer on child friendly teaching methods, children are frequently mistreated and abused, made to endure several forms of physical and psychological punishment and torture. This is one of the most widespread and common forms of violence against children.

Sharma adds that this method of instilling discipline and exercising

control over children by adults within the home, schools and work places has a high degree of acceptability in Nepali society. "Both physical and psychological punishments are violation of children's rights. These punishments have both short and long-term adverse effects on children. Beating a child causes pain, injury, humiliation, anxiety, anger and vindictiveness that could have long-term psychological effects," says Sharma.

UMN has been working closely with partners in Dhading and other clusters to help them address issues of corporal punishment and violation of child rights. Partners in Dhading have committed to run at least one activity on combating corporal punishment in their local schools. One UMN partner, Chandra Jyoti Integrated Rural Development Society (CIRDS) plans

to run a training for teacher on child friendly behaviour in several schools in their working geographic area.

Children have also been invited to join and get involved in this process to encourage teacher commitment to non-violence. Bhagwati Lama, a student of Jana Jagriti, believes that non-violent teaching encourages adults to emphasize a child's point of view and to negotiate with children, instead of imposing by force the adult's perspective.

This interaction between children and teachers as well as training on child friendly techniques has begun the process of teachers working to establish a creative atmosphere involving play and child participation.

Keshav Duwadi
Children at Risk Officer

Living to celebrate another birthday

A mother's lack of knowledge and illiteracy can contribute to frequent illnesses of her children. Women in Nepal are not only care givers of the family but also earners who have to work hard to provide for the basic needs of the family. Poor sanitation is a common problem in rural areas and children are often seen playing without proper clothing. Mothers care for their children but have little idea about nutritious food and proper care.

Nepal has pioneered the *Community Based Integrated Management of Childhood Illness (CB-IMCI)* as an approach to reduce mortality and morbidity associated with the five major childhood illnesses - diarrhoea, acute respiratory infection, measles, malaria, and malnutrition, which account for about 70 percent of child deaths in developing countries.

Through this CB-IMCI programme, the frequency of children getting sick is reduced by treating children in an integrated way with standard guidelines which are to be followed in all health facilities. Children, who would otherwise not live to celebrate their 5th birthday are being saved.

UMN started supporting the implementation of the CB-IMCI programme in 2006 and through the District Health Office is now implementing the CB-IMCI programme in four cluster districts - Rupandehi, Mugu, Dhading, and Rukum. UMN has trained and continues to train health workers, female community health volunteers, and traditional healers according to standard training manuals.

Sushma Rajbanshi, Women and Children Officer

UMN's Rehabilitation Work Continues to Grow



After coming to the United Mission to Nepal in 2000 as a Rehabilitation Facilitator, I have moved and changed roles several times as UMN has changed and grown. I now find myself once more focusing my work in Rehabilitation and Children at Risk, and as a physiotherapist, it feels like coming home to where my heart is. As a Rehabilitation/Children at Risk Advisor, I work closely with Nepali officers in these areas of work. The term Children at Risk refers to children

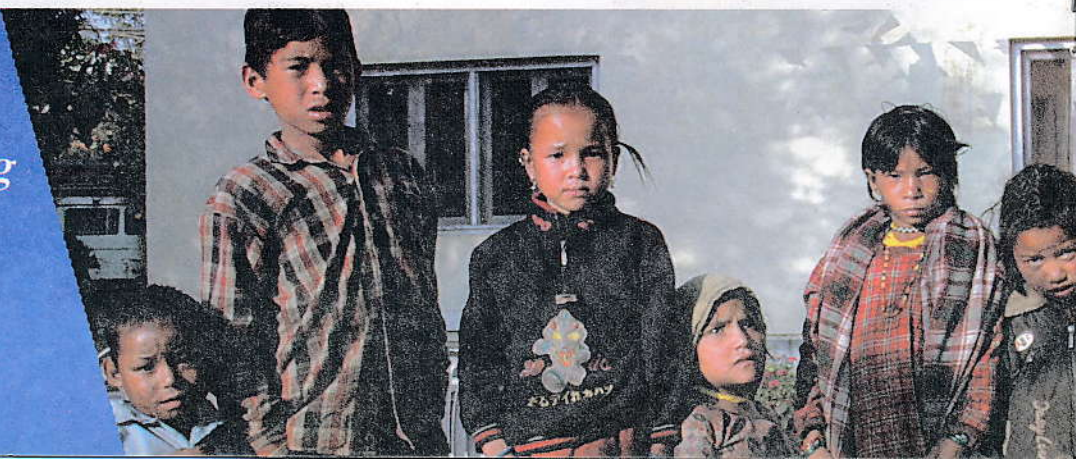
who are vulnerable and lose their capacity to grow to their full potential.

In Rehabilitation we are working in several ways. UMN is playing a key role in the Dhulikhel Medical Institute's Physiotherapy Course, the only formal Physiotherapy training in Nepal. This course was started in 2002 at UMN's initiative, and we now have a full time person seconded as the on-site coordinator and a part time person seconded as the course in charge. The 36 graduates of this excellent three

year physiotherapy course are now working all over Nepal, and other facilities and NGOs are eagerly awaiting the graduation of the next batch.

In our cluster (working) areas, we work with partners to build their knowledge and ability to deal with cases of physical disability, to understand its causes and treatment possibilities, and to work towards reducing social stigma and discrimination. By helping our partners

*...it feels
like coming
home to
where my
heart is.*





to select suitable cases for referral and treatment, and by funding transportation and hospital costs, UMN is helping to change lives, both the life of the person with a disability and their family, and the attitudes and understanding of the local community. Orphan children when they return to their village after rehabilitation attend school, often for the first time.

Our Children at Risk work has us partnering with a variety of NGOs and schools as we help them to understand the issues of trafficking, corporal punishment and conflict related trauma. We are focusing our work on children affected by trafficking, physical abuse and conflict. We have helped to form Children at Risk networks in our clusters, and are now finding ways to improve the functioning of these networks. We are also working both nationally and at the cluster level to help our partners develop and implement Child Protection Policies.

UMN has chosen to focus on the poor and marginalised, and there are few who are more marginalised than children with disabilities and who face physical or emotional trauma. There is much to be done, and our partners are keen to work with us, to serve better their own people. It is a privilege to be able to play a small part in that.

Mary Martin, Rehabilitation/Children at Risk Advisor

Kamala's story

Kamala Malla* is a 4 year old girl from Pina balai village in Mugu. She was born with a cleft lip and palate which impaired her speech and appearance. She had difficulty eating and her parents were very worried about her. Others in her village made fun of her.

As Mugu is a very remote district of Nepal, people have great difficulty meeting their basic needs. Treatment and rehabilitation take on secondary importance, but it always causes pain in their heart.

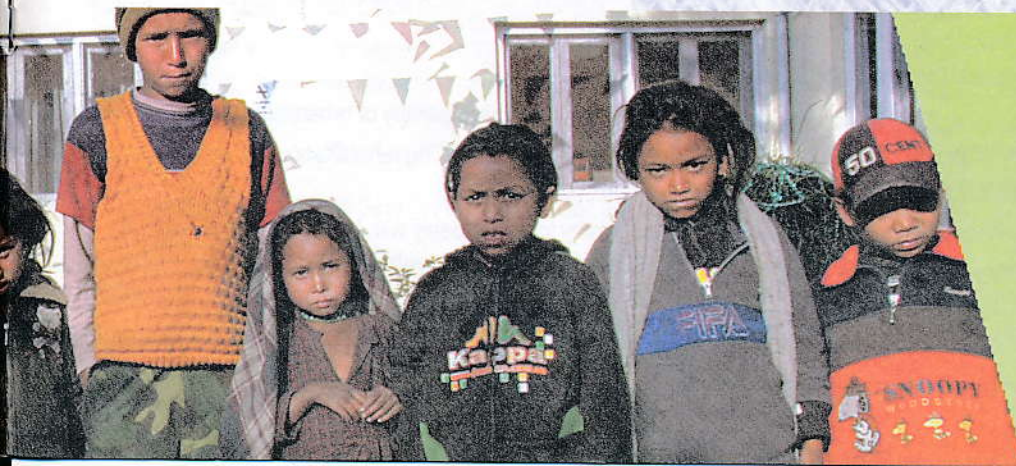
When Kamala's family heard about the work of UMN in Mugu Cluster through our partner Mugu Hospital, they came to consult with the UMN Mugu Cluster team. Kamala came with her father and met the Rehabilitation Officer during his Mugu visit in January 2007. After the assessment she was referred to Kathmandu for corrective surgery and speech therapy.

This was carried out in Kathmandu Model Hospital free of cost, and transportation and accommodation costs were covered by the UMN rehabilitation budget. While in Kathmandu, schooling was discussed, and the family was encouraged to see that Kamala attended school in Mugu. In April 2007 Kamala returned, smiling, to Pina with her father.

During a Mugu Cluster visit in November 2007, the Rehabilitation Officer visited her home and her local school. It was a joy to speak to Kamala's teacher and to hear that Kamala is an excellent student.

Damodar Pandit,
Rehabilitation Officer

(Kamala Malla* - name changed)



*UMN is
helping to
change
lives,*

Opportunities for Service in Nepal

United Mission to Nepal (UMN) publishes a full range of opportunities for service in Nepal on its website www.umn.org.np. Exciting opportunities exist for well qualified and experienced expatriate Christian professionals - couples, singles and families – for a range of challenging, rewarding roles in rural, regional and urban areas in Nepal. If you have the required skills, are creative, flexible and interested in working in teams with Nepali and expatriate staff, United Mission to Nepal (UMN) is keen to hear from you. Please contact Anne Penn at anne.penn@umn.org.np for details.

URGENT NEEDS

MARKETING/COMMUNICATIONS DIRECTOR

Kathmandu based

To implement an integrated marketing strategy in order to attract resources and personnel, and to maintain a good working relationship with the Government of Nepal and other major stakeholders.

Required:

- ⇒ Marketing or communications qualifications and experience
- ⇒ Several years' experience at a senior management level
- ⇒ Ability to use print and electronic media to enthuse and inform

SENIOR INFORMATION AND COMMUNICATION TECHNOLOGY ADVISOR

Kathmandu based with travel to other locations

To plan and coordinate, design and implement innovative ICT solutions that help accomplish UMN's strategies and plans

Required:

- ⇒ Professional qualifications and broad experience in the field
- ⇒ Up to date technical knowledge
- ⇒ Planning and organisational abilities
- ⇒ Able to liaise effectively with both technical and non-technical personnel

ENTERPRISE DEVELOPMENT ADVISOR

Probably Cluster* based, with travel to other locations

To capacity build UMN staff and partners by providing technical expertise in the Enterprise Development work of UMN.

Required:

- ⇒ Relevant development related qualifications at least degree level
- ⇒ Extensive experience in micro credit, micro finance and small business related activities
- ⇒ Several years of cross-cultural field experience in a developing country

The ability to work closely with Nepali colleagues in a mentoring coaching relationship.

REHABILITATION ADVISOR

Kathmandu based, with travel to areas outside the city

To assist UMN staff and partners to address rehabilitation and disability issues. Also to seek out opportunities to have an impact at national level.

Required:

- ⇒ Degree in physiotherapy or rehabilitation or similar
- ⇒ Experience promoting rehabilitation and disability issues at community level
- ⇒ Ability to work closely with Nepali colleagues in a mentoring/coaching relationship



Our arrival in Nepal, has in some ways been a lengthy journey with the initial seeds being sown during my medical elective to Tanzania in 1993. Having qualified as a doctor, I initially specialised in Paediatrics and then took a side step into the field of Public Health Medicine. I am now commencing work

within UMN as a Women and Children Advisor, focussing on issues of child health. Before coming to Nepal, Marcus worked for 20 years in the Metropolitan Police Service in London. He gained experience from working in a wide range of roles and shortly before leaving, qualified as an inspector. He will work in UMN as a Conflict Transformation Advisor. We have no doubt that God has been leading and guiding and equipping us over a number of years to bring us to where we are today.

We feel privileged to be here in Nepal - a country with a very different culture and climate to that of the UK. Since our arrival, last August, we have enjoyed the challenges of learning Nepali. As part of this our 'language trek' was both memorable and helpful. With our Language and Orientation Programme having recently finished, we now look forward to developing our working roles.

DISASTER MANAGEMENT ADVISOR

Probably Cluster based, with travel to other locations
To capacity build UMN staff and partners by providing technical expertise in the Disaster Management work of UMN

Required:

- ⇒ Relevant academic degree
- ⇒ Experience in disaster procedures and management of a wide range of disasters.
- ⇒ Ability to work closely with Nepali colleagues in a mentoring/coaching relationship

ORGANISATIONAL DEVELOPMENT ADVISOR

Probably Cluster based, with travel to other locations
To provide expertise in organisational development, capacity building, community development and partnership.

Required:

- ⇒ Extensive experience in development processes and activities
- ⇒ Relevant development related qualifications
- ⇒ Several years of cross-cultural field experience in a developing country
- ⇒ The ability to work in a mentoring role

PATAN HOSPITAL TURNS 25!

Patan Hospital recently celebrated its 25th anniversary following an agreement between UMN and the Government of Nepal in 1982 to establish a hospital that would provide quality health care to the people of Nepal especially the poor. At the time, the hospital had a 138 bed capacity but to date, Patan is a 320-bed general district hospital with more than 650 staff including 100 doctors and 250 nurses.

The hospital is currently constructing a maternity wing to be completed by April 2008.

The Government of Nepal also recently endorsed Patan Hospital as an Academy of Health Science and consequently, Patan Hospital Academy will begin its academic programme in 2009 with facilities to include a medical and nursing school.

The anniversary was marked by week long events including blood donation, a health camp, public awareness campaigns, and a sports tournament.

After six and a half years as Chairperson on the UMN Board of Trustees, Gary Hafvenstein completed his service in this role at the November Board meeting. He handed over responsibility to Dino Touthang who will be the Interim Chairperson until the next meetings in May 2008. Five new Trustees were elected, two re-elected and five are continuing their terms.

Gary has brought many gifts to this role, not least his engineer's mind for detail. During these years when the Board grappled with major change by taking on Policy Governance as its way of working, Gary's persistence and determination to make this work came through clearly. He rarely got ruffled and his calm manner helped in making new and old Board members feel at ease. At all times Gary's prayerfulness was evident and he was aware of UMN's complete dependency on God. His commitment

to Nepal and the work of UMN stems from the years that the Hafvenstein family lived and worked in Nepal both in rural and urban locations. It has been great to see how Gary has been able to use this foundation in leading the organisation "from the top". We pray that Gary will know God's blessing as he continues his responsibilities in the World Mission Prayer League (WMPL) office in the USA and we look forward to seeing him again in Nepal when he comes to UMN's General Assembly meetings.

धन्यवाद

Gary



I first came to UMN and Nepal in 1979 when my family and I arrived in Kathmandu for Language and Orientation. Over 11 years, I worked as an engineer building Patan Hospital and as Project Manager of Himal Hydro on the Andhikhola Project. Since 1992, I have represented my Member Body on the UMN Board and served several years on the Executive Committee. It has been a joy to remain connected to Nepal over these many years.

I was very reluctant when asked to become president of UMN back in 2001. However, being assured that the job would not be difficult, I said 'yes'. The past 6½ years have been, if not difficult, then certainly stretching and challenging.

The challenges have not been mine alone. As UMN has gone through an unprecedented period of change over the last seven years, the Executive Director, Leadership Team, indeed all staff have addressed the challenges together. As a result, what was envisioned some 30 years ago is today a reality – UMN working through partnerships to build the capacity of Nepali organisations to effect change in their own communities.

To provide appropriate governance leadership, the Board has undergone its own major transition. I will admit to wondering at times if the change was worth it. But now I think we, too, are beginning to see the fruits of those efforts. I look back on my tenure as Chairperson with gratefulness to the Executive Director for her support, to each board member for diligently working with me through the transition and to all who have prayed us through this season of change.

As I leave the Board, my prayer is that the people of Nepal will continue to experience God's love for them through the work of UMN and the love and commitment of its staff.

Gary Hafvenstein

Dear Friends

Happy New Year 2008!

I hope that you have enjoyed reading this issue of *UMNews* and that you have learnt something about the uncertainties and difficulties surrounding the lives of women and children in Nepal. Over the last few years, there has been significant improvement in areas such as maternal mortality but life in rural Nepal is still hard. With an increasing realisation of the needs of children at risk both in urban and rural settings, we are heavily involved in this area both with partner organisations and in assisting in policy-making at the national level. As we enter a New Year, everyone in Nepal is conscious of the uncertain political environment and is hoping and praying for a positive outcome for the country in the next twelve months. I pray that you will know God's blessing in 2008 and especially that the women and children of Nepal will also see new hope during this year.

David McConkey
Liaison Director

pray

- ♦ For the well-being of women and children in Nepal, that they would know and live in dignity knowing that they are significant because they are made in God's image. Pray that the existing social, political and economic systems that affect women and children negatively would be changed or removed.
- ♦ For the Women and Children Advisors and Officers - for good health and safety of staff as they travel. Also pray that staff would know God's peace and encouragement when faced with situations in this area of work that often times are sad and troubling
- ♦ That the Women and Children Area of Work will have enough funding to meet the enormous needs still existing.

give

Donations towards UMN's work can be made by bank transfer or by posting a cheque (payable to United Mission to Nepal) to one of our banks (details below) or directly to Finance Team, UMN, P.O.Box 126, Kathmandu, Nepal. If you remit funds directly to our banks, please notify us by letter or email: fin@umn.org.np

Standard Chartered Grindlays Bank

PO Box 80, 13-15 Castle Street

St Helier, Jersey, JE4 8PT,

Channel Islands, UK

Phone: 0044 (0) 1534 704000

Fax: 0044 (0) 1534 704600

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Swift Code: SCBLJESH

IBAN Code:

GB24 SCBL 6091 99 10078177 (Sterling)

GB75 SCBL 6091 99 10615512 (Euro)

GB37 SCBL 6091 99 10385142 (US Dollar)

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Account Numbers :

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Giving On-Line by Debit or Credit Card

The Charities Aid Foundation has sponsored a web page at www.givenow.org where you can give using Debit and Credit cards. In the UK this will also ensure that your gift is tax efficient.

For I know the plans I have for you, "declares the LORD," plans to prosper you and not to harm you, plans to give you hope and a future. — Jeremiah 29:11



यूनाइटेड मिसन टु नेपाल
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