

# UMN News

Issue 38 | March 2013



*Fullness of life for all, in a transformed Nepali society*



## Dear friends,

Welcome to our new-look **UMNews**, the first of 2013! Our theme for this edition is Caring Together, a phrase that in many ways sums up the 59-year history of UMN's work in Nepal. Caring service has always been at the heart of UMN's work. A favourite story of mine is from one of the early visits to Tansen (ca. 1951):

In the town was a small government hospital, and the doctors arranged for Carl Friedericks to perform some operations in a special room. For the first operation there were about 200 people watching through the windows and door, and when Carl took out and displayed a bladder stone, there was a spontaneous cheer from the onlookers! The townspeople feted the foreigners to tea in celebration of this successful major surgery in Tansen.<sup>1</sup>

Today our work (particularly surgery!) is not normally quite so public, but nevertheless reflects the combined effort of many different people. Our "togetherness" not only reflects UMN's historical identity as a partnership of many different organisations, but also the strong partnerships we have both within Nepal (with the Government, the Christian community and our local partner organisations), as well as across the world with our Supporting Partner organisations and many individuals and churches without whom our work would not be possible. My hope is that the stories in this magazine will inspire and encourage you to continue to care together with us, for His Kingdom and glory.

**Mark Galpin**  
Executive Director

<sup>1</sup> *Nepal and the Gospel of God*, Jonathan Lindell, 1997



**3** Caring Together



**4** Fighting Disability



**6** Caring Positively



**8** UMN Hospitals



**10** Happy Birth-Day!



**11** Food for Thought



**11** Healing the Hurts



**12** News



**13** Thirty Years of Caring

**14/15** Respond

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# CARING Together

**“Khutta dukeko chha!”** Those were the first words I learned in Nepali – “My legs hurt!” We were on the four-hour uphill climb from Tuturi to Amp Pipal in 1980 – our first visit to Nepal. After three days in Kathmandu, we were sent off to begin a 12-week medical elective. Ruthie Overvold, a kind soul who had taken us under her wing, had arranged for us to travel with Gopal, a member of the Amp Pipal Community Health team. He was on his way back there, and Ruthie was one of the few UMN people who knew he could speak English. We would never have found our way by ourselves, and Gopal never complained about slowing down his walking speed for these inexperienced expats. That was our first experience of the care UMN people provided to new arrivals.

Some years later we came back to Nepal, and after language school UMN sent us to Tansen Mission Hospital. As we trudged up the hill in pouring rain from the Tansen bus stop, we were relieved to finally reach the hospital, and to be greeted by the sign “We serve – Jesus heals” on the wall. We would be joining the Tansen team, together relying on Jesus who said: “The Spirit of the LORD is upon me, for he has anointed me to bring Good News to the poor. He has sent me to proclaim that captives will be released, that the blind will see, that the oppressed will be set free, and that the time of the LORD’s favor has come.” (Luke 4:18-19 NLT)



Serving those who are sick and injured, through hospitals, clinics, nutrition, mental health and community health work for almost 60 years are just a few of the ways UMN has been caring for the people of Nepal in the name and Spirit of Jesus Christ – inspired by His love and His teachings. We thank God for the privilege of being part of UMN’s work.

**Becky Thorson**  
Expatriate Co-ordinator: Orientation and Support



# Fighting disability

One of the least discussed aspects of the human rights situation in Nepal is the condition of children with disabilities and their right to basic facilities and education.

**In traditional Nepali society**, a newborn with a disability is thought to be a curse from God, and family members tend to attribute it to bad karma. The newborn's rights as a person are restricted from birth, and a life of disgrace, oppression and rejection begins.

There have been heartbreaking cases where the mother was asked to stop feeding the newborn – meaning, it's best the baby dies. There have been cases where the mother and baby had to leave the home because the disabled baby brought disgrace to the family, and cases where a child with a disability was locked in a room, only opened a few times a day for basic care and food.

In Nepal, UMN's partners are helping communities care for children with disabilities, bringing about major improvements in their situation.

## REHAB AMBASSADORS

UMN has a unique programme called the **Rehab Ambassadors**. Children with disabilities are chosen from a village and brought into Kathmandu for treatment. Then, when they go back to their village after recovery, they become **Rehab Ambassadors**. We hope that their experiences, and their successes, will change perceptions about people with disability.

What happens when they get back to their village?

**Education:** Because disability is a source of shame, children miss out on school and other social interaction. With a small scholarship from UMN (books, bags and stationery), they are encouraged to be in school with other children. This is the first step towards breaking the social mindset against disability.

**Income:** Caring for a child with a disability can be expensive. The parents/care-givers of these **Rehab Ambassadors** are started off with a small **income generation activity** – pigs, goats or help to start a small local shop. This motivates and enables parents to give better care to their child, and access treatment when needed.

## SUNDAR DHOKA SAATHI SEWA

Families in the remote areas of Nepal find it almost impossible to travel to the capital city and find the right hospital for the treatment of their disabled child. Sundar Dhoka Saathi Sewa, a faith-based organisation, works closely with UMN providing accommodation, care and support to the children with disabilities and their care-givers until they are sent back to their village.

### Paru Devi's grandson

**Nishan** (*right*) is a joy to her heart. Born with club feet, this three-year-old's naughty smile and sparkling eyes makes everybody fall in love with him. He has gone through eight serial casts and surgery with a couple more corrective casts post-surgery to come. Grandma Paru is determined to see her little star walk. He will soon get a pair of new shoes that will enable him to walk, run and play with his friends back in his village in Bajhang.



**This is Meena** (*page 4*) - one of the newest Rehab Ambassadors. With spinal bone TB and a hunched back, this 10-year-old still manages to smile and stay cheerful. Early in January 2013, she had a major seven-hour surgery. This was one of the biggest spinal cord surgeries the hospital has done. The doctor and his team were relieved that the operation was a success. Meena hopes to go back to her village in Bajhang soon, with her head held high, and a straight back.



Would you like to be a part of the Rehab Ambassadors Programme, and bring smiles to families across Nepal?

**A set of school uniform, lunch box, school bag and basic stationery for a Rehab Ambassador.**

**NRP 5,000**

*Nepali Rupees*

**£36**

*GBP*

**\$58**

*USD*

**Goats or a pig for the family of a Rehab Ambassador to generate income.**

**NRP 10,000**

*Nepali Rupees*

**£72**

*GBP*

**\$116**

*USD*

**Average cost of travel for a Rehab Ambassador and their care-giver, from their village to Kathmandu for treatment.**

**NRP 5,000**

*Nepali Rupees*

**£36**

*GBP*

**\$58**

*USD*

*or, if from a very remote location,*

**NRP 20,000**

*Nepali Rupees*

**£144**

*GBP*

**\$232**

*USD*

See *page 14*, or contact [finance@umn.org.np](mailto:finance@umn.org.np)



Pray for Meena and Nishan as they recover from their operations and return to their villages.

# CARING Positively

Sabita lay on her bed – sick, unable to eat, waiting for death. Her husband had abandoned her, and taken her daughter away to India. She weighed just 28kg. She had no hope. Her life was over.

Around 55,600 adults and children in Nepal are thought to be HIV positive. Many are faithful wives, like Sabita, who acquire the virus from their husbands. Then, right at the very time when they so desperately need the love and support of family and community, they often find themselves abandoned and alone. The stigma experienced by people who are HIV positive is still very strong.

UMN has been working to alleviate the suffering of people who are HIV positive and people with AIDS for many years. Our work has ranged from awareness-raising and advocacy for people living with HIV and AIDS to nutrition, scholarship support and income generation opportunities for HIV and AIDS affected families. A particularly exciting development has been the willingness of local churches to get involved in Community Home-Based Care for people living with the virus. In Sunsari district, for example, volunteers from 10 churches are supporting individuals and families in this way.

Sabita's case came to the attention of UMN's partner Nawa Jiwan Samaj Sewa (NJSS), a Christian organisation in Sunsari. NJSS got Sabita admitted to hospital, managed her hospital care, and continued to care for her when she returned home. Sabita is now reunited with her husband and daughter. A small loan enabled her to start a vegetable stall in a local market, and with her husband's job as a rickshaw puller, they can earn about NPR 500 (USD 6) a day. NJSS is providing this kind of support for 23 local families affected by HIV and AIDS.





## IN BRIEF

Raju and his family (*left*) were thrilled when their flimsy shack was replaced with a new house, thanks to volunteers from a local church. They collected donated materials, and did all the work themselves.

Kumar (*right*) and Rita, both HIV positive, are better able to provide for their four children since receiving loans – Rita for a sewing machine, and Kumar to open a carpentry shop. They are thankful that their 21-month-old daughter is HIV negative, as she was born under the Prevention of Mother to Child Transmission process.



Samir (*left*), whose parents died when he was very young, is no longer alone. At 13, he was sick and friendless, but NJSS cared for him, enrolled him in ARV treatment, and reunited him with his extended family.

## JUST RELEASED!

***HIV and Community*** – a new resource for churches. This series of workshop sessions will build church members' understanding of HIV and AIDS from a biblical perspective, and enable them to engage with HIV and AIDS issues in their own communities. ***Hand in Hand***, a booklet of Bible studies to accompany ***HIV and Community***, will be available soon.



In Morang district, UMN has been working with the District Development Committee (*left*) to support the formation of Village HIV and AIDS Co-ordinating Committees and local Counselling Centres. These centres will provide information and advice, and work closely with the Co-ordinating Committees to develop local strategies to address HIV and AIDS issues.



Pray that churches will continue to respond to HIV and AIDS needs in their communities. Pray for the new materials being developed, and for the volunteers who provide Community Home-Based Care for people living with HIV and AIDS.

# UMN HOSPITALS

## A TRADITION OF LOVING SERVICE

I was going to meet the new Joint Secretary in a Ministry for the first time. I didn't know what sort of person he was, or if we could build up a good relationship quickly. However, I soon found out that he was from Palpa and that he knew the United Mission Hospital Tansen well. It was an immediate connecting link and showed once again the huge goodwill that both the hospitals generate in their communities. Whether it is an important government official or a simple teashop owner – if they or a relative have benefited from the loving service of either hospital, the positive feeling remains. Thirty-five years ago my own son was born in Tansen, so I know the feeling!

As many of you will know, we have been trying for a number of years to find a way for both hospitals to have a strong, sustainable future under Nepali ownership and governance. Having had many meetings with Ministry of Health officials from time to time, with their encouragement, we submitted a proposal over one-and-a-half years ago. There has been no response as yet. It seems clear that until we have a stable government in place and a new Constitution to guide it, we are unlikely to get firm decisions and direction. So United Mission Hospital Tansen and Okhaldhunga Community Hospital are still very much part of UMN, and we fully support all the wonderful work they are doing day by day in caring for those in need.

I had the privilege recently of visiting Okhaldhunga with Dr Olak Jirel. We were able to spend time with the staff of the Hospital and the Public Health Unit, thinking through the UMN Values and how these applied in their various areas of work. Our Hospitals' staff are good at seeing the need to think holistically – not just dealing with a broken leg, but with a whole person in need – body, soul and spirit. I thank God for all the love and care constantly shown by our staff in the hospitals.

**David McConkey**  
UMN Liaison Director



United Mission Hospital Tansen is keen to recruit an expatriate surgeon, and perhaps an IT specialist. For more details, see page 15. Contact [expat.recruitment@umn.org.np](mailto:expat.recruitment@umn.org.np)



## CHATTING WITH DR RACHEL KARRACH

### *How did you come to be Director of United Mission Hospital Tansen?*

It wasn't my intention! I came in 1994 to work as a doctor just for three years. I was Medical Superintendent for a while, and "acted up" while others were on furloughs. I enjoyed the challenge, and when the last Director left, I filled in. I just kept filling in, and found I had a permanent job!

### *You were Hospital Director during the insurgency.*

#### *What was that experience like?*

The worst time was when a thousand or so Maoists attacked and burnt the District Headquarters. There were rocket attacks and shooting all night, and army helicopters overhead. It wasn't a surprise – people had been saying, "Tansen will be next." Our staff were shocked and shaken, but handled it really well.



### *How has work at Tansen changed over the years?*

We've become a lot more structured and intentional about training. We're heading more towards specialisation, seeing ourselves as a model of what can be done outside of the capital city. We train interns, GPs, SBAs (Skilled Birth Attendants), community health workers, all kinds of people.

### *What have been some of the highlights?*

Successfully carrying out big building programmes has been difficult, but very satisfying. At first, we only had about five Nepali doctors, now there are about 20 – that's great. It's also satisfying to see staff who came as Residents maturing into leadership. And we've had several big awards recently. It's good to see our work recognised.

### *What do you think is the future for United Mission Hospital Tansen?*

We're now trying to be more part of what's going on in the community, through programmes like the HIV Treatment Centre. We want to be part of the health establishment, not just a mission hospital doing its own thing. So we're building relationships with various local authorities and organisations. The District Health Officer has been most helpful. He has a vision for the district, and we are part of that. We also want to be a resource for other Christian hospitals in Nepal.

### *And what about your own future?*

Well, I take that one step at a time. The future is open. God is faithful, and it's His hospital, not mine. It's a privilege to be here and to be part of something special.

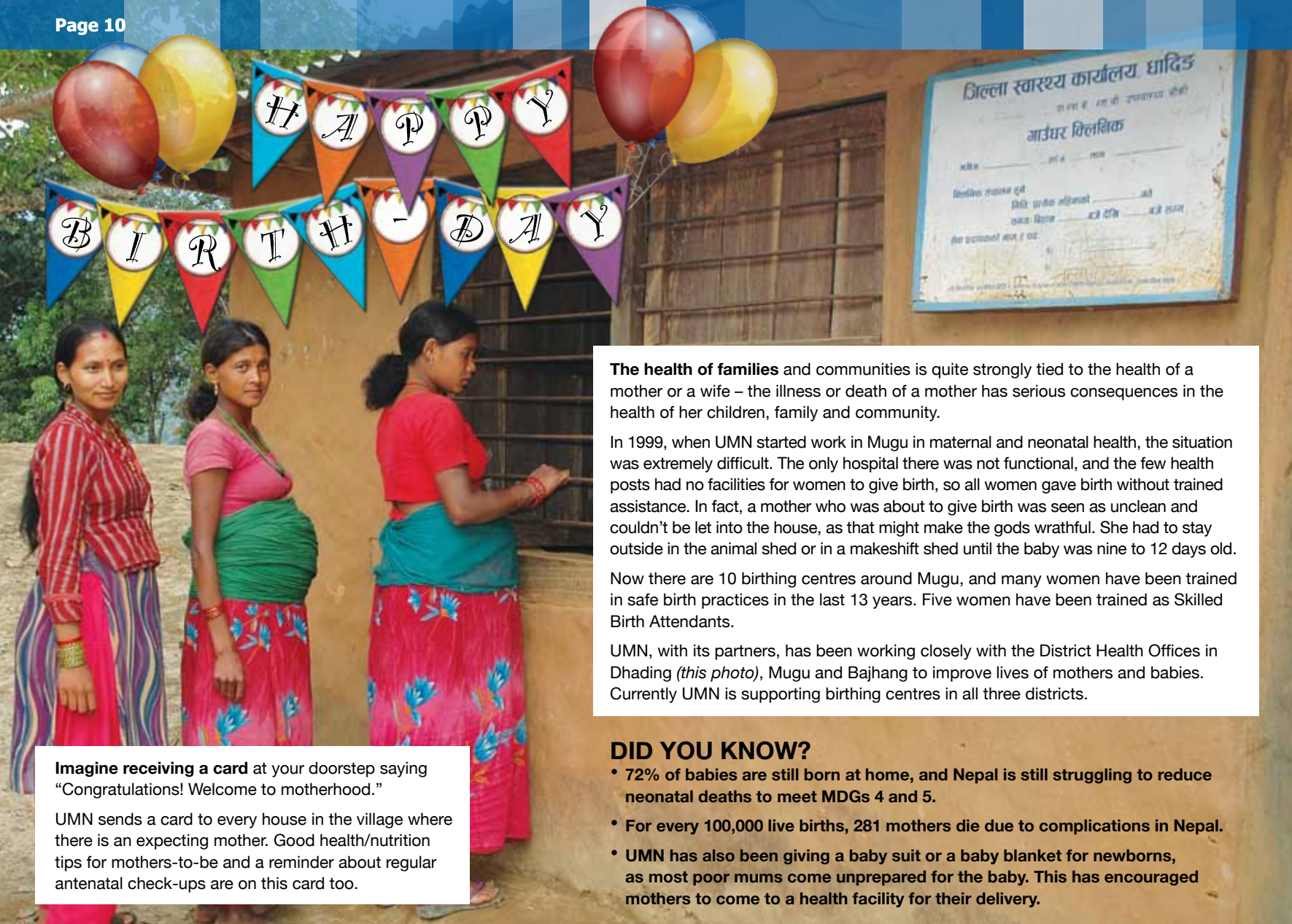
## MEANWHILE, IN OKHALDHUNGA...



The ambitious building programme is going well. The Tuberculosis Ward is almost finished and ready for use. The team hopes to be able to move into the Out-patients building before the monsoon. Foundations are completed for the main treatment building, and the pillars and frameworks are starting to rise.

Item	United Mission Hospital Tansen	Okhaldhunga Community Hospital
Number of beds	165	32
Bed occupancy rate	85%	100%*
Out-patients	84,438	23,787
In-patients	12,217	3,461
Surgery	7,528	1,478
Babies delivered	1,791	669
Free care given	NRP 10,258,447 (GBP 73,800; USD 120,688)	NRP 10,573,220 (GBP 76,066; USD 124,390)

\*Although Okhaldhunga Community Hospital only has 32 beds, it regularly accommodates up to 50 patients!



**Imagine receiving a card** at your doorstep saying “Congratulations! Welcome to motherhood.”

UMN sends a card to every house in the village where there is an expecting mother. Good health/nutrition tips for mothers-to-be and a reminder about regular antenatal check-ups are on this card too.

**The health of families** and communities is quite strongly tied to the health of a mother or a wife – the illness or death of a mother has serious consequences in the health of her children, family and community.

In 1999, when UMN started work in Mugu in maternal and neonatal health, the situation was extremely difficult. The only hospital there was not functional, and the few health posts had no facilities for women to give birth, so all women gave birth without trained assistance. In fact, a mother who was about to give birth was seen as unclean and couldn't be let into the house, as that might make the gods wrathful. She had to stay outside in the animal shed or in a makeshift shed until the baby was nine to 12 days old.

Now there are 10 birthing centres around Mugu, and many women have been trained in safe birth practices in the last 13 years. Five women have been trained as Skilled Birth Attendants.

UMN, with its partners, has been working closely with the District Health Offices in Dhading (*this photo*), Mugu and Bajhang to improve lives of mothers and babies. Currently UMN is supporting birthing centres in all three districts.

## DID YOU KNOW?

- 72% of babies are still born at home, and Nepal is still struggling to reduce neonatal deaths to meet MDGs 4 and 5.
- For every 100,000 live births, 281 mothers die due to complications in Nepal.
- UMN has also been giving a baby suit or a baby blanket for newborns, as most poor mums come unprepared for the baby. This has encouraged mothers to come to a health facility for their delivery.

# FOOD FOR *thought*



Can you help? A nutrition group facilitator is paid a stipend of just NRP 5000 (GBP 36, USD 58) per month. They usually work for six to nine months of the year.

See [page 14](#), or contact [finance@umn.org.np](mailto:finance@umn.org.np)

**A frightening statistic** – almost half of Nepal's children under five years of age are stunted or suffer from under-nutrition. That's 1.7 million kids – hungry, vulnerable to disease, unable to grow to their potential because they don't have enough to eat, or don't eat the right foods. Poor nutrition isn't just a physical issue. Children without proper food don't develop intellectually as well as they should. A childhood without good food can impact an adult throughout their whole life, trapping them in poverty.

In three of UMN's working areas, women are meeting to find ways to feed their children better. In these nutrition groups, they discuss the importance of good food, and learn how to cook "super porridge" from local grains. Together, they cook a nutritious meal for their children from locally-available and affordable foods, and monitor their progress.

Manisha Gautam (*pictured above*) attends a nutrition group in Rukum. Her daughter Sabita is responding well to the meals, and is much healthier. Baby Kumari is still being breast-fed, but has a better chance of eating well, now that her mother is more aware of what makes for a healthy diet.

# HEALING THE HURTS



**Enormous floods three years ago** swept away everything the inhabitants of Koshi had. Phul Devi Mehata, 35, managed to escape from the disaster with her family. They survived with a box of important papers, 4 goats, and a buffalo. It was the toughest day of her life, she recalls. She was left traumatised, with nothing to eat or drink or even to live on. Phul Devi returned to Koshi after some months. She was overwhelmed to find the area raised 6 ft higher than before, covered with a layer of sand. Her place was no better than desert.

Caring for people who have experienced traumatic events, whether in war or in natural disasters, goes far beyond providing for their material needs. Phul Devi and her neighbours needed to recover hope, self-confidence and courage. They found the answers in women's groups, established by UMN's partner Participant Mobilisation Centre (PMC). There they could discuss what had happened in a supportive, caring environment, and take charge of their lives, making decisions for their families and their community.

The discussions and exercises in UMN's Trauma Healing programme really helped. Phul Devi says she feels better after attending the meetings, and practises what she learns at home. Many other women like her feel empowered to speak up and have increased their confidence after their involvement in groups.

Physical needs must be met too, of course. For the last two years PMC has provided income generation skills like vegetable farming and goat rearing, and has helped the people to use their skills for earning, providing them with materials.

# NEWS

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780



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## TRIPLETS!

For the first time ever, triplets have been successfully delivered at Okhaldhunga Community Hospital. The young mother was referred by a local health post, because her belly was huge and she had high blood pressure. An hour or so after arrival, she and her husband were the surprised parents of two little boys and a girl, the smallest at just 1500 grams. They were all given very special care, and the little family has returned joyfully to their village.



## iUMNews

The Communications Team are currently working on a tablet and smartphone edition of **UMNews**. The articles will be largely the same as the printed issue, but with some added content like videos and interactive links. Please see our website for more details and to subscribe.



[umn.org.np/umnewstablet.html](http://umn.org.np/umnewstablet.html)



## LADY OF THE LAKE

Executive Director Mark Galpin's mother Catharine puts her UMN T-shirt into context beside Lake Fewa in Pokhara. Send in your photo of someone wearing a UMN T-shirt in some interesting or iconic location, or maybe just in your back yard!

## BUILDING ORGANISATIONAL CAPACITY

A new booklet published by UMN will help organisations develop their ability to manage themselves well. **Susharsanko Goreto** is a Nepali adaption of a Tearfund booklet, and makes this valuable content available in Nepali. Contact [communications@umn.org.np](mailto:communications@umn.org.np) for more information.



## NATIONAL MENTAL HEALTH NETWORK

UMN has been helping set up a network of organisations working in the very important field of mental health. The network consists of 19 members, and was officially formed as a loose network on 27 March, 2012 with UMN undertaking the secretariat role. Members hope that by working together, they can share information and deliver better services to people suffering from mental illness in Nepal.

## FAREWELL DR DICK



With sadness, we report the death of pioneer Dr Jimmy Dick, who died in Scotland at the beginning of January. Dr Dick came to Nepal in 1957 and established a medical clinic which later became Okhaldhunga Hospital. He led the Okhaldhunga team until 1967. Dr Dick was able to send a message to Okhaldhunga last year, when the hospital celebrated its Golden Jubilee. Our sincere condolences to his family at this sad time.

## TEARFUND SUPPORTERS' VISIT

In January a group of Tearfund (UK) supporters visited Sunsari to see the HIV and AIDS work that UMN and local partner, NJSS, are involved with. The visitors were keen to understand the context, and to gather stories to use when speaking to churches in the UK about the transforming work of Tearfund's partners in Nepal.

They met local pastors whose churches are working together, to support people living with HIV and AIDS, to educate the local community about HIV and reduce stigma and discrimination. They also met an inspiring group of young people (Christian Family Life Educators) who spend their free time talking to children and young people in schools and colleges about HIV, and taking part in community awareness campaigns.

Among those whose lives are being transformed, the group met Raju and his family who were sick and destitute before they received help from NJSS. Raju says:

"I visited NJSS and explained my family's problems. Twenty-five members from a local church came and constructed a house for my family. They collected building materials by donation, and did all the work themselves. That was real love in the name of Jesus. NJSS provided a new rickshaw and two pigs to help us make a better livelihood. Now I am able to support my family and my children go to school. One year ago, we all became Christians and we are members of the local church. I have seen neighbours change their attitudes



towards people living with HIV and AIDS. I am thankful to NJSS, the church and God for giving my family hope and a future."

"We were encouraged, inspired and challenged by all the people we met and we are very grateful to UMN and NJSS staff for taking time out of their busy schedules to facilitate our visit. Thank you!" says Jude Collins, Tearfund Nepal.

## THIRTY YEARS OF

*Dr Olak B Jirel*  
UMN Hospital  
Services Director

# Caring

“I thank God for guiding me.”

**When I went to United Mission Hospital Tansen** in 1982, my plan was just to go there and work for a few months. But it has been more than thirty years and I am still with UMN health services! I am glad to say that each moment of the past thirty or more years has been memorable, and full of meaning and purpose.

I was born in Jiri as the eldest of seven children. My primary education was in Jiri and college education was in Kathmandu. In 1975, I went to South India for my medical course. After completing the MBBS course from what was then Madras University, I joined United Mission Hospital Tansen in April 1982 as a resident medical officer. In 1994 I began to study for a Medical Doctorate in General Practice at the Institute of Medicine and completed that course in 1997. My wife Jasmine and I have two children – Abhishek and Archana.

In early 2005, I moved to Kathmandu to take up the post of Human Development and Community Services' Health Services Director, as a part of the UMN hospitals transition. For three years, I managed both UMN hospitals and HDCS hospitals. In July 2008, I became the UMN Hospital Services Director.

One of the reasons why I spent so many years working with UMN is its way of working, based on and motivated by the values and tradition in which UMN was established. Good team work, together with love and care for each other, are other reasons. Last but not least, it is God who plans and guides everyone in their respective ministries. I therefore thank God for guiding me and my family faithfully through these last thirty years.





# pray

**Pray for the health of women**, children and families living in poor and remote areas of Nepal. Pray especially for an end to maternal and child mortality, and for UMN's partners and government agencies that are working towards building strong and healthy families and communities.

**Please pray for children** like Sabita (page 11), who are affected by hunger and malnutrition. Pray for rains to be sufficient for a healthy harvest this year and for the UMN projects that aim to fight poverty and give people fullness of life.

**Pray for the five children** from Rukum that Damodar Pandit (UMN's Rehab Co-ordinator) has identified, and who will be coming for treatment in Kathmandu in March. Pray for parents caring for children with disability back in villages.

**Pray for those involved** in providing support and care to families living with HIV and AIDS. Pray especially that churches will be responsive to this need in their communities, and be active in showing God's loving concern to people in desperate circumstances.



# donate

## DONATE ONLINE

[umn.org.np](http://umn.org.np)

Give via credit or debit card from anywhere in the world. *For UK donors, this site offers tax-efficient giving.*

## INTERNET BANKING & MONEY TRANSFER

Set up a payment or monthly standing order to transfer funds.

### UK & EUROPEAN CURRENCIES

Pay to: **United Mission to Nepal**  
Sort Code: **60-91-99**  
Account Number: **10078177** (Sterling)  
**10615512** (Euro)

### US & NEPAL CURRENCIES

Transfer or wire to:  
**Standard Chartered Bank Nepal Ltd.**  
**PO Box 3990, Nayabaneswar,**  
**Kathmandu, Nepal**  
Account Number:  
Swift Code: **SCBLNPKA**  
**01048879851** (USD account)  
**18048879810** (NRS account)

## MAIL DONATIONS

### POST DIRECTLY TO NEPAL

Make a cheque to "**United Mission to Nepal**" in Euros, Sterling, Australian, Canadian or USD

Mail to:

**Finance Team (38), UMN**  
**PO Box 126**  
**Kathmandu, Nepal**

## OTHER OPTIONS

Contact [finance@umn.org.np](mailto:finance@umn.org.np)

- To designate your gift for a certain cluster or area of work
- To find out about tax-efficient giving in the UK, USA and Australia



## tell others

We are really proud of our new look **UMNews**, and we'd love the opportunity to share UMN's stories with more and more people. Can you help us? We are happy to send you multiple copies of **UMNews**

for you to pass on to friends or put on display in your church. Just email [communications@umn.org.np](mailto:communications@umn.org.np) or write to us and tell us how many copies you would like to receive.

**UMN is on Facebook.** Find us at [facebook.com/umnnepal](https://www.facebook.com/umnnepal) "Like" us, and you'll get stories and weekly prayer points on your Facebook page. When you read a story you enjoy, "Share" with your Facebook friends. It's a great way to spread the word!

**Share the Prayer.** If you would like more copies of UMN's new Prayer Card (included in this edition), email [communications@umn.org.np](mailto:communications@umn.org.np) or write to us, and we'll send them to you. How about giving each member of your home fellowship group a UMN Prayer Card?



## join us

**UMN's cross-cultural teams** provide opportunities for suitably skilled expatriates to work with Nepali colleagues, sharing technical skills and demonstrating God's loving concern for all people, particularly the poorest and most vulnerable.

Expatriate team members do not receive a salary or remuneration from UMN directly, but are self-supported volunteers, or supported by a sending mission or church in their home country. If you are interested in either of these positions, or if you would like to ask about other opportunities for service in UMN, please contact Ann McConkey at [expat.recruitment@umn.org.np](mailto:expat.recruitment@umn.org.np) to learn more. Send your CV or resumé with your email.

### PRIORITY NEEDS

#### Surgeon – United Mission Hospital Tansen

General surgeon with full post-graduate qualifications, currently registered with his/her own national regulating body. Work involves dealing with both elective and emergency general surgical cases and also teaching and mentoring junior Nepal doctors. Flexibility and an interest in teaching required, as well as the ability to work in a more resource-limited setting.

#### Climate Change Advisor – Kathmandu, with frequent travel to regional and remote areas

A person willing to work flexibly to explore, research, plan, implement and monitor interventions for clean energy and/or climate change. S/he should have skills in at least some of the following: knowledge of and ability to

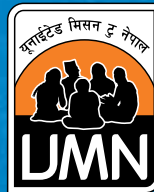
promote clean energy (e.g. micro-hydro, solar power); knowledge of adaptive and mitigation measures for climate change; ability to promote adaptive livelihood measures such as resilient crops, water management and micro-insurgence; ability to advocate on climate change issues.





“NOT ALL OF US CAN DO GREAT THINGS.  
BUT WE CAN DO SMALL THINGS WITH GREAT LOVE.”

Mother Teresa



*Fullness of life for all, in a transformed Nepali society*

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