

# UMN News

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

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## Dear friends

As UMN updates our strategy for 2020-25, we've been reflecting on our vision: "Fullness of Life for All in a Transformed Nepali Society." While every word in that vision is there for a reason, the two core concepts are Fullness and Transformation.

"Fullness", as friends of UMN will already know, comes from one of Jesus's own mission statements: "I have come so that people might have life, and life to the full." (John 10:10) Not just life, but life to the full; not just a life free from economic or physical poverty, but also from social, spiritual, relational and mental poverty. The past year's issues of UMNNews have described our work to increase different aspects of fullness.

By "Transformation" we recognise that for the poorest people trapped in poverty, fullness is out of reach without sweeping, systemic change. It will not come simply by tinkering within the current system. Many changes brought about by charitable work end up being less than transformative: helpful, improving, making the life of poverty more bearable, but unlikely in the foreseeable future to transform people's lives and free them from poverty.

UMN wants our work to be transformative, not merely helpful. And we want it to be transformative across the full range of root causes of poverty, not just a couple of easy-to-measure ones. That's an ambitious vision, requiring an ambitious strategy!

That said, UMN's objective is not to bring people to perfect fullness. While we can set people on a journey toward perfect fullness of life, we believe its full realisation awaits a Kingdom not of this world. There is a level of transformation somewhere between "utter poverty" and "100% fullness" where we would no longer describe a person or community as poor. That is the threshold we are aiming for.

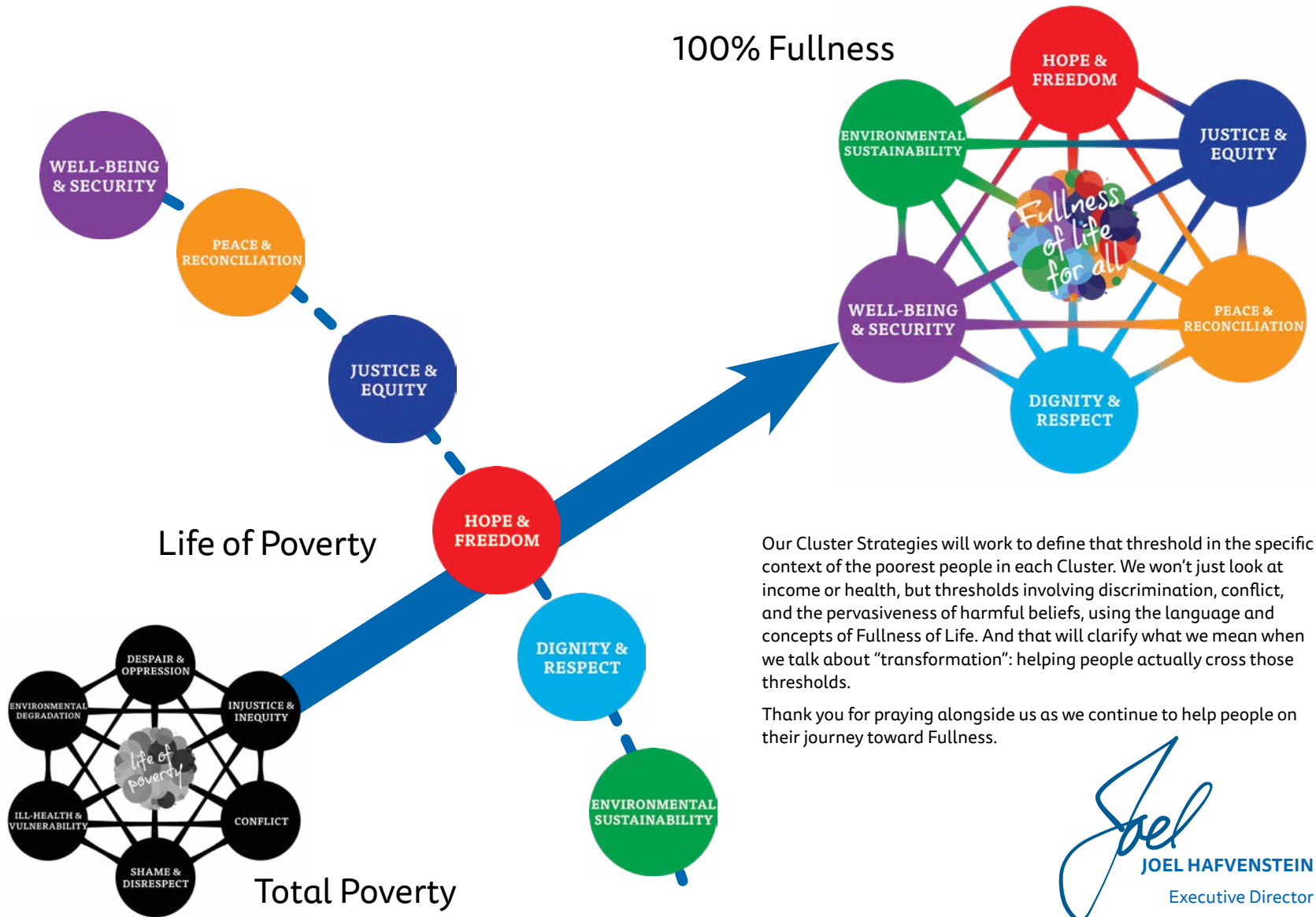
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UMN 2019





*Joel*  
**JOEL HAFVENSTEIN**  
 Executive Director

# MUSAHAR COMMUNITY TRANSFORMATION

## in Sunsari

This was the life of Musahar families in Sunsari district. Their landless situation combined with poor education has traditionally forced these Tarai Dalits<sup>1</sup> to be farm labourers, accepting very low wages due to their poor bargaining position. They depended on seasonal agricultural work and seasonal migration, with children working to contribute to the family income. They didn't have a reliable regular source of income and saving wasn't practised so there were no reserves for hard times.

Motivated by our mission and values to have special concern for poor and marginalised people and to address the root causes of poverty, UMN's Sunsari Cluster through our partner Chandra Mukhi Club (CMC) sought to bring holistic transformation in the Musahar community. Over a period of three years we worked with 20 families. This started with forming a self-reliant group. This group gave teaching and coaching to increase skills in their existing income-generating activities of vegetable production. Further intensive training was needed to increase confidence and entrepreneurial skills. They encountered challenges such as the landlord (from the higher Mehata caste) refusing to lease his land to them and other landlords banning Musahar farmers from walking through their land. However, with the help of the group they were able to negotiate with the landlords to allow access through their land. Meanwhile, one Mehata caste lady had a strong desire to uplift Musahar people and convinced her mother-in-law to provide her land for lease, so the farming became possible. Justice came in the process of improving their well-being.

Our target group received help with market connections too, and we discovered it was necessary to give extra support to facilitate vegetable traders as well as production. Now the community has three traders and two have purchased motorcycles to take produce to market. Owning bikes increased their social status in the community too! And seeing their success, 18 other Musahar families have also taken up vegetable cultivation.

Can you imagine a community of 106 families where:

- ➔ No-one has a toilet.
- ➔ No-one has their birth registered.
- ➔ Literacy is only 7.3%.
- ➔ Less than 50% of primary-age children are in school.
- ➔ 96% of people are landless.
- ➔ The community's socio-ethnic group is seen as the lowest, as untouchable Dalits.



A Musahar home

<sup>1</sup> Belonging to a so-called lower caste community and living in the flat land in the south of Nepal



### Beyond a livelihood

Transformation was not only in skills and income. The self-reliant group also created a setting to raise awareness of the importance of education, sanitation, hygiene and financial security. Today, of the 20 families, all children are enrolled in school and studying, all children have their birth registered and all families have a toilet.

The practice of saving has begun, from around NPR 20 a month initially (USD 0.17) to NPR 200 a month now (USD 1.70), with some vegetable traders managing to save NPR 400 (USD 3.5) daily. People are also starting to participate in life insurance.

### Community acceptance and respect

Musahars, being Dalit, marginalised and poor, were previously not valued by the local community and were never included in different committees such as management of open-air markets, Rural Municipality consultation, road construction and local festivals. But after improving their economic and social status (buying and riding motorcycles, being involved in vegetable trading) they are now consulted, valued and included in different committees of their community.





# SHARMILA

## “NOW I’M A KNOWLEDGEABLE MOTHER”

Everyone was delighted when Sharmila gave birth to her first child, a baby boy two years ago. Her husband and family members were filled with happiness by the arrival of a new member in their family. However, the joy didn't last long - after only five days, the child's life ended. It all started when the baby couldn't suck breast milk and began to look drowsy. Sharmila recalls: "I didn't understand what was happening to my baby. I tried to make him comfortable and wrapped him in a warm blanket. When he became unconscious, I was terrified. Despite our efforts to take him to the hospital on time, we couldn't save him."

Sharmila Bohara from Bajhang was only 19 when she experienced this tragedy in her life. UMN and its partner organisation in Bajhang, through a Maternal, Neonatal and Child Health Project, is working to end such kinds of tragedy. The project has supported health facilities and outreach clinics with required equipment, trained health professionals and mobilised community members to generate health-seeking behaviour, especially concerning maternal and child health. In addition, capacity-building activities for Female Community Health Volunteers (FCHV) and strengthening of Health Mothers' Groups (Swasthya Aama Samuha) were also done.

Sharmila was invited to join one of the mothers' groups by a FCHV. When she did, she was astonished by her new learning about mother and child health. "One of the sessions was about danger signs in neonates. At that time, I realised that my child would still be alive if I had known about these signs earlier," shares Sharmila. When Sharmila became pregnant for the second time, she immediately visited the facility and received antenatal care service even though it was three hours away from her house. She also visited the outreach clinic near her home that operated once a month. She received all her necessary immunisations, iron and folic acid tablets, tests and counselling from the health workers. Finally, she delivered a healthy baby boy once again. Her boy is now two months of age and is super healthy. We know her confidence has increased when she declares, "I am a knowledgeable mother now. I will do all I can to help my child grow and develop in a perfect way".

**RUTH WEBSTER**

Communications Advisor



Sharmila with her baby



# Healthy starts for babies in the Far-West

In this season of remembering Christ's birth we often think about pregnancy and childbirth. In addition to the maternity and child health work through our Tansen and Okhaldhunga hospitals, UMN has supported Maternal and Child Health (MCH) for decades in many districts (the most recent 5-year MCH project in all our clusters was just completed in June 2019). Sharmila's experience was from an ongoing project in Bajhang. Another far-western district, Doti, has also seen significant improvements in MCH over the last year:

- ➔ Training provided to Female Community Health Volunteers on Maternal and Child Health led to the increased uptake of antenatal care (ANC), institutional deliveries and postnatal care visits by mothers.
- ➔ The first ANC session was attended by 380 pregnant women and the fourth by 246.
- ➔ We supported a local health post with materials and equipment needed for a 24-hour birthing service.
- ➔ There were 230 institutional deliveries with postnatal care and no cases of child or maternal death in our working areas.

We are happy to celebrate these healthy arrivals of babies thanks to the work of our partners.



*Health women's group in Bajhang*



*Mother and child in Doti*





# Mental health is **treatable**; suicide is **preventable**

This was the message we shared through multiple 10k running and walking events across Nepal and around the world in October! It started as an idea for a 10k fun run for mental health awareness in Kathmandu, linked with World Mental Health Day and the theme of preventing suicide. Then the clusters were inspired to do their own events in their own districts. Okhaldhunga hospital and KISC school students joined in, and even friends and supporters around the world on their own or in groups. In total, there were over 200 runners and walkers around Nepal in ten locations, over 130 runners in Kathmandu, 20 volunteers, and around 30 runners or walkers around the world. In Kathmandu, people registered from over 50 different places - organisations, colleges, churches, businesses. As the first run we've ever organised it became a big event, arranging registrations, signs, water stations, permission and volunteers for the route and sending hundreds of T-shirts across Nepal.

The groups that UMN works with - people living in poverty and those most neglected and marginalised - are particularly at risk of mental illness. Due to the stigma and discrimination associated with it, people often do not talk about mental health, nor do they seek help. This run was a chance to raise awareness of mental health problems and to encourage people to get help. We created leaflets in Nepali and English to give out to the public, making people aware of mental health problems and with helplines for advice. It proved to be a great opportunity to talk about mental health.





### Did you know, in Nepal:

1. Suicide is the leading cause of death among women of reproductive age (15-49 years).
2. Nepal's female suicide rate is the 3rd highest in the world.
3. Every year more than 5000 suicide cases are reported to police.
4. In the last 4 years, there has been a 13% rise in suicide rates.

### Opportunity to fundraise for our mental health work!

A funding gap in our mental health work has arisen recently. Therefore, if you or people you know would like to donate or fundraise for this, please see below!

Our mental health work in five districts includes community intervention such as identification and referral of mental health problems, community sensitisation, and stigma-reduction activities. We help build the capacity of local health facility staff in mental and psycho-social health as well as helping to integrate mental health care services into existing health care systems.

Please help us meet gaps in our funding towards this life-saving and life-bringing work as we seek fullness of life for all in a transformed Nepali society.

### HOW TO DONATE:



- ➔ Make out a cheque or postal order payable to United Mission to Nepal. Make a note indicating how you would like your donation to be used (e.g. Mental Health). Post it! (to: UMN, PO Box 126, Kathmandu, Nepal)
- ➔ To give online or arrange a bank transfer please go to **[www.umn.org.np/give](http://www.umn.org.np/give)**

#### Options include:

For USA residents, tax-deductible gifts through UMC advance.

For UK residents, Gift Aid through the UMN Support Trust.

For all other countries please use PayPal or bank transfer.

Thank you for considering this need!



# A time for EVERYTHING

Himalaya has been the ground under our feet and the mountain-view a blessing for our eyes for a total of 26 years. The basis for the journey was a deep call, a long dream and planning. Erik had from early childhood known that his life would be as a mission doctor where no other doctors wanted to go and where His name was not well known.

We left Norway worked in Bhutan for 9 years, to the east of Nepal but still in the same mountain range, arriving in 1983 when our boys were 2, 3 and 4. There, in addition to national vaccination work, our sending agency Normisjon was involved in the construction and running of two small hospitals, proving to be part of God's plan in preparing us for the future. Our family had a good

time there, but as the boys grow older they had to be sent to Kathmandu for schooling. That wasn't practical long-term, so when our eldest son had reached 13 we went back to Norway.

In 2002, after 10 years away we returned to the Himalayas but this time to Nepal. Here we joined UMN. That was a great joy and opened our eyes to new ways of thinking about mission. It was great to become part of a fellowship of all nations for Nepal. We started out in Patan Hospital, before our eyes and calling went to Okhaldhunga in 2004. Okhaldhunga suited our rural mindset and we were very thankful for His calling to this beautiful place.



In Okhaldhunga we met a district free from roads, cars, electricity and phones, with the 10-year civil war still going on, but with good *dal bath* (local food) and with strong, friendly people to carry all necessities to the hospital. It was a small 32-bed hospital, adequate at a time when the patients were restricted in their travelling due to civil war, and only footpaths existed. We were very much impressed by the spirit of the staff and the family-friendly little hospital which continued functioning throughout the civil war.

After the war ended in 2006 roads were made, mobile phones came, and patients came rushing in increasing numbers. The hospital became overcrowded. Seven years after we came to Okhaldhunga, services were so overstretched that a vision of a new extended hospital was born. In the beginning the plans were modest, but the needs kept rising. As the plans grew, so did God's provision including the generosity from Norway. Every year we received enough! By 2018 the hospital stood renovated and extended to a well-equipped hospital of 50 beds. But now there are always between 60 – 100 patients admitted, and the numbers continue to increase. Therefore, the dream should not stop!

Our target from the beginning of the extension project was to complete the extension, and then stay on for at least one more year, to see that things were functioning as planned. Just at a time fitting with that plan, God called a new couple from Australia, John and Sally Padgett to pursue what is now on God's heart for Okhaldhunga.

There is a time for everything. We have had a time, we have been included in so many families, both among staff, neighbours and church. We have been included in pain and joy. God has taught us about Himself through their lives. We have been in Okhaldhunga in a great time of transition for the community, from open fireplaces to smokeless ovens, then to gas cooking. From home delivery to hospital delivery, from malnutrition to well-fed children, but also rising rates of diabetes. From no support from the Government for old and sick people, to living allowances for senior citizens and disabled people. And most recently, a general medical insurance scheme.

Now our time in Okhaldhunga has come to an end. It has been a life-changing experience for ourselves, and we give thanks to God, the people of Okhaldhunga, UMN and Normisjon our sending agency for the chance we have had to live and work in there and for being part of God's plan in Okhaldhunga.

**ERIK AND KRISTIN BØHLER**



# TWO FORMER UMNERS - BOTH LEADERS AND AUTHORS - PASS AWAY

## DR JOHN DICKINSON



We would like to inform our friends of the sad passing away of Dr John Dickinson on 19 November at the age of 79. He was suffering from pancreatic cancer. John, his wife Angela and their two children first came to Nepal in 1969. He worked as a physician in Shanta Bhawan Hospital. Among a number of his accomplishments were his pioneering studies on altitude sickness. During the late 1970s and 1980s, he also taught physiology at the Institute of Medicine. He served in Patan Hospital as the Medical Director until 1986.

In 2000, John headed up UMN's HIV Unit and also built a teaching relationship with Kathmandu University Medical School, which he continued for at least another decade through short visits back to Nepal after he retired.

John and his family wrote a memoir about their lives and work in Nepal called "A Yak in the Fridge" which was published in 2016, the year before he became ill.

John had a zest for life which carried over into his friendships, of which he had many in Nepal. We thank God for John's life and for his dedicated service in the health sector to the people of Nepal. Our prayers and thoughts are with the Dickinson family during this difficult time.

## NORMA KEHRBERG

Norma Kehrberg, who served in Nepal as a missionary for almost thirty years, went Home to be with the Lord on October 6, 2019. She was 81.

Norma first came to Nepal in 1968 as an educator and started work in Amp Pipal in 1969. Her work in the non-formal education project was particularly notable and made some lasting impacts in the rural regions for Nepali women. She also founded the YWCA in Nepal. Later she served as the Executive Director of UMN for a year from January - December 2000. One of her books, "The Cross in the Land of the Khukuri", is a remarkable work which traces the formation of an indigenous Nepalese Christianity true to the gospel and to its cultural identity.

Joel Hafvenstein shares:

"Norma Kehrberg was an exemplary UMNer, serving and leading with distinction for many years in our rural education work as well as accepting the Board's call to serve as Executive Director during a challenging time of transition.

"On Norma's last visit to Nepal, I was honored to meet with her (in the office from which she had negotiated our agreements with the government of Nepal almost 20 years earlier) and discuss UMN's history and present work. She had clearly never lost her passion for transforming poverty in Nepal or her love for the indigenous Nepali church, about which she wrote so insightfully.

"We thank God for Norma's life and witness, and pray for all those who are mourning her earthly absence."







# UMN Change PROCESS

We are thankful for your prayers and support as we share another round of updates on the UMN Change Process.

- ➔ We have been working since early 2019 to ensure a good exit from our projects and partnerships. We've invested in training our partners in fundraising and planning for their financial sustainability, as well as starting a network through which they can mutually support each other after UMN's departure.

- ➔ We are now giving Cluster Teams full responsibility for both design and implementation of projects, except during a major disaster when our Disaster Management Unit will lead UMN's response.
- ➔ We have also moved forward on establishing a bottom-up project design process as the UMN standard. At the heart of the Change Process (and our Strategy for 2020-25) is the idea that "community transformation" requires communities to come together to actively analyse their own problems and design their own solutions. A pilot for bottom-up project design process has been done and the Guideline has now been finalised.
- ➔ We are piloting Outcome Mapping in Bajhang and will roll out the lessons from that to the rest of our work in the coming years. In addition, we are also planning for Outcome Harvesting.







## PRAY

Give thanks for the improvements in Maternal and Child Health in Nepal. The maternal mortality ratio in Nepal decreased from 539 maternal deaths per 100,000 live births to 239 maternal deaths per 100,000 live births between 1996 and 2016. This Christmas let us remember in prayer the many women in Nepal who live far from local health posts.

Pregnant mothers are carried or they walk for hours to the health facilities for their ante-natal check-ups or for delivery. It was very common to give birth at home but now there is a rise in facility-based delivery and the use of skilled birth attendants.

(see pages 6-7)



UMN will soon be doing a series of Project Agreements with the Social Welfare Council this year. We'd certainly appreciate prayer for wisdom, guidance and for a supportive environment in this process.

Please pray for the Mental Health work in UMN and for the completion and work of the New Life Psychiatric Rehab Centre. (see pages 8, 9 and 15)

Please pray for survivors of domestic violence and of rape which is growing in incidence in Nepal. Also pray for UMN's work addressing violence against women. (see page 15)



## 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 any of these positions or if you would like to ask about other opportunities for service in UMN, please contact Felipe Rocha 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

**DOCTORS FOR UNITED MISSION HOSPITAL TANSEN (IN ORDER OF NEED)** : Family Physicians (GPs) most needed. Next priority need is Internal Medicine. Then OB/GYN and Pediatrics. An Anesthetist will be needed in 2020.

**TUTORIAL GROUP TEACHER FOR TANSEN**: To teach a small group of delightful expatriate children ages 5-11 from a variety of countries, and manage the tutorial group. Needed in summer 2020.

**DOCTOR FOR OKHALDUNGA COMMUNITY HOSPITAL**: GP with Public Health Experience.

**TECHNICAL ADVISORS (Kathmandu)**: Disaster Management Advisor and Finance Advisor. For all advisors' positions, a Master's Degree and at least five years' experience in related field is required.

Flexibility, the ability to work in a resource-limited setting and an interest in teaching and mentoring junior Nepali doctors are required for all doctors. Long-term preferred. For OB/GYN and surgeons, both short and long-term are welcome to apply.





## PSYCHIATRIC REHAB CENTRE IN TANSEN

The New Life Psychiatric Rehab Centre is a joint project of Mission Nepal (a joint churches NGO), the United Mission Hospital Tansen, the Municipality and the District Co-ordinating Committee. It is set up as a safe place for psychiatric patients who are ready to leave hospital after treatment but have no safe place or home to go to. The original building is cramped and inadequate for 8-10 residents and was only intended as a short-term solution. The new building, which will accommodate 15 residents, was started with the support of the United Methodist Church and is nearing completion. We would appreciate prayers for finishing the work, including funding for completion and longer-term running costs. We hope to complete the project in January 2020.



## AGAINST GENDER-BASED VIOLENCE

UMN community groups, staff and partners took part in the global 16-day campaign of Activism Against Gender-Based Violence (November 25 – December 10). The Interfaith Peace Federation Kathmandu held a panel discussion on the role of religious leaders in ending violence against women. In Kapilbastu with our partners we helped to organise a secondary school speech competition on "Combating Gender-Based Violence" where 24 students gave speeches. UMN also showed solidarity with the Thursdays in Black global movement (resisting attitudes and practices that permit rape and violence) by wearing black outfits to work in our locations for one Thursday.



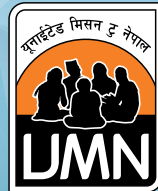
## VISION TWENTY20

Vision Twenty20 was the theme for UMN's General Assembly which was held on November 13 and 14. Supporting Partner friends of UMN from 11 countries travelled to Nepal for this event. Joel Hafvenstein, along with the Board of Trustees of UMN, shared how UMN will go forward in the next strategic period 2020 -2025. UMN's partner staff and more importantly beneficiaries from each cluster joined to share their stories with our friends and supporters.



I **PRAY** THAT YOU  
MAY KNOW THIS  
**LOVE** THAT  
SURPASSES  
**KNOWLEDGE** THAT  
YOU MAY  
**BE FILLED** TO  
THE **MEASURE**  
OF **FULLNESS** OF **GOD**  
ALL THE

Ephesians 3:19



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

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