

Mission to Kathmandu
by Mary B. Maxwell

The sign said, "We need nurses with advanced degrees." I saw it while visiting the Health Services Department of the headquarters of the United Mission to Nepal in Kathmandu in early 1998.

I was there as a tourist with a church-related group from the Pacific Northwest, visiting mission project sites and getting acquainted with Nepal. A couple of days later, I had the distinct call that I was to respond to the need expressed by the sign and to return to Nepal to work.

Nine months later, my husband and I were back in Kathmandu and ready to begin cross-cultural orientation and Nepali language training. We had been appointed by our church's national mission board, Common Global Ministries, a joint effort of the United Church of Christ and the Christian Church (Disciples of Christ). Two weeks before we left, I retired from my 22-year position as a nurse practitioner/specialist in oncology at the Portland Veterans Affairs Medical Center in Portland, Ore.

I am not unique. Nurses around the world are caring people and often respond to human need by volunteering to help. They may serve during times of great challenge, such as national disasters, or they may meet community needs by helping with immunization programs or working with various nonprofit groups. They may volunteer to work overseas with such organizations as Northwest Medical Teams and the Peace Corps, or they may offer their services to faith-based groups serving the homeless or elderly in their hometowns.

I had lived overseas before. In the early 1970s, my husband was a Peace Corps director in the Mariana Islands and a YMCA director in Quito, Ecuador. In both countries, I had done volunteer work part-time, as our children were young. It was clear to us that we could adjust now to a very different life in a Hindu country.

I was to be on the faculty at Lalitpur Nursing Campus (LNC), the second oldest and second largest nursing school in Nepal. The LNC was founded by the United Mission to Nepal (UMN) in 1959 to educate professional nurses for the new, modern hospitals that were being established. In 1974, all health education was nationalized, the Lalitpur Nursing Campus became academically affiliated with the national Tribhuvan University while remaining under UMN's administration.

The school features two programs: a three-year certificate program with 135 students and, since 1996, a two-year, post-basic bachelor of nursing program with 40 students. Most of the students live in the hostel, an aging historical structure. In the early days, most of the faculty were nurses from other countries, but now the faculty of 25 consists of bachelor-prepared Nepali nurses. To teach at the bachelor's level, a master's degree is required.

When I arrived, the Nepali teachers were being sent by turn to India or other countries for their master's preparation. Expatriate nurses filled in while they were gone. During my time, I worked with nurses from Australia, Germany and Sweden. I was assigned to Lalitpur Nursing Campus for three days a week and, for the remaining two days, to the Nepal Nursing Council (similar to a state board of nursing).

Professional nursing and development in general began late in Nepal. With the massive Himalaya Mountains to the north bordering on Tibet (now part of China) and a malaria and tiger-infested area along the southern border with India, Nepal remained isolated and closed to the outside world until 50 years ago. There was almost no infrastructure and no roads outside the main city, only footpaths connecting one part of the country with another.

In 1952, King Tribhuban overthrew the ruling prime minister, whose family had controlled the country for more than 100 years and kept it in a medieval state. The king wanted development work to begin so that his country could catch up with the rest of the world. He particularly wanted modern health care to be introduced. He invited Christian missionaries into the country on two conditions: that they not attempt to convert Nepali people from the Hindu faith and that all foreign mission groups work together.

Clinics were begun for women and children in the Kathmandu Valley by a handful of doctors and nurses who came from India. In 1954, the United Mission to Nepal was formed with eight different mission bodies represented on the board.

Now there are 36 mission bodies from 15 countries and four continents working cooperatively with the people of Nepal. Professionals with needed skills and expertise are sent from their home countries to work with Nepali counterparts all over the country in areas of health care, education and rural development.

The first two Nepali professional nurses were sent in 1952 by the king to study at a Presbyterian mission hospital in India. They spoke neither Hindi nor English. Because girls were generally not sent to school in those days, they had been educated by tutors at home. These two nurses returned to Nepal four years later and were instrumental in the development of modern nursing.

I worked with one of them, Uma D. Das, RN, PhD, president of the Nepal Nursing Council. She had received her master's and PhD degrees in the United States. Das and other members of the Nursing Council implemented a registration process for all nurses, developed procedures for the accreditation of nursing schools and formulated a 10-year strategic plan for nursing in Nepal.

As the "consultant" at Lalitpur Nursing Campus, I had leeway to work in the area of greatest need. That meant primarily administration rather than classroom teaching or clinical instruction. There was a push to modernize the internal management of the campus to make it more democratic and participatory. With the guidance of a steering committee composed of UMN and LNC leaders, a new organizational structure was drawn up, the number of committees was expanded, job descriptions were created and an internal policy book was prepared.

I also worked with Nepali faculty and staff to increase the library holdings (including new computers with Internet access), to develop and expand the scholarship program, and to increase fund raising and public relations activities. I prepared a large grant for the renovation of the old building that houses the main part of the campus. It has been funded by USAID for \$300,000 through the American Schools and Hospital Abroad (ASHA) program.

In 1952, Nepal had a population of eight million. It was a small, poor country with multiple problems. After 50 years of intense development efforts and massive amounts of foreign aid, it is still one of the poorest countries in the world. The population has now reached almost 26 million, putting a tremendous strain on all the country's resources. A Maoist insurgency has created turmoil and reduced the flow of tourists, formerly the mainstay of Nepal's economy.

A constitutional monarchy allowing greater democratic participation began in 1990 when the king gave up some of his powers, but it has been difficult to implement. The major health problems in Nepal are common to those of other developing countries: infant and maternal mortality, malnutrition, tuberculosis, and now AIDS.

Doctors and nurses are reluctant to work outside the urban areas for lack of security and a variety of other reasons. Despite the hard work of nursing leaders over the years, health care is still below international standards in most parts of the country.

We all have different missions in life and different gifts to share. I had always imagined missionary nurses overseas as running clinics under trees in isolated rural areas while preaching and teaching. The reality of my work in Nepal's capital city was very different. My mission was to prepare Nepali nurses for health care leadership by facilitating nursing education and the advancement of professional nursing. My work was my witness. Every day was an adventure. What I thought would be a transition into retirement turned out to be the highlight of my life.

References

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Article originally appeared in *Reflections on Nursing Leadership*, Third Quarter 2003.