

# today nepal

The magazine of INF | Issue 240 | September 2021

## Creation, Care and Community

Journeying together through COVID-19



INTERNATIONAL NEPAL  
FELLOWSHIP AUSTRALIA





## **“We’re all in this together,” people say as COVID-19 continues to assault communities and healthcare systems in Nepal and across the world.**

In a sense these words are true. COVID-19, especially the new variants, spreads as we all go about our daily lives. We experience its impact in our communities and in our world. We watch our leaders trying to meet the greatest public health crisis the world has seen in generations.

We all struggle with grief and fear and a thousand thoughts and emotions.

Yet, in a sense, these words only become true if we work to make them true. Because the pandemic does not affect us all equally. And the differences between the poorest and the wealthiest among us can be stark.

How can homeless people “shelter at home”? How do people with no clean water maintain “hand hygiene”? How can people stay socially distanced in cramped houses and neighbourhoods? How do daily wage labourers earn enough money to feed their family during a lockdown? How can people in poor nations like Nepal get vaccinated when the world’s wealthiest nations have already paid top dollar to buy almost all of the world’s supply?

So to all be truly “in this together”, we will need to act – individually, locally and globally – to create solidarity, sharing, and support for the most vulnerable people in our communities and our world.

As you read this issue, I hope that you will be challenged and encouraged. Thank you for all the ways you join with us in prayer, support and practical acts of care for all our global neighbours. During and beyond the pandemic, we must continue to support each other so that we really are all in this together.

**Ben Thurley**  
CEO  
INF Australia

Seed for the sower	<b>1</b>
Creation – care – community	<b>2</b>
Importance of speaking up	<b>4</b>
Coming home	<b>5</b>
Care at the extremes	<b>8</b>
INF’s COVID response updates	<b>12</b>
Power to change	<b>15</b>
Fun stuff	<b>18</b>
Faith & life - webinar series	<b>19</b>
Bible spotlight	<b>20</b>
What’s happening around the world	<b>21</b>



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a Christian mission  
serving the physical  
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of Nepali people

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**INF’s Vision**  
Life in all its fullness for Nepal’s  
poor and disadvantaged

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**Cover**  
A woman in her kitchen garden in Wai, Bajura.

**Photo:** Rowan Butler

# Seed For the Sower

## INF Australia's Recent Journey

**E**very five years, INF Australia undergoes a thorough and rigorous review by the Department of Foreign Affairs and Trade [DFAT] to ensure that our work, governance, financial stewardship and reporting all meet the highest possible standards. In previous years, INF Australia has been accredited at DFAT's "base" level – allowing us to receive some government funding for community programs.

This year we have been accredited at "full" level – meeting the highest standard for all of DFAT's criteria. I am extremely proud that the quality and professionalism of our work has been recognised in this way.

Financially, this means that INF Australia will receive extra funding through the Government's Australian NGO Cooperation Program in proportion to our overall spending on community programs and our public donations.

We are excited about the opportunities this brings for us to engage with supporters in Australia in new ways. While remaining absolutely committed to accountable and effective stewardship of our resources, we have been able to build a skilled and committed team [almost all part-time] in Australia with new capacity for program management, communications, community engagement, fundraising, and strategy development.

We are also thrilled to be able to provide new resources for the health and community work of our major partner in Nepal, International Nepal Fellowship. We are also able to increase our impact in Nepal through additional support for our other faith-based partners in Nepal, such as Shanti Nepal, Welfare Association for Children in Tikapur [WACT], Milap [Reconciliation], Elijah Counselling and Training Centre [ECTC], Mahila Milijuli [Women Together], Sarwangin

Sewa Samaj [Holistic Service Society – SSS], and Asal Chimekee Nepal [Good Neighbour Nepal – ACN].

Working with these skilled and dedicated partners, we will increase our impact, adding new focus on the rights and inclusion of children in our community programs and boosting our health programs through increased emphasis on mental health and psycho-social care,

The new funding from the Australian Government, new skills and resources in the staff team, new and renewed partnerships with organisations in Nepal, along with the faithful and generous support of Australian supporters are all "seeds" we have been given to serve people in Nepal. We are looking forward to using those seeds, in obedience to God, to bring about a "harvest of righteousness" [2 Corinthians 9:10] that transforms the lives of people in poverty.



INF Australia team





# Creation - Care - Community

**COVID-19 has shown us how interconnected we all are. Through travel and tourism, a virus in one place becomes a pandemic and is a risk to people's health in almost every place. The disruption COVID-19 causes to lives and livelihoods in one suburb or community – maybe food producers or a school community, or people stacking shelves in supermarkets – causes chaos and difficulty for others far removed from that outbreak.**

**T**he pandemic has also shown us how deeply connected we are with our created home, making clear – if we didn't understand it already – that human health is dependent on a healthy and thriving environment.

By making these connections clear, it reminds us that we do live in a global, human community, just as much as we live in local and national communities. It also reminds us that our community extends to the domesticated and wild animals who need our care if they are to thrive in our common home. Beyond that, our community includes Earth's forests and fields, oceans and mountains, as well as our shared sky. Because if our planetary home is unhealthy, then all creatures suffer.

## EMERGENCE

We don't know exactly when or where it happened, but it's fairly certain that sometime during 2019 a virus made the leap from its incubation home in a bat population somewhere in

China to humans. Perhaps via another, intermediate, species of animal with which human beings were in close contact through farms or markets. The first cases of a pneumonia-like respiratory disease were observed in late 2019 in Wuhan, China.

With that, the SARS-Cov-2 virus was born. And the disease it causes in humans – named COVID-19 for the year it was first identified – set about its blind and terrible business of replicating its way from host to host, infecting as many people as possible.

More than 200 million cases and over four million reported deaths later, this disease has wreaked terrible havoc on the world, affecting every person and every nation, but hitting the poorest people and communities the hardest.

Part of the tragedy of our current situation is that it was possible to do more to predict and prevent the outbreak of a disease like COVID-19. In recent decades, more and more viruses had made the leap from animals to humans, causing illness

and disruption. The avian influenza [bird flu] outbreak of 2004. Ebola outbreaks in 2015 in Guinea, Liberia and Sierra Leone. There have been other coronaviruses, such as SARS [Severe Acute Respiratory Syndrome] and MERS [Middle East Respiratory Syndrome]. A recent United Nations Environment Program report, *Working With The Environment To Protect People*, notes that, "over 30 new human pathogens have been detected in the last three decades alone, 75 percent of which originated in animals."

The reasons for this are well understood. Habitat destruction brings more wild animals and their viruses into closer contact with people and their livestock. More intensive agriculture and livestock rearing reduces the diversity and resilience of animal populations and ecosystems, making them more vulnerable to disease. Climate change and pollution are creating new conditions for viruses to spread and mutate, and new stresses for animals and people are making them again more vulnerable to disease.



A community health volunteer receiving a vaccination shot in Pokhara **Photo:** Anil Rai

The first annual report from the Global Preparedness Monitoring Board in September 2019, *A World At Risk*, stated that “the world is at acute risk for devastating regional or global disease epidemics or pandemics that not only cause loss of life but upend economies and create social chaos.” Months before the first cases of COVID-19 were even observed, the report specifically noted that “the world is not prepared for a fast-moving, virulent respiratory pathogen pandemic” and made recommendations to national governments and global bodies on how to prepare.

Yet, very little was done.

## RESPONSE

The response to COVID-19 has tested what kind of national and international communities we are.

Since COVID-19 emerged, responses to the pandemic have varied enormously across the globe. Most governments now recognise the urgent need to protect the health and wellbeing of their citizens, particularly the most at-risk groups. Governments have used lockdowns and travel restrictions to reduce community transmission, promoted public health messaging and behaviours [like handwashing and mask

wearing] to slow or stop the spread, and invested in vaccines and treatments.

The development and wide-scale testing of not one, but several, relatively safe and effective vaccines in a matter of months is unprecedented in human history. Yet not enough vaccines are being produced and distributed to save lives and prevent more troubling variants from emerging. Wealthy nations have played with “vaccine nationalism”, paying top dollar to secure vaccines from global pharmaceutical companies, leaving poorer nations with barely enough supply to vaccinate even a tiny percentage of their populations. The same wealthy nations have also refused to fully fund COVAX, the global mechanism which was meant to secure the fast and fair distribution of vaccines across the world. The Global Preparedness Monitoring Board notes that, “for the first time in history, more people will die after we have an effective vaccine than before.”

COVID-19 is a pandemic of inequality. People and communities without social protection, with insecure work, poorly paid or casual labour, inadequate and unsanitary housing, are the people most likely to have the pre-existing health conditions that make them more vulnerable to the virus. Their work and living conditions [often in essential occupations like meat processing,

warehouse distribution centres, and the like] make them more likely to be exposed to COVID-19. And when exposed, their lack of income, and the lack of adequate social protection and financial support offered by governments, prevents them from staying at home.

## COMMITMENT

COVID-19 has revealed, in new and stark ways, that our global community is, to a great extent, deeply unsustainable and terribly unequal. Our created home is under stress and too many of our sisters and brothers in the human family suffer illness and injustices which could be prevented and overcome.

But in revealing this, it also provides an opportunity for us to ask again, “What kind of community do we wish to be?” How will we work together to protect our environment and the most vulnerable among us? How will we challenge our elected representatives and national leaders to cooperate in response to COVID-19 and other global challenges?

What kind of community do we want to live in? What will we do to help make it a reality?



# The Importance of Speaking Up

**In the lead up to the 2020 Federal Budget, INF Australia learned that the Australian Government was considering cutting funds to all aid programs outside of the Pacific Region and South East Asia. They had decided to make savings to manage a difficult budget and contribute more to the COVID-19 response of our Pacific Island neighbours. Despite having already been cut to the bone, Australia's aid program to Nepal, which funds education and economic empowerment for women, was under threat.**

In less than a week, we organised a petition and collaborated with sixteen Nepalese-Australian community organisations to pen a letter to the Foreign Minister. Together we followed up with phone calls and meeting requests.

Regrettably, Australia cut its aid to most countries in South Asia in that 2020 budget. Afghanistan, Pakistan, India, Bangladesh and Sri Lanka were all hit with cuts. Yet Nepal, along with only Bhutan and The Maldives, was spared.

We can't say that our action saved Nepal's aid program, as many factors go into budget decisions. But it certainly helped, as one of the factors that governments consider is the public pressure or support they might face for any course of action. The voices of an increasingly vocal Nepalese-Australian community, supported by other Australian NGOs and hundreds of INF Australia supporters, reminded the Government

that this was a decision people would pay attention to.

In May 2021, the Australian media began reporting on the rising "Second Wave" of COVID-19 in India, driven by the devastating Delta strain. Horrific images of mass cremations and the shock and grief of Australia's Indian community brought this close to home. The Government responded with additional financial aid and with extra medical equipment and supplies to India. Yet the same wave was engulfing Nepal, which was receiving virtually no media attention at the time, and had vastly fewer resources to respond than its larger neighbour.

Working with Nepalese-Australian community, cultural, church and sporting associations in the forefront, INF Australia organised a letter calling on the Prime Minister. In this letter, we asked the Australian Government to provide additional support to Nepal and to use all means to facilitate fair and affordable access to vaccines for

poorer nations like Nepal. Signed by 22 Nepalese-Australian organisations and more than a dozen Australian aid and health NGOs, the letter was followed up with advocacy training and phone calls to the relevant Ministers' offices and to influential State and Territory Senators.

The response? The Australian Government provided Nepal with an additional \$7 million. Money that hadn't been included in the budget mere days earlier had now been found and shared.

Informed and active citizens in a democracy can have a powerful voice. INF Australia will continue to work with the Nepalese-Australian community, our supporters, and any other groups who share a heart for justice, to raise that voice. We hope that you will join us.

You can find out more about INF Australia's advocacy initiatives at [inf.org.au/speak](https://inf.org.au/speak).





# Coming Home

**Returning to Jumla during COVID-19**

**Every year many Nepalis cross the border to India in search of opportunities to help financially support their families. They are mostly seasonal workers who spend a few months in India before returning to Nepal, only to repeat the process the following year. However, without any formal employment contract or other benefits, their employers have no contractual obligations to support them. For people from lower income families, travelling to India is the cheaper and more accessible alternative to travelling to Gulf countries.**

In March 2020, India imposed a nationwide lockdown in response to the COVID-19 pandemic. This resulted in a huge influx of returning migrants to Nepal, many of whom have walked hundreds of kilometres to enter Nepal from twenty designated border points. A study of returnee migrants by DanChurchAid showed that 98% lost their livelihoods because of this snap lockdown and the loss of their jobs.

Fifty-one-year old Sukdhan Kami is from Laharja Village of Kanakasundari Rural Municipality where he lives with his wife, two sons and daughter-in-law. Due to paralysis, Sukdhan's wife is unable to work, resulting in Sukdhan and his eldest son being the main breadwinners of the family.

Just like many Nepalis, Sukdhan and his son migrated to India in search of work. However, due to the COVID-19

pandemic, they were forced to return home. With only a small plot of land, it was already difficult to cultivate enough food to feed his family, but without an income from labour work, they were experiencing further hardship.

While Sukdhan had been working in India, INF Nepal began work in his area, forming a number of Self Help Groups [SHGs] in Kanakasundari.



These groups of men and women were formed with one member from each family, including Junpura, Sukdhan's wife.

Sukdhan wasn't aware of the groups or meetings, and when he learned of their existence after his return from India, he was sceptical. "I used to think that discussing and raising our voice on any issue was beyond our capacity," he said. "I have seen many other organisations in our community that did not include poor people like me." In his community, many organisations had come and gone before, with little changing.

However, during a meeting at the Makhamali SHG, which Junpura was a part of, members made the decision to request support from INF Nepal in order to assist Sukdhan and his family.

The group's members agreed that the family's vulnerability meant that they needed additional help above and beyond what the group was already doing together. A hand-tractor or mini-tiller, worth 60,000NPR [around AUD 685] was given to Sukdhan's family to assist with agricultural work.

With this hand-tractor, Sukdhan plans on starting an organic farming business in his community, cultivating vegetables on his land to support his family as well as the broader community. With this new income, Sukdhan and his son are hopeful that they will no longer need to rely on migrating to India for work.

Sukdhan's situation is far from unique and his experience is shared by many Nepalis who were forced to return home due to COVID-19. The same DanChurchAid study found that

63% of those who returned to Nepal from India prefer to stay in Nepal, but without adequate support, are not able to financially support themselves to invest in work.

By providing families like Sukdhan's with appropriate resources and capacity building support, opportunities become available for community members to create sustainable livelihoods.

Along with the change in his family's individual circumstances, Sukdhan has also become excited about the new sense of unity and awareness that the SHG has been creating. "We are seeing changes in both parents and children. People are becoming aware of the importance of cleanliness and sanitation, and members have started taking the lead in supporting each other as much as possible."





*“We are seeing changes in both parents and children. People are becoming aware of the importance of cleanliness and sanitation, and members have started taking the lead in supporting each other as much as possible.”*  
- Sukdhan



Sukdhan relaxing at his home **Photo:** Raju Gharti



# Care at the Extremes

By Dr Ruth Powys Russell



Newly built Palliative Care building **Photo:** Sagar Malla

**Palliative care is a relatively new and neglected area of medical care in Nepal. The Government of Nepal [GoN] endorsed a National Palliative Care Strategy endorsed by GoN in 2017. However, many Nepalis – particularly the poorest – with advanced illness, along with their carers, are vulnerable and face the risk of catastrophic health expenditure when seeking often futile treatments.**

**G**ood quality palliative care offers comprehensive and integrated healthcare for adults and children living with serious, chronic, complex, or life-threatening health problems, including care for their families. INF's vision to bring "life in all its fullness" reaches out to all and extends right up to life's extremes. Palliative care focuses on the prevention and relief of suffering whether physical, social, psychological, or spiritual.

INF has had palliative care involvement for two decades – initially through HIV-related care, and intermittent education programs, and from 2015, through a palliative care research program. In 2016, with the support of INF UK, the established inpatient palliative care consultant service at INF Nepal's Green Pastures Hospital in Pokhara grew to include a new community palliative

care service. This provided home visits for people living within 20 kilometres of the hospital, a subsidy for some inpatients, further research; and an ongoing education program.

INF has been expanding its palliative care service at Green Pastures Hospital since 2018, developing a model of palliative care integrated with chronic disease management for both adults and children. Support from Scottish healthcare charity, EMMS International, and through INF UK and INF Australia and their donors, has enabled construction and staffing of new buildings to serve palliative care and chronic disease. These have room for ten adults and four child inpatient beds, a day therapy area, outpatient clinics and a base for the community service.

The healing environment includes a

playground for children and a sensory garden with disability-friendly access. The annexe has a chronic disease gymnasium which contributes to overall sustainability of the services. Other innovations include a wheelchair elevator platform in the community vehicle which will enable transportation of clients in wheelchairs – the first of this kind in Western Nepal.

Throughout the COVID-19 pandemic, clinical operations have continued at Green Pastures Hospital, although every area has been affected by lockdowns, by the need to adapt precautions and safety measures, by the impact of infections among patients and staff. During this time, the palliative team were able to develop a tele-health pilot project to monitor and reach out to needy patients in the community to support them physically and psychosocially.





Palliative care staff with patient during a regular community visit  
**Photo:** Palliative Care team



In the coming years, and with support from international partners, we aim to develop Green Pastures Hospital as a Palliative Care Centre of Excellence in clinical care, research, and education; and to provide training and develop models

of care through five rural sites. We will work to empower healthcare workers and encourage a more caring society to provide family support.



Palliative Care has upgraded its community vehicle with an elevator to transport wheelchair users for treatment and for COVID-19 vaccinations **Photo:** Anil Rai



# Bir Bahadur's Story

**Bir\* Bahadur was referred to the community service after admission to Green Pastures Hospital with extensive and severe pressure areas, after suffering paralysis from an injury. He had no money for treatment and had lost all hope. His wife had died four years previously, and his only potential caregiver was his then sixteen-year-old son.**

**T**he palliative care services supported him with a charity admission for three months while his deep multiple pressure areas were treated. The holistic care of hospital staff helped in some healing of his physical and emotional wounds. His son was taught about palliative and practical care so that he could continue to take care of his father at home. INF provided Bir with a special wheelchair, air mattress and essential dressing materials.

The palliative care team encouraged his son to enroll in a local school, and to try to get to classes every morning, and still take care of his father. His son was unable to seek work because of his fulltime carer role, and his desire was to continue some education. Now, three years later, his son has continued with his education, and also continued to provide full time care for his father in a remarkable way. Bir Bahadur was recently admitted to the new palliative care inpatient unit for some needed

treatment, and while there, he was happy to try out our newly arrived wheelchair elevator platform. "Let's go to Kathmandu," he joked with us.

The Palliative Care services have made a significant difference for this small vulnerable family, and the community team's regular support empowers and encourages Bir's son to continue persevering with providing full time care for his father.

*\* Name changed to protect Bir's privacy*



Bir and his son in the Palliative Care inpatients ward Photo: Anil Rai



# INF's COVID response updates

*we are responding*

**S**ince last year, COVID-19 has presented us with great challenges. On the brighter side, it has also given us opportunities to serve the neediest people. With the support from local and international partners, we have been reaching out to vulnerable individuals and communities, supporting them with their immediate food relief and health hygiene items. We have been helping vulnerable people and families such as people with disability, persons affected by leprosy, single women-led households. We also have

set up isolation wards for our staff and in-patients at Green Pastures Hospital and have been supporting the Government and other stakeholders with additional resources needed to scale up the preventive measures and manage the quarantine, isolation centres and health facilities.

We are also working to address the long-term socio-economic and health impacts of COVID-19 through our services in hospitals and community programme works. We have been implementing the COVID recovery

income generation activities targeting the poor and vulnerable people in communities providing them with opportunities for sustainable livelihood support.

Amid all the challenges we face today, we see a more significant reason for hope to serve the communities in the face of these crises.

We see reasons for hope. We trust you see them too!



INF staff loading health materials to be handed over to the isolation centre managed by local government in Rupa Rural Municipality, Kaski **Photo:** Sagar Malla





Self Help Group members in Kanakasundari washing hands before starting their monthly meeting **Photo:** Hasta Bahadur BK





Elderly woman after receiving food package from INF during the lockdown  
Photo: Sagar Malla



# Power to Change

**Sangita\* Rokaya is the Gender Focal Person for her community group in Kanakasundari Rural Municipality in Jumla District. It's a technical-sounding title for a transformative role that is helping to change attitudes towards violence, discrimination, early marriage, and to the roles of men and women in the home and community. Think of her as a human rights defender and outspoken advocate both for and with women.**

Sangita was married at sixteen and began having children from early in her marriage. Looking back, she reflects on this experience and the very real risks she faced. "Early marriage," she says, "is very common in my community. Tragically, many young women and their babies die during childbirth because of it, as most deliveries occur at home."

Sangita has experienced many of the challenges faced by women in her community firsthand. She has suffered discrimination, dismissal and even violence, in her own home. Through her involvement with INF Nepal's Women's Empowerment and Livelihoods [WEAL] project, her life began to change. She received support and training about farming, nutrition, and income-generating opportunities which began to improve the lives of her family and community.

Tackling gender discrimination and promoting women's empowerment have always been features of INF Nepal's WEAL project. However, when the organisation began to implement the Promotion of Women's Empowerment and Rights Targeting Rural Women [POWER project], Sangita received extra information and training about gender issues. "Over the years", she says, "I have learned the legal provisions regarding caste-based discrimination, domestic violence, policies on gender equality, social inclusion and the rights of people with disabilities."

Her involvement in the POWER project has had a profound personal impact. "Before becoming aware of these problems, and my rights and the laws

which should protect women, I was hesitant to visit a home where domestic violence was occurring. I felt helpless while I watched women suffering all sorts of injustice and discrimination. Along with other women, I felt awkward and unsure while attending any social or political functions, and I did not dare to speak up in front of my husband. But things have changed now."

The work is also having a transformative impact in the community. Since being selected as gender focal person and working in the project for three years, Sangita has worked with the elected women leaders of local government, local networks, community groups, and victims of gender-based violence to raise awareness about gender discrimination and create change. She organises gatherings with other women to discuss the problems they face, and to plan awareness and advocacy campaigns.

*"We celebrate International Women's Day. We have implemented a 16-day campaign against gender-based violence and spoken up in many other ways. As a result, women have started to talk openly against violence and exclusion."*

Sangita and the women of Kanakasundari are making change in other ways too. Working with the local authorities, they have helped to ban the public consumption of alcohol and to reduce consumption overall,

which is a major driver of family and domestic violence. As well as this, Sangita says, "whenever there are incidents of domestic violence or of child marriage, or significant incidents of caste or gender discrimination occur, people come knocking at the door seeking my support." Through their community networks and relationships with authorities, the women are often able to find ways to resolve the issues. They work to ensure that their meetings and planning are open to all, particularly to people with disabilities or who are marginalised for other reasons. They always seek to involve men in their activities, so that they can work together for harmony and gender equality, to improve life for every person in the community.

Sangita says, "INF Nepal has been working for a long time in my village, engaging community groups to improve the livelihood of women. The POWER project, on the other hand, focuses on women's rights, gender-based violence and gender discrimination. We need both."

The POWER Project is jointly implemented by a consortium of Adventist Development and Relief Agency, Lutheran World Federation, Caritas and INF Nepal. It is supported by a consortium of the same counterpart organisations in Australia and, along with INF Nepal's WEAL project, receives funding from the Australian Government through the Australian NGO Cooperation Program [ANCP].

*\*Name has been changed to protect Sangita's privacy*







SHG members' discussion on workload according to gender in one of the SHGs in Kankasundari RM Photo: INF Jumla





# GOTTI [JACKS] गोट्टी

**Gotti [Jacks]** is a great game, played by many children across Nepal, using only small stones they can find on the ground. Follow the directions below to play this simple, yet satisfying, game. It can be played alone or with friends.

## NEEDED

1 or more players  
5 small stones [about grape-sized]

## HOW TO PLAY?

Playing alone or with others, each player attempts to throw and catch stones in eight stages. At each stage a player has three attempts to complete the goal without letting the tossed stone fall to the ground. If the player fails a stage, the next player begins their turn.

1. The player takes a single stone between forefinger and thumb while keeping the rest in his/her palm. The stone in the fingers is held while the rest are scattered on the ground. The player then tries to pick up each stone while tossing the other stone up in the air.
2. Similar to stage one, but two stones are picked up at once.
3. Three stones are picked up at once although stones are allowed to be flicked closer together for ease of gathering while the held stone is thrown in the air.
4. All stones are placed down and then picked up again while tossing the held stone.
5. All stones are thrown into the air, caught on the back of the hand, then thrown again to catch in the player's cupped hand.
6. Similar to five, but the stones are caught overhand.
7. The player creates an arch between the forefinger and thumb of their left hand and tries to slide the other stones into this "goal" one by one as the held stone is tossed in the air.
8. The player attempts to pick up all the stones at once from beneath his/her arched hand while tossing the held stone.





# Faith & Life

## INF Australia's Webinar Series

Join experts and leaders from Australia and Nepal to explore hot topics of faith & life.

### Upcoming webinars:

#### BEING CHURCH THROUGH COVID

Monday 4 October 2021  
8 pm AEDT | 2:45 pm Nepal



#### Being Jesus' people in a hurting world

The global coronavirus pandemic is hurting people's health and livelihoods, and exposing our vulnerability and our interconnectedness. It also raises questions about how to protect the community and protect the rights of individuals. What lessons and challenges has it revealed about being church, Jesus' followers, in a hurting world?

#### Featuring:

**Megan Powell du Toit** - Pastor, Writer, Teacher, Co-host of Eternity News' popular With All Due Respect podcast

**Ramesh Regmi** - Pastor of Smyrna Church, Nepalgunj, Community Development mentor and advisor



#### WOMEN CHANGING NEPAL

Monday 6 December 2021  
8 pm AEDT | 2:45 pm Nepal



#### The necessary revolution

Explore how the empowerment and agency of women is shifting deeply entrenched cultural gender norms in Nepal and why we can't tackle poverty and inequality without gender equality. Discover what barriers and obstacles women still face in daily and public life and learn what this has to teach us all [women and men, in Nepal and everywhere] and what we can do in response...

#### Featuring:

**Shakuntala Subedi** - INF Nepal Gender Officer

**Bal Kumari Gurung** - United Mission to Nepal, Program Team Leader



Find out more and register at

**[www.inf.org.au/webinars](http://www.inf.org.au/webinars)**



## PSALM 13

## Lament

**“How long, O LORD?”**

**Maybe you have cried these words – or felt the anger, anxiety and sorrow behind them – in recent times.**

**H**ow long will COVID-19 continue to mutate and spread? How many more people will it infect, harm and kill? How long will we have to wait before everyone [not just the richest people] in every place [not just the wealthiest nations] are able to receive protection through affordable and accessible vaccines and treatments? How long will COVID-19, and attempts to stop its spread, break the bonds of our families and our friendships and our livelihoods?

Psalm 13 is a powerful prayer of lament, the most common type of prayer in the Bible.

Yet, despite how common this type of prayer is, we still may feel uncomfortable to express lament. Maybe we find it difficult to acknowledge weakness or vulnerability. Maybe we prefer to focus on the positive, and fear that the darkness might overwhelm us if we admit, even for a moment, that our situation feels bleak. Perhaps we are worried that lament seems like a lack of trust in God's goodness and sovereignty.

Yet, what could be more faithful than to bring our pain, grief and anxiety to God? To acknowledge – as Jesus taught us to do – that God's will is not yet done “on earth as it is in heaven”?

And what could be more right than to feel and acknowledge our pain and vulnerability? We are not created to be superheroes. Some situations are genuinely terrible and some burdens are too hard to bear alone.

The Psalmist's bold prayer reminds us that it is OK to have sorrow in our hearts, even for every waking hour.

That it is OK to bear pain in our souls or to be shaken to our core.

God is not shocked or offended if we cry or scream to ourselves, to others, or to Him.

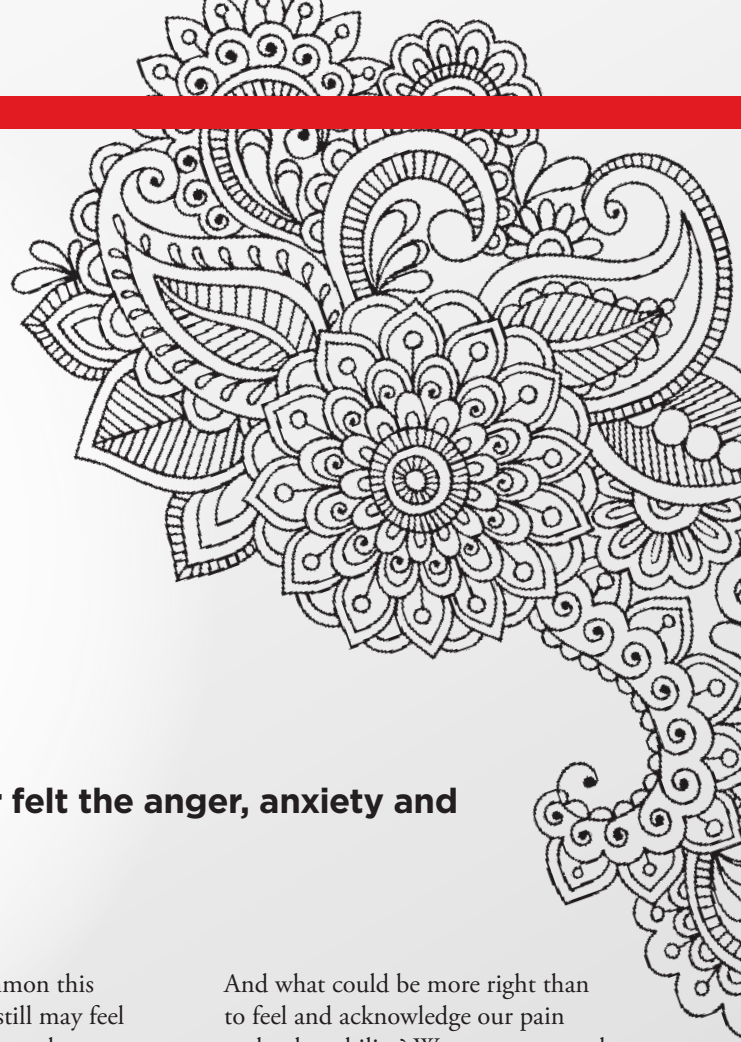
## HOPE

Yet Psalm 13 moves from lament to trust and rejoicing. Somehow, almost miraculously, the Psalmist is able to find a trust in God's steadfast love and to rejoice in salvation. The final line is a celebration of abundance and delight far removed from the opening lament: “I will sing to the LORD, because he has dealt bountifully with me.”

We hope and pray that we all can experience this kind of release and that the world can be healed from this terrible crisis.

As we wait, it is good to remember God's steadfast love and the abundant blessings He has poured out on us: from the smallest mercies in our daily lives to the abundant grace that overflows to us through our Saviour, Jesus Christ.

As we wait, it is also good to be present with those whose hearts are bruised and broken by COVID-19 or any issue, and who cannot feel the presence of God through their pain. Because it may be that our acts of listening or embracing or serving, sharing or simply by being present, will help make bearable what is unbearable for them if they are left to carry the burden alone.





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## INF UK

## COVID SITUATION AND SAFETY

Although the Covid situation in the UK has had peaks and troughs in recent months, the majority of UK adults have now been fully vaccinated [including all INF/UK staff] so most of the UK's restrictions have now been lifted. As we return to the office and trial a hybrid working model this autumn please pray for wisdom about office space and working patterns for the future.

Much of the recent focus supporting INF and our other Nepali partners has been around the Covid response, with UK supporters helping fund immediate relief as well as an important post-Covid rehabilitation project based at Green Pastures Hospital in collaboration with the UK Defence Medical Rehabilitation Centre [DMRC], which is a centre of excellence for rehabilitation in the UK and a leading centre for post-Covid rehabilitation.

For any UK-based supporters who also want to start receiving updates from INF/UK, please visit [www.inf.org.uk](http://www.inf.org.uk) to sign up or follow us on social media.

## INF INTERNATIONAL

The General Agreement for INF's next five years of service has been renewed with Social Welfare Council [SWC]. The agreement was signed by SWC Member Secretary Puskhar Khatri and INF International Acting Country Director Dhan Prasad Gurung at the SWC Office in the presence of other SWC members. For the next five years, this renewal of the General Agreement means INF will reach out to Nepal's poor and disadvantaged people through our Community and Hospital work collaborating with the Government institutions, national and international partners.

## INF NEW ZEALAND

For INF New Zealand, our recent focus has been on connecting with and speaking at churches and social clubs [ie: Lions and Probus] around the country to raise awareness of Nepal, the people and the work of INF. As part of this we have been promoting "Notes for Nepal". This is a fund raising idea where we ask people to bring along their unwanted foreign notes and coins and we sell these to raise funds for the "Care for Cure" project that we are supporting. As a country we also recognise the privilege we have experienced for all of this year of not having any community Covid cases or lockdowns and this has meant freedom of movement and the chance to share further about Nepal and INF.

## INF NEPAL



INF Nepal's Communication Team – Sharon Joshua Tiwari, Anil Rai and Sagar Malla – work with us closely to produce TiN magazine.

## WE LOVE TO HEAR FROM YOU

If you have any feedback about anything in this issue of Today in Nepal, or about our work in general, you can reach us via [ausoffice@au.inf.org](mailto:ausoffice@au.inf.org) or on +61 2 9411 1195.

## PASS IT ON

After reading it, why not pass on your copy of 'Today in Nepal' to a friend? Or share the magazine online at [www.inf.org.au](http://www.inf.org.au)

## IF INSPIRED OR ENCOURAGED

If you've been encouraged or inspired by any of these activities, get in touch with your local INF office [See inside front cover for details] or our website on how you could support us through praying, donating, serving with us, or sharing our stories!







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