Fullness of life for all, in a transformed Nepali society
Dear friends

For UMN, 2020 represents not just a new year and a new decade, but many other things to initiate and look forward to: a new round of agreements with the government of Nepal, a new Cluster launched in the poorest province of Nepal, new team members and partners joining us as nearly all of the projects from before our recent Change Process come to an end and new, integrated programmes begin.

The story of Jesus walking on water has come often to my mind as I’ve thought ahead to 2020. This is a turbulent time for international organisations in Nepal. Sadly, the media perception for “INGOs” is broadly negative, with papers and news sites quick to publish any allegation of corruption, waste, spying, or proselytism. This atmosphere of suspicion affects how policies are made and implemented by officials.

The government of Nepal is now developing new laws at central, provincial and local levels that will change how organisations like UMN and our local partners are controlled. Old regulatory bodies are probably coming to an end, and new ones being created. It’s impossible to predict what things will look like by the time we are discussing our agreement renewals.

And so we step out onto the waves, following God’s call. As in the gospel story of walking on water (Matthew 14:22-34), we will try to keep our eyes on Jesus rather than on the turmoil around us. Please support us in prayer! There are so many elements of our work that are completely beyond our control. Pray that all of us at UMN, and especially the Leadership Team, would model trust in God as we venture into this year of new opportunities, challenges, and uncertainties.

JOEL HAFVENSTEIN
Executive Director

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When I heard Kismati’s story through a staff member in UMN, I couldn’t wait to meet and interview her. In a society where girls’ and women’s voices are unheard, their struggles are unfair, and where she can only accept her circumstances and blame her “fate”, I thought this story was another great leap to the transformation we have envisioned. It was a pleasant coincidence to learn that her name, Kismati, means “good fate” in Nepali.

Fifteen-year-old Kismati greets us with a shy smile and puts out a rug outside her modest house for us to sit. A few members of the youth club had walked with me through the lanes of her village in Kapilvastu to her house. When I ask her about her school she lights up and starts telling me that she has to study hard, as she is nearing her final year at school. A year ago, her parents wanted to marry her away and quite abruptly took her out of school. For one month Kismati stayed home, jolted by the fact that she would soon be marrying an unknown man and have her dreams of finishing school shattered.

While things were rough and gloomy for Kismati, a youth club formed through UMN’s partner noticed she wasn’t coming to school and visited her house. When they found out the reason, they spoke with her parents and tried to convince them to stop the marriage. It wasn’t easy at first; the parents were hesitant to talk about it. But the youth club members knocked at their door more than once. One of the reasons why they were marrying her off was because they were not strong financially. The youth club decided to use their club fund to admit her back to school and pay her school fees. The deal was done – they would allow Kismati to go back to school and finish her studies.

Kismati says: “If I had got married, I would be just limited to household work all my life and be voiceless and unhappy. I am very lucky to have the brothers of the youth club speak to my family for me”.

Congratulations to the proactive youth club for their timely action and tenacity. We rejoice with Kismati that she can dream again!

VIJETA SHRESTHA
Communications Manager

Besides poverty and ignorance, daughters are married off early for these reasons too:

- The younger the girl, the lesser the dowry (gifts and money in exchange for a girl).
- Also, in some communities, the old traditional belief that a bride given away before her menstruation brings more blessings to the family.
About the project

After witnessing widespread discrimination against women and girls in western Bajhang District in 2008, UMN decided it needed to do something more. Following a needs assessment within communities, UMN prioritised three areas to focus on as they worked for change:

- Chhaupadi (the practice of banishing women and girls to a shed during menstruation)
- Violence against women
- Alcohol abuse by men.

From May 2015 to December 2019, UMN and partners Dalit Help Society and Mahila Kalyan Saving and Cooperative Limited implemented this project in three rural municipalities across Bajhang. Their goal was to encourage men and women to develop more positive, supportive and equitable gender attitudes and practices. They worked with over 1,000 people within 59 different groups that included children, adolescents, women, men and community leaders.
Additional results of the project

The project had many positive impacts. Here are some additional highlights:

- Primary school girls and boys and adolescents demonstrated better attitudes and behaviours towards the opposite gender and were willing to change traditional gender roles.
- Men are willing to change traditional behaviour roles as fathers and husbands. Women understand their rights and confidently express them.
- 75 girls (orphaned or poor) got educational material support and now regularly attend school.
- 15 girls got the opportunity to go out of the district for higher studies.
- Girls regularly attend school during menstruation.

Chhaupadi

It's exciting to report that 137 women have now left the chhau shed. They're also including nutrient-rich food and dairy products in their diet. Earlier, superstitious beliefs restricted women from dairy intakes during menstruation.

Entering a chhau shed.

Violence against women

There has been a decrease in violence against women. Participation has also increased for women in public forums and decision-making positions like local elections.

Alcohol abuse

44 men have stopped or reduced alcohol drinking following a women's group initiation in banning alcohol and limiting it to certain hours. In addition, many men have also become involved in social work, supporting their families and communities in a healthy way.
About the project
UMN’s four-year Mugu Community Transformation (MCT) Project in Mugum Karmarong Municipality has ended with new beginnings and happy stories. This is the most backward region of Mugu where the challenges start from very basic things such as hygiene, literacy and food security. This is a unique project as it was designed and implemented with active participation from the community people themselves. We have seen major changes in people’s behaviour and perspectives. KCDC, UMN’s partner in Mugu has stood strong with the community, especially in the initial phases which were challenging. With constant visits, discussions, evaluations and counselling, the MCT project has ended with greater results than expected.
Women’s Groups and Non-Formal Education

Currently there are 22 women’s groups in the villages of Mugum Karmarong Municipality. Women who would run away when they saw new faces or hesitated to come out of their houses are now involved in active discussions in women’s group meetings. They are well disciplined and encourage each other to comply to group rules and timings. Also, they huddle up in groups every evening for literacy classes. They can count in English and Nepali, write their names, recognise alphabets and read basic words. This has definitely increased their dignity, self-esteem and confidence.

Health Post

UMN has worked closely with 4 health posts in this region. In Mangri Health Post the number of deliveries four years ago was zero but the annual number of institutional deliveries in 2019 was 24. Along with some vital equipment and solar panels, a television screen was also provided to ensure the staff stay on duty even when there are no patients.

Irrigation Canal

Another major achievement of the MCT project is the 329m-long irrigation canal. The community people contributed NPR 1,250,000 (USD 10,300) equivalent of labour to the total cost of NPR 200,000 (USD 1,730) given by KCDC to build the concrete canal. A reliable source of water to create well-watered land has been a blessing to 50 families who rely mostly on their harvest to feed the family.

Sanitation

Once a week, the community people gather to pick up the trash and clean the area around their neighbourhood. Also, the social mobiliser of KCDC gathers children at the public tap or the school tap to do sessions of proper hand-washing, teeth brushing, and washing their hair. The children have fun too while they learn to stay clean and scrubbed.
General Agreement
Our current General Agreement with the Social Welfare Council (SWC) expires in mid July 2020. We will renew our General Agreement for 2020 – 2025 before the current one expires.

Project Agreement
Our current Project Agreement with the SWC expires in November 2020. We will be working with the SWC to have one project agreement in each of the Far-West Province, Karnali Province and Province 5. All these agreements will be for five years except one interim project agreement of 40 months.

Hospitals Agreement
Our current Hospitals Agreement expires in July 2020. We are working with the Health Ministry to renew it for another five years.

New cluster in Karnali Province
We will start a new cluster in Karnali Province for which the exploration work is underway. By the end of 2020 we will have two cluster offices in this region.

New partnerships will be explored in the new cluster in Karnali Province.

Exit from clusters
We will complete our work and exit from Sunsari and Dhading clusters and also from Rupandehi and Rukum West districts by July 2020. Partnership with local partners in these areas will be ended accordingly.

UMN’s overall strategy 2020 – 2025
UMN’s overall strategy for the next five years will be finalised. While vision and mission will remain the same, other key components of the strategy such as the Theory of Change, Programme Strategy and Strategic Objectives and Indicators are being reviewed and updated in light of the change process.

Cluster strategies 2020 – 2025
We are gearing to finalise all the cluster strategies by July 2020. Some more work on Theory of Change and specifying Community Transformation specific to the poorest people living in poverty are being carried out currently.

UMN 2015 – 2020 project final evaluation
SWC will carry out the final evaluation of UMN’s project 2015 – 2020 in the first half of 2020. This is required before we have a new Project Agreement with the SWC.
Areas of excellence
Plans for implementing UMN’s six areas of excellence - Diversified Livelihoods, Maternal and Child Health, Child-friendly Education, Ending Domestic Violence, Church and Community Transformation and Accountability - will be finalised by July 2020.

Bottom-up design process
The bottom-up design process will be finalised and implemented while designing programmes and projects in the clusters.

Capacity assessment of partners
Organisational and technical capacity assessment of all continuing and new partners in all clusters will be carried out to identify capacity gaps and plan for necessary support.
“Last year when it snowed in the valley we went up to Chandragiri with some friends. It was fun looking at all the Nepalis enjoying the snow and posing for selfies. I loved the child-like enthusiasm from people even though I had to be careful not to get hit by the snow that was being thrown around.” - Ellen Wahlstrom from Norway

“We have to wait for a sunny afternoon to wash ourselves so that we don’t freeze at other times. Also at night I have to wear more clothes than the daytime and hide my head under several layers of blankets so that I can stay warm and go to sleep!” - Clare Grimble from England

“I grew up in the Midwest in the United States where winter involves snow, freezing temperatures outside and warm homes. In Tansen, the actual temperatures never get to freezing, however we don’t have heating in our houses! We’ve learned to wear many layers of clothing and a hot water bottle in bed is a must!” - Debbie from USA

“When taking a shower, not just the water is cold but even the floors of the building are freezing. It’s really difficult to get any warmth into the body in the morning, yet the afternoons can be so pleasant if you can get a chance to sit or walk in the sun.” - Peter Fleming from Ireland

“I have to put my winter jacket on as I walk into the house over the four layers of clothing I already have on. Each evening I also need to boil a couple of kettles to fill all the hot water bottles for my family so we can warm up the bed a bit.” - Sandra from Austria

Want to read more expat winter experiences? Read the full stories at www.umn.org.np/winter-stories
Seeking Good Mental Health
Learning to recognise, respond and support

We train many different groups and workers to recognise mental health needs in their community and know how to respond. Here are some recent examples:

Health workers – 25 new workers who have recently transferred to our working areas received basic mental health training. These health workers are then equipped to provide basic mental health services at their local rural facilities, especially pharmacological services.

Psycho-social workers and partner staff responsible for mental health support from our working areas, in response to the increasing trend of suicidal cases in our working areas, we added two extra days of training on suicide prevention to their regular supervision training.

In partnership with the Mental Health Promotion and Suicide Prevention Centre we held a talk on mental health and substance abuse for musicians in Kathmandu, attended by 39 participants.

Over 150 FCHVs Female Community Health Volunteers were trained on using a Community Informant Detection tool. If they find people with symptoms similar to those in the training case stories, they can now recognise their need and refer them to the local health facility.

Psycho-social peer groups are run in all 5 districts. These are a support group for patients who receive mental health services from the mental health facility. They meet monthly for 13 months. The groups provide information and create a safe space to share, talk about problems and get support. Three sessions are focussed on family members so that families are supported to be better engaged in patient care. From some of these groups, people are identified by their peers and recommended for receiving income generation support - $150 can help someone to start a small business.

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 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 consider helping 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

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!

Read about our mental health work at www.umn.org.np/mental-health
A new season in OKHALDHUNGA COMMUNITY HOSPITAL

In the last issue we shared about Erik and Kristin finishing their work in Okhaldhunga after 16 years.

It is now a season of much change at the hospital. Here is some of what’s been happening:

**Staff arriving and leaving**
- A number of new personnel arrived last September – a surgeon, a new medical coordinator, a new hospital director, the first principal of the Okhaldhunga School of Health Sciences, three more nurse tutors and the second batch of 20 student nurses.
- Three long-term employees have retired: the nursing superintendent, a nurse aid and guesthouse worker.
- The new nursing superintendent is new to the job but not new to Okhaldhunga Community Hospital.

**Changes in activities and services**
- The Public Health Unit came to its completion at the end of December and the 5-year Community Based Rehabilitation (CBR) Project has just begun with two new lead staff in place at the beginning of January (see photo – Hospital Director Yub Raj Acharya, Rehabilitation Specialist Clare Grimble, Indra Pathak CBR Monitoring and Evaluation Officer and Indra Tamang, CBR Programme Coordinator).
- A new Thyroid Function Test Machine has been installed in the Laboratory Department (thyroid dysfunction is common in Nepal).

**Improved facilities and infrastructure**
- The guesthouse temporarily closed in November and the building now houses student nurses (see photo). The hospital has leased private rooms in the village of Sobru, nearby the hospital, to use as accommodation for visitors. This temporary situation will continue until an accommodation hostel is built for the nursing students.
- Improvements in the hospital have included increased signage and new fencing as well as changing the slope and concreting an internal road to improve drainage and protect underground pipes and cables (see photos).
Three new "hotels" have started up in the past three months in the village close to the hospital. They are providing freshly cooked food for patients, staff and residents.

At the same time as all these changes, the hospital keeps running and serving the local community and district. Occasionally they fly to Kathmandu by helicopter (see photo) – a journey of only one hour compared to at least seven hours by road.

**Recent recovery story**

A 10-year-old boy from two to three hours’ travel away was at an evening wedding celebration when he choked on a piece of meat. Apparently he was coughing and having difficulty breathing for about two hours, after which another guest at the wedding did a Heimlich manoeuvre on him, which caused the stuck bit of meat to be dislodged and he coughed it out. However, from that time he remained very breathless and had rapid breathing and heart rate. The family finally brought him to our hospital the next morning. He looked very sick - pulse rate of 150, a breathing rate of something like 80 per minute and required oxygen. His chest X-ray showed widespread white opacities indicating severe lung disease - maybe a kind of chemical irritation from the food material that he had inhaled (like cooking oil, for instance). We treated him with antibiotics and steroids and advised the family that they should take him to Kathmandu for intensive care. They were not able to afford this, so he remained with us. Amazingly, he improved overnight and was much more relaxed in his breathing, even asking whether he could have something to drink. A repeat X-ray three days later showed improvement in his lungs. As this is being written, he is expected to be discharged in a couple of days. Thank you God.

More news will be available in the next edition of Friends of Okhaldhunga, due out later this year.

**September to December 2019 Statistics:**

- Births = 490
- Major surgical operations = 118
We thank God for his faithfulness – UMN has successfully wrapped up a few projects in December 2019. Please read about the amazing impacts of these projects on pages 4 to 7. As we enter 2020, we look forward to launching new projects in a few new locations. Please pray that these new projects (below) will bless many lives, especially of the poor and the oppressed.

**BICT** (Badikedar Integrated Community Transformation) project in Doti is where we will be working with marginalised ethnic groups and landless people living in disaster prone areas.

**Saksham** (meaning “empowered” in Nepali) project also in Doti will be targeting the poor and the excluded communities and will be specifically working to build on capable local governance to deliver justice and equity for the poorest people living in poverty.

**EVE** (Ending Violence for Equality) project in Bajhang, as the name suggests, will work on raising awareness and ending violence against women and girls. It will also look at other harmful practices in the community that hinder the freedom and dignity of women and girls.

**MICA** (Mugu Initiatives for Community Advancement) will be focusing on giving good quality formal education and quality healthcare services from local health facilities to the people of Mugum Karmarong Rural Municipality.

**Samanta Project** (Samanta means “equality” in Nepali) will be empowering families to address the incidence of domestic violence against women and to build a social environment to support dowry-free marriages in Nawalparasi.

**ABLE** (Achieving Better Life for Every Child and Adolescent) This project in Rukum East will work among children and adolescents in education, reproductive health, and in harmful traditional practices against vulnerable children and adolescents.

Also, pray for wisdom and guidance as we are currently at a crucial stage of designing other new projects for UMN.

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 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:** One Family Physician (GP)

**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.
CHILD MARRIAGE FREE WARD

We are happy at the start of 2020 to share good news from UMN’s Community Capacity Building Project (CCBP), yet another project that wrapped up in December 2019. Somdiha, a project area in Kapilvastu District, held a huge celebration on 28 December 2019 as it was declared free of child marriage.

Around 1,500 people – local government representatives, police, media, dignitaries, NGO representatives and local community members - came out in the cold weather to attend the celebration held in cooperation with Ward no 7 of Yashodhara Rural Municipality.

“As a Christian organisation, we received support from Muslim and Hindu leaders that helped us jointly work to reduce ten social maladies of Somdiha,” shared Babu Ram Basnet, Chairperson of Lumbini Christian Society (LCP), during the learning and sharing meeting of CCBP held on 26 January 2020. LCP was UMN’s partner for the project.

But there was some backlash earlier which Mannan Ali Musalman, a Muslim religious leader shares: “People barely digested a Maulana (Muslim guru) advocating against child marriage. They also blamed me for converting into Christianity when they saw me working with a Christian organisation.”

This programme was also praised by province level stakeholders. Kamala Bishwakarma, a member of the Provincial Parliament, Butwal, expressed that the change brought by this project - though it seems small - has the potential for making a greater impact in society. “When most of the government’s policies on social reforms barely go into practice, this small change of the project is worth praising. We will support anyone trying to make a change such as this in the community,” she concluded.

We are delighted in this success not only towards ending child marriages but also in ensuring the basic rights of children. Read story on page 3.

LCP REGIONAL CONVENTION IN NEPAL

UMN was privileged to host the Second Regional LCP (Local Capacities for Peace) South Asia Youth Convention on 20 to 22 January in Kathmandu.

With the participation of 80 delegates from Pakistan, Bangladesh, India and Nepal, the following themes were discussed: youth engagement in the South Asian context and its challenges and encouragements, experience - sharing of youth working on peace, youth entrepreneurship, social media, leadership traits, instilling voluntarism, how to sustain collective actions, breaking gender stereotypes and co-existence in a pluralistic society.

Another highlight was the different cultural shows, plays and teambuilding games. One of the great impacts was youth being the integral part of the convention and displaying leadership skills through various creative activities.
“FOR I KNOW THE PLANS I HAVE FOR YOU,” DECLARES THE LORD, PLANS TO PROSPER YOU AND NOT TO HARM YOU, PLANS TO GIVE YOU HOPE AND A FUTURE. 

Jeremiah 29:11

Fullness of life for all, in a transformed Nepali society

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