

# UMN News

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





## Dear friends

We saw Sagarmatha (Everest) from our roof in Kathmandu the other day. Tiny, scarcely distinguishable from the Himal in front of it. But with barely any cars plying the roads and most businesses shut down, the coronavirus lockdown has left the valley skies clearer than they have been in decades. For the first time since our arrival in 2015, the hundred miles between us and Sagarmatha aren't thick with haze.

It's one metaphor for how the Covid-19 pandemic has changed our situation in extraordinary ways that we would never have predicted at the beginning of the year. A few – very few – are positive. But in general, like so much of the rest of the world, we are grappling with once-in-a-century challenges and risks.

As I write this letter, Nepal has confirmed 6,591 cases of coronavirus and has had 19 deaths. These numbers have been kept low (on the global scale) at great cost. Since late March, lockdowns have forced millions of Nepalis who rely on day labour or small businesses to survive without their normal livelihoods. Villages all over the country are packed with migrant labour returnees who have come back to the stigma of being possible virus vectors, and a paralyzed job market.

As for UMN, our Hospitals are struggling to fill a revenue gap left by reduced patient numbers, and Cluster teams are stuck far from the people we want to be serving. This issue describes all these challenges in more detail.

And as we work, plan, and struggle, the newly clear skies over Kathmandu call to mind Psalm 121: "I lift up my eyes to the mountains; where does my help come from? My help comes from the Lord, the Maker of heaven and earth."

Please pray for Nepal, and for wisdom for UMN as we respond to this unprecedented disaster.

**JOEL HAFVENSTEIN**  
Executive Director

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UMN 2020



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# COVID-19

## THE MAJOR SHIFTS IN UMN

Life and work for people all over the world have changed significantly and with Covid-19 and the same is true for UMN. Ever since the Government of Nepal imposed a lockdown, UMN staff are learning to adapt with a new culture of working from home. UMN project activities have come to a standstill for now, excluding some relief work, but meanwhile plans and assessments are being made (see IMT box).

Here are some of the major changes we had to make to our programme and cluster work:

The cluster exit plan and preparations have sadly changed with Covid-19. Exit from Sunsari and Dhading Clusters took place at the end of May as opposed to the original plan of July. A proper farewell and celebration are not possible in these two clusters where we have worked for so long ([See page 8](#)).

The plan to open a new UMN cluster in Karnali province has been put on hold for now. The continuous extension of lockdown has made it impossible to carry out planned activities. Furthermore, reduction of funds as the supporting partners and donors themselves face economic crisis in their own countries prompted the leadership for these decisions. So now UMN will continue with six clusters instead of seven.

Change in outworking of UMN strategy - Our clusters had recently completed developing cluster specific strategic plans with community transformation as the core strategic direction. The onset of Covid-19 has added new actors and factors in the system which increase poverty and vulnerability. It has aggravated the existing situation of poor people and created new challenges. Issues related to health, livelihoods, employment, and education have become much more complex, making these essential needs harder to access. Considering these changes in the context, UMN leadership has decided to focus its strategy on addressing on the impact of Covid-19. This shift in strategy requires reorientation of mindset, working approaches and handling new tools for staff and partners.



### **Incident Management Team (IMT) of UMN**

The Incident Management Team (IMT) is responsible to provide overall direction to UMN during emergency situations in the country or in UMN. Since the pandemic began, IMT has been meeting three times a week and communicating major decisions to all staff frequently.

The IMT has come up with a contingency plan based on its analysis of the context. This plan is regularly updated and communicated to all staff and partners.

IMT has also developed important tools such as Health and Safety Policy, Travel Guidelines, Remote Monitoring System and a Rapid Conflict Analysis Tool to enable staff and partners to engage with communities safely.

With IMT's support, HR measures have been put in place for the wellbeing of staff including provision of flexible working hours and re-allocation of rooms in our headquarters for self-quarantine after travelling. This is a very important measure for staff who will be rejoining family members who are vulnerable or elderly.

We are in the process of developing new projects in line with the new strategic direction. At the moment new projects are being developed for Kapilvastu, Nawalparasi, and Doti clusters.

To conclude with, UMN's work is significantly affected by Covid-19. However, we are learning to navigate through the situation and are committed to make our way through to respond to the needs of the poorest people living in poverty whose lives are impacted the most by this pandemic.

**MADHU THAPA**  
Programme Support Team Leader

# THE LOCKDOWN EXPERIENCE

## Nawalparasi

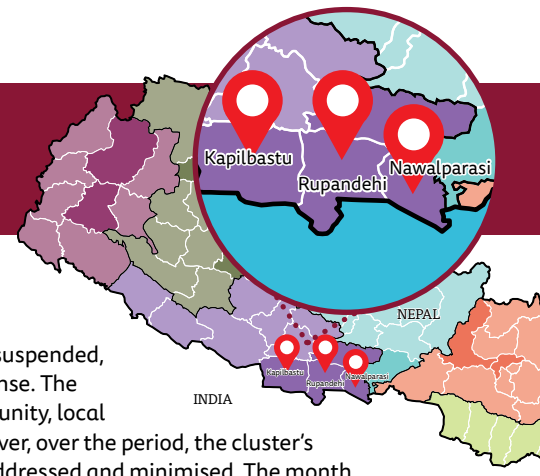
The deadly coronavirus has been spreading all over the world. Hundreds and thousands of returnees from India are entering Nepal through the border area. The risk of spreading the coronavirus in our working area is very high. Our cluster's working areas of Rupandehi and Nawalparasi districts border India and are in the red zone. Nawalpur is in the yellow zone.

Just before the Nepal government announced the nationwide lockdown, UMN decided to withdraw its staff members from the cluster office to their respective home districts immediately. It was not safe or possible to continue work in the communities until further notice. All the staff members were safely evacuated from Nawalparasi Cluster to their homes on 21 March 2020. A lot has changed in life after the lockdown. I along with my family members are maintaining a social distance to keep the virus from spreading and my colleagues are doing the same.

Our job is to be out in the field, on the ground. But this crisis has made our work life totally different. After the lockdown, UMN decided its staff members will work from home. The culture of working from home is totally new for Nepali staff in UMN including me and my colleagues. It took me some time to be familiar with a new system of working. The situation has led us

to be techno friendly. The whole working situation has been changed because of the global pandemic. All the staff members except support staff quickly learned to use the necessary technology very fast and connected with each other to work on common projects.

Our frequent meetings with the local partners and visits to the community are totally interrupted due to the pandemic situation. Only partners' key leaders and staff are connected online for meetings and sharing. Staff members experienced a fear when



on-going projects were stopped, suspended, and redirected for Covid-19 response. The decision has impacted the community, local partners and UMN as well. However, over the period, the cluster's project budget gaps have been addressed and minimised. The month of April and May were very busy months for revising existing projects and designing new projects in the light of the Covid-19 situation. All the revision and designing works have been accomplished through online meetings and discussion which we have experienced for the first time in our job.

Our working situation is turned upside down due to the global pandemic and crisis. Let us pray and hope for the best in coming days.

### SABU TAMANG

Cluster Team Leader, Nawalparasi

### From an opposite time zone

On 11th March, I left Nepal intending to go to a meeting in the USA, celebrate my father's 70th birthday and return 10 days later. No luck! By the time my flight landed in the USA, Nepal had started requiring a Covid-19 PCR test to re-enter and before I could get one, the airport closed. These days I eat dinner with my parents and then get on Skype at 8:15pm to join 9am meetings in Nepal. I continue to be amazed and gratified that I can have calls with colleagues not just in Kathmandu but as far away as Dang, Rukum and Bajhang as we coordinate to keep projects moving forward with special concern for the poor and marginalised in this difficult time.

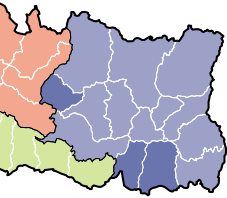


### KATHERINE PARKER

Advisor with Monitoring, Evaluation and Learning Team

# from the red zone clusters & separated expatriate staff

## Kapilvastu



In early March our cluster colleagues of Kapilvastu were aware of the pandemic slowly sneaking into the country, yet the regular work was going on with some caution. The government's decision of banning long-distance travel to curb the contagion of Covid-19 on March 22 and then full lock down two days later, was an unexpected blow to our work. With a promise to return as soon as the lockdown was lifted, the Kapilvastu team retreated from the cluster office.

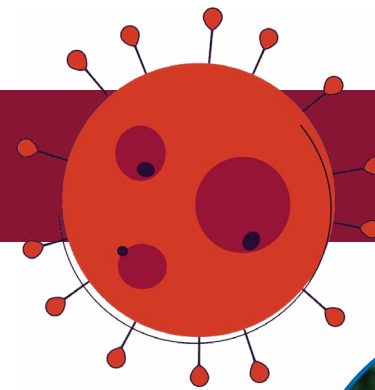
At the time of evacuation, we were in the middle of some training programmes; bills were left to be paid, materials were piled up in the fields which were waiting to be constructed into sheds, ponds, and walls. With a promise to resume, we left our office and the community.

Ever since we have worked from home, connected virtually and waited for the lockdown to be lifted and the situation to improve. But the lockdown kept being extended by the government. Days, weeks, and now even months, we are locked up inside our homes – it's June 2nd as I write this.

I call my team and partners and stay connected every other day over the phone, see them in web-based platforms now and then, keeping hopes, weaving plans, and promising to return soon. Still, these episodes go on and on. The wait does not seem to end.

Now, instead of delivering goods to project locations, we offer consolation virtually to our distant colleagues in despair. Likewise, instead of trudging through the lanes of the communities, we are cruising through pages on digital screens—of plans, strategies and promises of the new normal.

**RUP KUMAR BK**  
Team Leader, Kapilvastu



## Nepal or Ireland?

We wrestled in our minds and debated for days on the question to stay or to leave. Many of Jayne's colleagues in KISC (an International School part-founded by UMN) were returning to their home countries, and Jayne had a few health concerns. For me there was a strong feeling of wanting to live in solidarity with my Nepali colleagues who did not have opportunity to leave. The opportunity to fly out came about rapidly, and so the decision was taken for Jayne to leave and me to stay. She has been teaching remotely from our front room at home in N. Ireland, and I have been working remotely from the front room of our flat in Sanepa!

It has not been easy for either of us, this is the longest we have been apart from each other, but we are so grateful for WhatsApp! One of the most important lessons for me in this experience is to have a greater understanding of our UMN Staff who work in clusters and spend many weeks in the year away from home and loved ones. In my dealings with them I always had sympathy, but it is greater and more personal now.

**PETER FLEMING**  
Integral Development Advisor





# JAPANA'S transformation

Japana B.K. was not confident. A grade 10 student at Himalaya Secondary School in Rukum, she was shy and didn't like speaking in front of others. She was also doing poorly in her studies. But when she became a member of a child club, her life started to change for good.

She is now the vice chairperson of Srijansil child club formed under UMN's CAN project in support of partner [Christian Society Development Campaign](#) (CSDC). Joining the child club was a great experience for her. The board committee selected her as a child to child (CtC) facilitator and she was trained how to lead sessions on topics such as the importance of hand washing, cleanliness and sanitation, kitchen gardening, effects of child marriage, domestic

violence etc. Because of this she became more active and started conducting sessions effectively. Japana was also elected by students as the vice chairperson of the child club.

With two responsibilities on her plate, she became more active in advocating for childrens' rights and started to speak out. She also led an initiative to clean the community road and get involved in social events highlighting the dangers of child marriage and discrimination against daughters in favour of sons.

Japana noticed the change in her life. "I transformed," says Japana. "And this helped me to teach others." Her teacher noticed that she improved in both social studies and health at school which has even inspired Japana to become a teacher one day.



# POULTRY

## perseverance pays off

Abandoned by her husband when he remarried, Gita Dwal encountered hardship and sorrow, struggling to survive without the income he used to send from working in India. Her land of 0.2 hectares (0.5 acres) in Bajhang couldn't sustain her three children, so she started daily wage labour for neighbours. Gita thought her life was worthless.

But joining a group started through UMN – the Bhairab Community Empowerment Centre – brought her new hope. She started saving through the group and expressed her interest to start income-generating activities. UMN's local partner [Ekikrit Bikash Manch](#) (EBM) helped her to start poultry rearing, arranging for her to receive 22 chicks, starter rations and technical assistance from a veterinary advisor.

She prepared the poultry cage and reared the chickens by feeding locally available feed like maize, wheat, grass and allowing the chickens to roam around the homestead. But she encountered a lot of problems in chicken rearing. Although the regular monitoring and timely technical support helped to control disease, three chicks died within a week of receiving them and another five died in a duration of three months.

Despite these losses, she persevered and has started to receive an income from her poultry farming. Selling eggs and three cocks has brought in NPR 10,500 (USD 90) so far. The earning has been helpful to provide education for her children, food and clothing for her family. Currently, she has 11 chickens (five cocks and six hens) and plans to hatch chicks in order to continue her business and expand its scale.

Gita (38) is just one of hundreds of women and families who have gained security and dignity in their lives since 2016 when we launched Community Empowerment Centres in our clusters of Bajhang, Doti, Dhading and Rukum.





# CLUSTERS WRAP UP

## Missing the celebration

As we introduced on [page 3](#), for the UMN staff team one of the saddest impacts of the lockdowns so far is on our long-serving Clusters of Dhading and Sunsari, whose closing has come sooner, without the planned celebrations and with projects and staff having to finish early.



## Dhading

Who would have thought that 16 years of UMN's work in Dhading Cluster would have to end without proper thanks and celebration? Just a few months ago we were planning for a district level gathering where we would share impacts and achievements of our work in Dhading and acknowledge many people for their valuable contribution. The Covid-19 pandemic has changed it all. But looking at all the terrible and sad news we hear every day on the spread of the virus, this is a very small personal disappointment.

While I feel sad about it, I also leave Dhading with a good feeling that UMN was well loved and respected by the community. We were seen differently - in a good way - as an honest, hardworking, and professional organisation. Our partners never saw us as 'donors' or 'seniors', rather they considered us like their friends or guardians. We had a very close and strong relationship with our partners, which I consider the strongest aspect of UMN - strong



local partnership. The local government also trusted us. We were invited to be part of the district forums. This trust and partnership was further strengthened with UMN's commitment to the rebuilding work after the 2015 earthquakes in Nepal.

Many competent leaders and teams have led the Dhading Cluster in the last 16 years. I am the last Team Leader of Dhading. I am confident we have come a long way and we have left behind good work and testimonies and have opened paths with proper road maps and guidelines for many local organisations and schools to move ahead and serve the most needy people.

**TARA HANG TAWA**  
Cluster Team Leader, Dhading



# Sunsari



Many thoughts and emotions went through my mind as I was reflecting on the 15 years and three months of my work in Sunsari and Rupandehi Cluster. I started off in Rupandehi in March 2005, then in 2008 I moved on to Sunsari.

Firstly, I see it as a huge and a humble privilege, to have been a part of God's plan, that He chose me to serve the needy communities of Rupandehi and Sunsari in this way. My reflection focuses more on Sunsari cluster as I worked 12 years with 17 partners and 16 staff over the years when community projects were in full swing. UMN was like my second home and Sunsari team like family members. We have been together through many thick and thins, challenges and achievements. I can confidently say that committed teamwork was our strength.

In the community, UMN is known as an organisation which

- ➔ achieves more with less budget,
- ➔ gives a lot of warmth and care to others in the way they live when they are in the community
- ➔ is concerned so much about building capacity of staff, community people and partner NGOs,
- ➔ is honest and works with integrity (local partners have also respected and learned this)

It would be so good and useful to document the work and achievements of UMN in Sunsari. I think this would be a valuable UMN resource to archive UMN's work in the eastern region of Nepal. It would indeed be wonderful to make it work.

One thing we were looking forward to in June 2020 was the formal closing celebration in Sunsari. It is natural to feel disappointed that we have not been able to properly celebrate the achievements with a community gathering where we could meet, acknowledge work done, say farewell and hand over formally to the government. This was what



staff and partners deserved. But I take heart by looking at the extraordinary achievements we have made together in this long journey. However, we still rejoiced in sharing soft copy certificates and letters of appreciation on virtual farewell.

Thank you to every single person that has been a part of this long journey with me to transform lives. What gives me real happiness is the smile in the faces of people when I visit the community. It is so real and genuine. The majority of our partners have spread their networks and developed a sustainable strategy. This is when I feel satisfied, this is what I see as my success and team achievement.

I thank God for the rich experiences in my life that I have enjoyed so much. I am excited to see what the Lord has in plan for me in the next phase of my life.

**BALKUMARI PUN RAI**  
Cluster Team Leader, Sunsari

# UMN in action

UMN has been working toward a carefully planned strategy taking into account strengths and limitations. In past disasters UMN has not normally been a first responder but has brought its skills to the situation after a process of thought and planning to ensure that whatever is done has maximum long term impact. It is easy to cause harm with a poorly thought-out response.

## Health and safety supplies

- ➔ UMN's Dhading Disaster Response Programme provided 18 medical assistance packages including PPEs to Ruby Valley Rural Municipality (RM) in Dhading. These resources were provided to the RM's health post, police station, ward office and municipality office. The distribution was carried out through UMN's partners [Himalaya Community Salvation Society](#) (HIMS) and [Namaste Rural Development Society](#) (NRDS) which is active in Ruby Valley RM.
- ➔ [The Association of International NGOs](#) in Nepal (AIN) handed over a medical assistance package worth nearly 45.3 million rupees (approx. USD 370,000) to the Ministry of Health and Population on 6 May 2020. Fifteen INGOs including UMN responded with this financial contribution to put together the medical assistance package which included Personal Protective Equipment (PPE) sets, safe delivery kits, infrared thermometers, water and air-proof aprons among others. The support from UMN went to our hospitals in Tansen and Okhaldhunga.



Dhading

In Nawalparasi, for Palhinandan, Pratappur and Hupsekot Rural Municipalities, our partners [Indreni Social Development Forum](#), [Sunawal Community Development Centre](#), and [Isai Samaj Nawaparasi](#) distributed health and safety materials including PPE sets, thermal guns, gloves, masks, surgical masks, handwash etc. to protect their communities ([see page 4 also](#)).

## Food aid and essential supplies to ultra-poor families

In Doti in the Far West, our partner [Rural Community Development Centre](#) (RCDC) supported Badikedar Rural Municipality in mid-May with medical equipment such as IR thermometer, N-95 masks, surgical masks, surgical gloves, PPE set, sanitiser, disinfectant spray alongside other materials to support the quarantine management such as blankets, tarpauline etc. These are being used to manage all the quarantine posts and check posts of Badikedar. RCDC is also disseminating Covid-19 related information to the community by broadcasting on FM and through printing banners.



Doti



In Okhaldhunga, our five-year Community Based Rehabilitation (CBR) project, which was just launching to support people with disabilities, has revised activities and reallocated budget for the current global Covid-19 pandemic season. In conjunction with the local government we recently purchased and distributed rice, lentils, oil, salt and soap to ultra-poor people who are unable to get food to survive in our current lockdown situation (see photos). In our CBR working areas of Molung and Khijidemba Rural Municipalities, 150 families in each (300 families in total) were selected from one of these groups:

- ➔ People with disability and their families (doing day to day labour work to sustain their family).
- ➔ Pregnant women and new mothers (where their family are very poor).
- ➔ Single women and older people (who have no-one to support them at home).
- ➔ Ultra-poor labourers (landless people, working for daily wages).

We also reached 150 people with Covid-19 awareness sessions during this distribution – through community orientation sessions and door to door visits



### Disaster preparedness

Our partner [Isai Samaj Nawalparasi](#) (ISN) in Nawalparasi has worked for years to form Church Disaster Management Committees in different wards of Hupsekot Rural Municipality. ISN is now mobilising those committees to work in coordination with local government to prevent a coronavirus outbreak in Hupsekot.

### Translating the Covid-19 related messages for broadcast

UMN's partners coordinated with the local governments in Mugu, Rukum, and Bajhang to translate the official coronavirus awareness and prevention

messages into local languages for broadcast over the radio, reaching remote villagers in their own mother language. Since there is no radio coverage in Mugu, people were mobilised to spread the messages developed using microphone and speakers.



### Education

In connection with the United Nations (UN) Education Cluster we are involved in creating several self-learning resources in Nepali – for children in Early Child Development and throughout Primary grades. Some are based on government textbooks and curriculum; some require no books. These resources could also be used by students for self-study in any other future pandemic or disaster situation when they are unable to gather to attend school. We are involved in three groups of resources:

- ➔ Early Child Development (ECD) age to grade 3 – the UN Education Cluster is to develop home-based learning activities for children of the youngest age group. UMN will be involved. The materials produced will be available in the department of education.
- ➔ Publication of Self-learning activities book for grade 4 to 8. These materials, compiled by UMN, have been shared with the AIN Education Working Group, UN Education Cluster and Government. There are 76 activities which are not based on textbooks that children can study and perform in their homes. It is available online as a pdf and the plan is to distribute to all education projects once it's printed.
- ➔ Grade 6 - The UN Education Cluster has asked UMN to lead the development of distance-learning education material for grade 6, as part of a national plan to develop self-learning materials based on the government's textbooks and curriculum for each unit and lesson from grade 4-8. It is a major responsibility and very positive that UMN's education work has been valued in this way. The materials will help schools across the country, including community schools in our clusters, to cover the disruption to education caused by Covid-19.



# UMN's

## FRONTLINERS UPDATE

### Tansen update

Tansen is our larger hospital with over 400 staff, 169 beds, and last year over 113,000 outpatient visits, nearly 13,000 inpatient admissions, and nearly 2000 deliveries. Serving for over 65 years, United Mission Hospital Tansen is the best known, longest established hospital in Palpa district and serves patients from other districts also. The wide range of services include surgery, maternity, dentistry, counselling, and testing and treating patients for TB, HIV and leprosy. Over 2000 visits have their treatment paid by charity (the 'Poor Fund') or are given credit. Over 350 students a year train in medical professions although the lab technician, nursing and midwifery courses are currently on hold.



We are so thankful that essential services could continue during lockdown, including emergency surgery where they were able to save lives from critical conditions such as strangulated hernia or kidney stones. Some patients have travelled for days to reach the hospital (we have no public transport during lockdown) and would likely have died if they had not received the care and life-saving treatment or surgery which they needed. You can watch [Operation Tansen](#) to see the valuable work of the surgical team in serving the community on non-Covid-19 health issues.

Tansen saw a huge drop in patient numbers due to the pandemic and lockdown – the usually thronged out-patients (see photo) was virtually empty at the start of lockdown and inpatients down by 50%. They saw only 5197 outpatients in the first month and 6160 in the second compared to 9814 in a usual month. Numbers started picking up but were still one third lower than usual in outpatients. As the impact of the financial shock continued, from mid-May, dozens of non-contact staff have had to start intermittent furlough on 50% pay. A tough situation for them and the hospital. Since then, sadly one patient in our isolation ward became Nepal's tenth confirmed Covid-19 death. He was a suspected case arriving from quarantine, sick after returning from India. He died on 2nd June after only one day with us. This immediately caused patients to stay



away again, even though all protocols were followed from his arrival and the staff who cared for him were placed in quarantine until they tested negative.

Even for staff, fear and misunderstanding about the virus were big issues at the beginning and grew again after this death. As well as training in wearing PPE, we had to counsel staff against myths surrounding coronavirus. Dr Rachel Karrach (Hospital Director) was interviewed sharing advice on local radio and then a local government website. In the community here and across Nepal, there can be fear and shame when someone discovers they are infected – they fear being ostracised by their family and community. The first suspected Covid-19 patient at our Tansen hospital was in this situation – she had just given birth and feared for her child and her reputation. She tested negative, but also benefitted from receiving counselling from our staff. [You can read stories from three of our staff members here.](#)

To prevent and contain the spread of coronavirus, isolation beds and a fever clinic are in use and PPE was sourced or made. Alongside use of hand sanitiser or handwashing for all visitors, social distancing circles have been painted on floors and benches where people wait and queue.

The nearby city of Butwal (40km south of Tansen) has set up a coronavirus hospital to which any positive cases should be sent, but it is already full! With the influx of returnee migrants from India, infections around Tansen could jump up. The local district is trying to create 200 isolation beds for mild or asymptomatic cases. We are responsible for 18 beds at a site near the hospital – currently hosting five Covid-positive men who are not sick. We continue to be involved in ongoing discussions over ever-changing plans, braced for our next cases...



## Okhaldhunga update

Okhaldhunga, our smaller hospital with 85 beds, is however the largest hospital not only in the district but for the neighbouring districts Solukhumbu and Khotang, receiving patients who travel in on journeys of several hours or even days.



While making preparations for protecting against the spread of coronavirus – PPE, fever clinic tent, isolation beds, training staff – the hospital realised with a heavy heart that the Maternity Waiting Home could not provide adequate self-distancing measures and therefore would have to close. This is usually a very communal place where up to 25 women and their husbands share cooking facilities, live in close quarters and receive health teaching and daily checks. They can wait and rest ready to give birth, rather than risk travelling a long distance during labour or after complications. In an area with many remote villages this home can save the lives of mothers or babies when they would not be able to reach medical care in time. But for now, it has to close. Like all educational institutions, the Nursing School is also currently closed while the new Community Based Rehabilitation project is adapting to include Covid-19 response and relief ([see page 11](#)) while still seeking to reach people with disabilities and their families.

Caring for patients with varied, serious, sometimes life-threatening conditions is still essential and our staff continue to use their skills to save lives and heal patients amidst all the coronavirus upheaval. Here are two of several recent emergency cases. Both are now recovering well:

- ➡ An 8 year old boy who fell off a ladder, broke his ribs and developed a life-threatening condition requiring 250ml of blood to be drained from his chest.
- ➡ A 42 year old woman was referred to us from a neighbouring district hospital. She was very sick, and very anaemic. Ultrasound showed blood in the abdomen. At operation, at least two litres of blood and clots were removed and the problem was discovered to be a ruptured uterus from an ectopic pregnancy. She received a transfusion of four units of blood.

During lockdown numbers have fluctuated, but outpatient numbers dropped significantly at the beginning (to only 21% of the usual on the worst day) and the first month saw the bed occupancy rate decrease by 50%. Overall, average patient numbers reduced by 25% and since mid-March revenue has decreased by 20% on average. This loss means that we will have to take tough decisions to find ways to reduce staffing costs from the new financial year (mid-July).



Looking ahead, the fever clinic needs to move indoors (before the monsoon rains) so the hospital is deciding how to reorganise the use of buildings. While we daily continue to serve the sick, like so many around the world our plans must be constantly revised without certainty on what may happen next in the pandemic. At present the Kathmandu Valley is virtually sealed, only accessible from Okhaldhunga by an eight-hour ambulance journey as there is no helicopter service available. So it may become necessary for us to treat patients in more serious conditions who normally would be transferred to Kathmandu for higher level services.

See our latest [Friends of Okhaldhunga](#) for more news and stories from the hospital.

# SAVE OUR HOSPITALS



Soon after lockdown began, UMN realised that our biggest financial need triggered by Covid-19 and lockdown wasn't the need for PPE (around USD 90,000) but covering the immediate and drastic loss of hospital income due to the sudden drop in patient numbers. Even before lockdown patient numbers reduced through fear of contagion. After lockdown, Tansen outpatients was near empty, inpatients was down to about half and Okhaldhunga also saw a big drop in outpatients while inpatients was sometimes down by 50%. Initially, across both hospitals the drop was up to 80% - the hospitals, especially Tansen, were almost empty! Since 80% of hospital income comes from patient fees, this was an immediate challenge – how to keep the hospitals running, pay staff, maintain readiness for Covid-19 infections and continue to meet ongoing medical needs of the communities who rely on these rural hospitals.

On 3rd April we launched the [Save our Hospitals appeal, with a video](#). Would friends of UMN around the world be willing to support our hospitals in their hour of need, even when your own countries (and hospitals) were suffering terribly from coronavirus cases and deaths and the ensuing economic shock? We felt wary to launch an appeal to those more affected by the disease, but our need was great. Your response was so quick and encouraging – we are humbled and grateful – thank you! Over the first weekend we raised USD 25,000, and within two weeks USD 64,600. To date the appeal has raised over USD 5,00,000.

By now, hundreds of patients are returning, sometimes with more severe conditions because they have waited longer for treatment, due to both the fear of infection and the widespread lack of transport in lockdown. You can learn more of the current situation in the Tansen and Okhaldhunga updates on [pages 12-13](#) and in our website resources. This return of patients is encouraging for their health and also for our income to keep running the hospitals. However, patient numbers are still significantly lower than usual – down by 25% or more, especially when new positive cases are found in the area. Looking at the year ahead (until mid-April 2021), with careful budget planning we are looking at a shortfall of **over USD 1.5 million!** We need to change the appeal into a year-long campaign. Donations received so far from



institutions and individual donors have met 33% of this total. Would you or your friends, churches or groups you know be willing to join us on this journey, to stand with us in [prayer](#) and perhaps commit to [giving](#) regularly throughout the year?

Please visit [www.umn.org.np/corona-response](http://www.umn.org.np/corona-response) where a collection of resources are available, alongside latest information and news on Nepal's coronavirus situation and UMN's response.





## PRAY

Japan's story ([page 6](#)) is only one of hundreds like her. Pray for young people who have been given encouragement and opportunity to realise their full potential in education and in life.

We do not know the final extent of Covid-19, but we already know about the wave of poverty sweeping the country. This is resulting in hunger, other illnesses and deaths, unemployment, disrupted education, domestic stresses and violence. Pray about all these troubles – each one of them has many human faces.

Our Mission Hospitals are facing growing challenges. The pandemic is increasing; the task of treating Covid-19 patients while protecting everyone else and continuing to treat other patients is difficult; the concerns about finance are real and may well result in major negative changes. Your constant prayer and support is needed.

Our cluster teams are dealing with strong community pressures. The pandemic has closed offices and set everyone to working remotely. Yet ultimately we need people active on the ground in community. Politicians and other leaders have high expectations and demands of UMN, and Cluster Team Leaders are dealing with many strong requests. Pray that soon we will be able to get staff to the 'coal face' engaging safely and effectively with partner organisations and people in need.



## 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

**GRANT MANAGEMENT ADVISOR – KATHMANDU BASED:** To play a key role in advising, providing hands-on technical support to, and building capacity of Cluster Teams and the Grant Management Unit, developing high quality competitive project grants/proposals in line with UMN's strategy.

**FINANCE ADVISOR – KATHMANDU BASED:** To work alongside our Nepali professionals to ensure that sound financial practices are implemented, to properly manage the funds entrusted to us. A strong financial background, preferably with accountancy is required and experience in the not-for-profit sector would be an advantage.

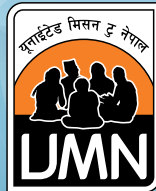
For all Advisors, a Masters degree or equivalent and at least five years of relevant work experience is required. We normally require a minimum two years initial commitment. Some posts will require occasional trips to UMN working areas.

**DOCTOR FOR UNITED MISSION HOSPITAL TANSEN :** One Obstetrician/ Gynaecologist needed long-term from January 2021.

For all doctors, flexibility, the ability to work in a resource-limited setting and an interest in teaching and mentoring junior Nepali doctors are required.

DO NOT BE **ANXIOUS** ABOUT ANYTHING,  
BUT IN EVERY SITUATION, BY **PRAYER** AND **PETITION**,  
WITH **THANKSGIVING**,  
PRESENT YOUR REQUESTS TO **GOD**.

Philippians 4:6



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

**UNITED MISSION to NEPAL**

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