

Dear friends

STOP PRESS!

Please note, the text and facts in this edition were correct at the end of August. But news changes fast! Now the cluster staff have finally returned to their districts. For other updates please see page 15.

I want to begin by thanking everyone who has been supporting UMN through your prayer, giving and messages of encouragement. It means so much to know that we are supported by a global community, connected to UMN's work and upholding us in hard times.

When COVID-19 broke across the world, it was a catastrophe no one saw coming. Now, half a year after the virus's arrival in Nepal, the potential next chapter in this disaster is all too foreseeable. Infection and death rates continue to increase; having eased the lockdown in July, the government is beginning to tighten up restrictions again. Meanwhile, many hospitals around the country are still struggling to fill the hole in their finances left by the first lockdown and may need to cut staff and services in a future one. At the same time, other hospitals are turning patients away to reduce infection risks.

So a new surge in infections and/or increase in the death rate could easily coincide with a severe reduction in Nepal's hospital capacity. That is the main potential disaster we're doing our part to address, by seeking to keep UMN's hospitals open, at full capacity, and treating both COVID and non-COVID patients from their catchment areas. Our hospitals remain the frontline responders in this disaster and are known as places where sick people can expect not to be turned away. UMN's top priority is ensuring they are well supported.

While travel restrictions have so far kept us from re-opening our Cluster offices, our Cluster staff are still working remotely with our local partners to help poor and marginalised people. In this issue of UMNews, you will read stories of how UMN continues to help people all across Nepal access health care, education, and livelihoods during the pandemic.

Thank you for your prayer and partnership!



JOEL HAFVENSTEIN Executive Director

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UMN 2020

Changes, Challenges and Opportunities

> Clusters Wrap-Up: **Key Achievements** (Dhading & Sunsari)

Rukum Radio

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Reaping a Profit



There have been lots of changes, challenges and opportunities since the last update. The lockdown imposed on 24 March was eased in mid-June as low numbers of COVID-19 positive cases and deaths were recorded and citizens were heavily impacted due to loss of livelihood options. However, from early August the scenario changed, the number of cases have been increasing very fast (to date, more than 32,000 cases and 164 deaths recorded across the country), as a result of which complete or partial lockdown has been imposed again in more than 48 districts on Nepal, including some of our working districts. Kathmandu Valley is under strict lockdown again from 19 August and we don't know for how long this could be extended.

In light of this situation, the whole organisation is still working from home, virtually and, despite our attempts to reopen the cluster offices, so far work on the ground has had to be remotely managed and monitored. However, organisational as well as cluster hibernation and evacuation plans have been developed in the meantime. As soon as the lockdown is eased and interdistrict travel restriction is removed, the clusters are planning to reopen. The local partners have been in the field and are following the health & safety guidelines. They have been mainly engaged in supporting the local government and health centres with health and safety materials, along with material support to enable quarantine and isolation centres to provide a

quality and safe service (see more on page 8). Since the schools have been closed, most of the government school buildings are used as quarantine centres.

Recently, the partnerships with ten local partners have been phased out and we extended our partnership with 24 continuing local partners for the next three years. The General Agreement with the Government of Nepal has been extended until mid-January 2021, whereas the Project Agreement (which gives us specific permission for different types of projects) is still under consideration.

Since the recently developed Cluster Strategic Plans are on hold, we are in the process of developing an interim plan for the next two years or so in response to the COVID-19 pandemic. As mentioned earlier, as soon as the situation eases, all the cluster teams are preparing to return to their respective fields to work alongside the local partners to address the local needs. The challenges they face are very great. As always, we would appreciate your prayers in this regard.

DHANA LAMA
Programme Director

CLUSTERS MARKEY achievements

Sunsari Cluster, established in 2004, and Dhading Cluster in 2005, worked for 15 long years in community transformation. We recently wrapped up the clusters, in June 2020. We are very thankful to our long-standing partners and the support we have received from everyone in this thankful to our long-standing partners and building each other. From the many projects and their enriching journey of learning, sharing and building each other. From the many projects and their enriching journey of learning, sharing and building each other. Closing of a cluster however does enriching journey of learning, achieving and changing. There are many partners who not mean the community stops dreaming, achieving and changing. There are many partners who are now strong and independent of UMN, who will carry on the good work.



Dhading

Self-reliant groups (SRGs) - The SRGs in communities of Dhading have truly succeeded in positively influencing, helping and building each other. This has particularly been true for many women who gain social recognition, acceptance and support when they are a member of the group. Through SRGs individuals have been able to save and also access loans from cooperatives for livelihood options, children's education and other needs.

Mental Health - Dhading Cluster worked for five years in various communities to address the wrong concepts of mental health issues and stigma attached to it. After many years of counselling, teaching and lobbying with local government bodies, we have finally seen

changes. The local government now has a yearly budget allocated for mental health, psychosocial groups have been formed, local health facilities offer basic mental health services, awareness level has increased in the community and of course we have many lives who have overcome mental illness and been healed.

Integral Development - Another strong transformation Dhading Cluster has witnessed is in the Integral Development work in local churches. Earlier, the churches did not understand and stayed away from development work in their communities; did not understand the dynamics of government funds and local politics, thus didn't see possibilities of how mutual cooperation could benefit both parties. Today we see churches take initiatives towards community development work, tap funds from the government for community needs and join hands with other local groups on common issues. A local faith-based NGO called Dhading Christian Society (DCS) was formed which has become an umbrella organisation of all the local churches of the district.

Dhading Disaster Response Programme (DDRP) - Following the 2015 major earthquake, UMN's DDRP began its restoration and reconstruction work through 10 different projects in Northern and Southern Dhading. Among DDRP's many achievements, some of them include training masons on earthquake-resistant building, constructing new classrooms, repairing foot trails and community water supply construction schemes providing access to safe drinking water for many households. DDRP finishes in December 2020.

Sunsari

Disability - UMN's partner NCDWS¹ in Sunsari has been one of our strongest partners in the district in disability work. The results we see in the area of disability have been amazing. Some of the biggest impacts besides treatment and provision of assistive devices have been in the acceptance of children or people with disability in society by dealing with the discrimination children faced. With years of persistent lobbying, schools now not only accept them for admission openly but also have ramps and toilets which are geared to be disability-friendly. Committees have been formed in 40 schools to advocate for the rights of children with disability. People with disability are aware of their rights and understand and value their dignity. We see many of them now in colleges, handling good jobs, businesses and foreign employments. The partner NCDWS is well respected and appreciated for their commitment in the district.

Child-Centred Community Development -

This project has run well for the last nine years, succeeding to bring transformation in the lives of children living in tough community settings. Social issues like practice of child-marriage, child labour and discrimination between girls and boys in the family and the community have been reduced to almost zero. Children themselves have identified issues related to child rights and protection and have taken the initiative to spread awareness in the community. Through the project's activities, the children now see themselves as valued members of society and are aware of their rights.

HIV home-based care - For 12 long years, UMN through its partner NJSS² has grappled with the societal issues of HIV and AIDS in various

communities of Sunsari. They have addressed the stigma attached to it, arranged treatment and home-based care to those who need it and offered counselling to the families. NJSS and other likeminded organisations established a referral system too, where one organisation refers to another to support multiple issues and needs of those affected. All the people living with HIV in UMN's working locations are now enrolled in health insurance.

Cross-border security – Sunsari Cluster has been appreciated and recognised at the district level for their contribution in the area of cross-border security (India-Nepal). Through its partner CMC³, Local Peace Committee members, Indian security forces and civil society, the cross-border crimes and peacebuilding issues that were troubling the border community for decades have now been controlled significantly. There has also been an increase in interaction and cooperation between Hindu and Muslim communities of the project area who seldom used to interact and work together in the past.

Trauma Healing project

The trauma healing project was started in Sunsari after communities faced serious challenges following the big flood of the Koshi river in 2007. Along with physical destruction, individuals and families were traumatised and distressed by the devastating event. The five-year long project run by our partner Participant Mobilization Centre has given the survivors a feeling that they have hope and control over their lives again. After a period of hearing their stories and therapeutic sessions we saw the communities moving beyond the trauma to better days ahead.





¹ Nepal Chelibeti Disabled Women Society

² Nawa Jeewan Samai Sewa

³ Chandra Mukhi Club

FRONTLINE RESPONDERS' UPDATE

TANSEN AND OKHALDHUNGA

Refused from other hospitals!

UMN hospitals have an increasing reputation as the most reliable places in their districts where sick people can expect not to be turned away. We are currently treating high numbers of inpatients again, particularly maternity patients. Many hospitals are turning patients away to reduce infection risks and requiring a negative COVID-19 test result before admission. Recently, maternity in Tansen has been over-full – they've had to move in extra beds and redesignate other areas. The maternal mortality rates were already high in Nepal; that is something UMN tries to reduce through many maternal and child health projects. But families have suffered many more maternal deaths and stillbirths than usual during lockdown, often due to lack of transport to come to hospital but also if they are refused from hospital. Outpatient numbers have risen recently too, but remain lower than pre-COVID days in both hospitals.

Daily Challenges

Part of our challenge is maintaining physical distancing among these greater numbers. We have staff working full-time to ensure outpatients maintain safe physical distance and understand the importance of using masks. This is particularly difficult in Okhaldhunga where the district has had few cases so the risks seem less. Local transport is still very limited, so patients face huge charges for private ambulances, meaning they may reach hospital in a more severe condition. Monsoon is a time when more people get ill with colds and fevers. So the next challenge is having wisdom to differentiate between COVID-19 and several other conditions which can present with similar symptoms, such as scrub typhus.

Treating COVID patients

We are thankful that so far all staff treating COVID-19 patients have not caught the virus, and out of 21 patients treated, only one has died – sadly a man in Tansen who had recently returned from India (via quarantine) died the day after he was admitted. The initial wave of asymptomatic cases among returnees is over, but now we are preparing for later surges of infection – community spread has begun in Nepal and new cases have soared to over 800 daily.







Tansen looked after 16 asymptomatic patients in a separate COVID-19 isolation ward, near the hospital, of whom two remain. Tansen's district Palpa had over 580 cases among returnees, most of whom recovered with few symptoms.

In **Okhaldhunga**, to accommodate patients who have COVID-19 we have moved the outpatients department and created a separate COVID operating theatre and delivery room. In July, after the four asymptomatic patients recovered and tested negative they were very happy. We held a small celebration with flowers and local media. Previously through fear of COVID-19 there had been strong resistance in the local village to the hospital's work, but after this patient numbers slowly picked up.

Future challenges

Outpatient numbers remain lower than pre-COVID days, which also means income is reduced. Meanwhile, a new surge in infections, or an increase in deaths if community transmission becomes widespread, could easily coincide with a severe reduction in hospital capacity. That is the disaster we're still doing our part to address, by seeking to keep UMN's hospitals open, at full capacity, and treating both COVID and non-COVID patients from their catchment areas. Our hospitals remain the frontline responders in this disaster, and UMN's top priority is ensuring they are well supported (see pages 10-11).



Stories of recovery

We have several stories of patients who have received life-saving treatment and recovered recently. These include the miracle recovery of a baby in Okhaldhunga and an Okhaldhunga's Lockdown Patients video featuring three other patients including a lady who had to travel over 5 hours when very ill. For Tansen, we've shared the story of a young man who suffered a stroke and was rehabilitated during a 6-week stay.

www.umn.org.np/news www.umn.org.np/videos



Since our last edition, UMN has continued to provide various kinds of assistance to those affected the spread of Coronavirus and local disasters.

Quarantine centres and isolation centres

Many thousands of Nepalis work abroad (providing 28% of the GDP) and thousands have returned in a rapid influx from India especially – up to 4,000 a day into the Far Western province alone in late May – while hundreds are returning from Gulf countries. Since they had travelled in crowded transport and were coming from countries with much higher infection rates, these thousands had to be quarantined for two weeks. But creating and supplying these centres so quickly was impossible. Some returned home without quarantining, some left quarantine early because of poor facilities – even lack of food or sanitation – and quite a number contracted COVID-19 while staying in quarantine in cramped conditions.

For those who do get infected, their communities will often fear or shun them or their families, and also it is really hard for people to self-isolate at home because many live in a small room or two, and several families may share bathroom or outdoor toilet. So isolation centres are also needed!

Through our clusters and local partners, UMN has been supporting local governments in our working areas to manage quarantine and isolation centres (and health centres) safely and successfully. We have provided supplies to prevent spread of the virus and to ensure good hygiene and even food, to encourage people to stay. Allocation was always done after consultation between our cluster team leaders, local partners and local governments. See the table for details of the support provided since our last UMNews.

District	Support included:
Bajhang	Food items and hygiene materials, expected to reach or benefit 100 families through 10 quarantine centres of Thalara Rural Municipality.
Dhading	22 beds, 25 personal hygiene sets, PPE and handwashing station. Materials were handed over to the local governments of Galchhi and Neelakantha for Baireni and Bensi quarantine or isolation centres.
Doti	25 quarantine centres have received support through UMN partners.
Mugu	UMN is a member of the Isolation Management Committee of Mugu and there are five isolation centres set up so far. Through our local partner we supported isolation centres through Mugum Karmarong, Soru and Chhayanath Rara Municipalities including 50 bedding packs, towels, plates, water bottles and water tanks. Later the resources will go to local health posts.
Nawalpur	Support given to the local government in Hupsekot for the health workers, staff providing services and people staying in quarantine. Materials given included 79 Virus Collection Tube kits and 47 mosquito nets as well as masks, gloves, soap and PPE.
Rukum	Support of COVID prevention materials for three quarantine centres.



Health facilities

In the first week of July, UMN supported the local government of Rukum East and West Districts to equip 21 local health facilities and three quarantine centres with essential supplies for COVID-19 prevention and protection. Our partners¹ distributed many items including thermal guns, oximeters, water-tap buckets, PPE sets, soap, sanitisers and masks.

Some of the rural municipalities of Rukum are geographically hard to reach due to monsoon and road disruption. With support of local partner staff and volunteers helping to carry items by foot, it was possible to deliver the materials to the health facilities (see photo).

Food and livelihoods support

We always seek to support and bring fullness of life to the most marginalised members of society. This has included providing food supplies for 501 of the poorest families in three municipalities of Dhading (see photo) and for 17 poor Dalit² families in Chhayanath Rara Municipality of Mugu. In Bajhang, through our partner³, three children and 15 adults with profound disabilities were selected to receive goats and a goat shed for their families as livelihood support, prompted by the COVID-19 crisis. They also received awareness training and supplies to protect against COVID-19. You can find the full story with photos from the latest news on our website (www.umn.org.np/news/864).

Awareness publicity and broadcasting

Sharing messages to raise awareness about COVID-19 is an essential step towards prevention. Sometimes this has been through leaflets and banners, but other times by broadcasting messages through radio or through large speakers where there is no radio service. These audio messages are particularly important when there is still a high illiteracy rate among some groups.

- In Dhading through the DDRP project, UMN printed materials for awareness raising to community on COVID-19 and distributed to local governments. For radio broadcast UMN, in coordination with local partners and local radio stations, developed Public Service Announcements to broadcast from 3 local FM stations, 3 times a day for 3 months.
- In Mugu, through two local partners we printed 1100 pamphlets and 1260 flex banners for awareness-raising on corona virus, for Soru and Mugum Karmarong rural municipalities. Through our partner⁵ we also provided 15 sound system sets to broadcast COVID-19 prevention messages in Soru and Mugum Karmarong across 11 wards where there is no FM radio coverage. A pre-recorded broadcast message in the local language is shared twice daily from different places in the villages, then community mobilisers and youth volunteers share further messages by microphone about



- 2 So-called lower caste
- 3 Progressive Youth Society
- 4 Karani Community Development Centre (KCDC) and Gramin Samudayik Sanstha
- 5 KCDC



SUPPORT OUR HOSPITALS!



It may only be October when you read this, but some in the Western world will already be thinking about and planning for Christmas. The celebrations may be very different this year, like all the other festivals, but we will still be celebrating the Servant who came, knowing weakness and poverty, bringing life and hope and healing.

Perhaps your church or group may be starting to think of a cause you may wish to support as a Christmas Appeal or fundraiser, even though the activities of fundraising may look different this year? Please consider UMN and our hospitals as one of your options!

What have we raised?

We are so thankful that with enormous support and generosity from around the world we have received over USD 500,000 so far to Save our Hospitals. Thank you again to all those who have so generously supported UMN's hospitals at this time – you can see a short 'thank you' video from the hospitals here: www.umn.org.np/videos/871 This support has been vital in helping us to keep the staff in place and pay the bills so that we can continue to serve whoever comes, especially patients with no other options of healthcare. The initial risk to our finances and fears around COVID-19 have passed - our hospitals are still running and serving.

Looking to the future

Despite the recent return of patients (see Hospitals update on page 6), we still estimate an outstanding shortfall of USD 1 million for our hospitals for the year from April 2020 (the original estimate was USD 1.5 million). While COVID-19 and lockdowns come and go, the financial threat remains. This shortfall is huge, so we continue to seek support from friends and supporters around the world, old friends and new. Therefore, we would be delighted if you or groups you know would consider us for your Christmas appeal!



^{*}In USD and GBP. We have many more sample costs which we can share.





Sign up, sign up!

Would your church or group like to continue to Save our Hospitals and save the lives and health of thousands of patients in Nepal, including some of the poorest people with no other options?

If you might be interested to fundraise for our Christmas Appeal to Save our Hospitals, please do contact us at communications@umn.org.np or visit our Christmas Appeal page at www.umn.org. np/christmas-appeal to access resources to help you share about the value of our hospitals. We already have videos, posters, stories and sample costs and will be adding to the resources over the next few weeks and months

Thank you for all your support and prayers. Lives are being saved; people are receiving love, welcome and healing care.



CALENDARS AND CHRISTMAS CARDS

Our 2021 calendar will be printed this month (October). As always, it features beautiful photos from around Nepal, this year all taken by UMN staff. You can enjoy the beauty of rural Nepal with a bible verse for each month.

Our 2020 Christmas cards feature artwork by children of UMN staff members in four different designs, with a greeting and verse.

We will be happy to start posting these around the world for individuals or for you to sell on through churches and groups. Please go to www.umn.org.np/store or contact us at communications@umn.org.np to order.



Rukum RADIO

In the villages of Rukum East, you will find teachers walking towards the local radio station and not schools. The COVID-19 pandemic has affected education systems everywhere. Here is a story from a remote hilly region of Nepal.

With schools closed, students in Rukum East were unable to resume their studies for over three months. They have little or no access to computers and internet technology. UMN's partner MIC Nepal¹ in Rukum, coordinated with the teachers who teach in Kham language (the native language) to motivate them to run classes through the radio. UMN's partner also financially supported the broadcast costs and the

teacher's payments.

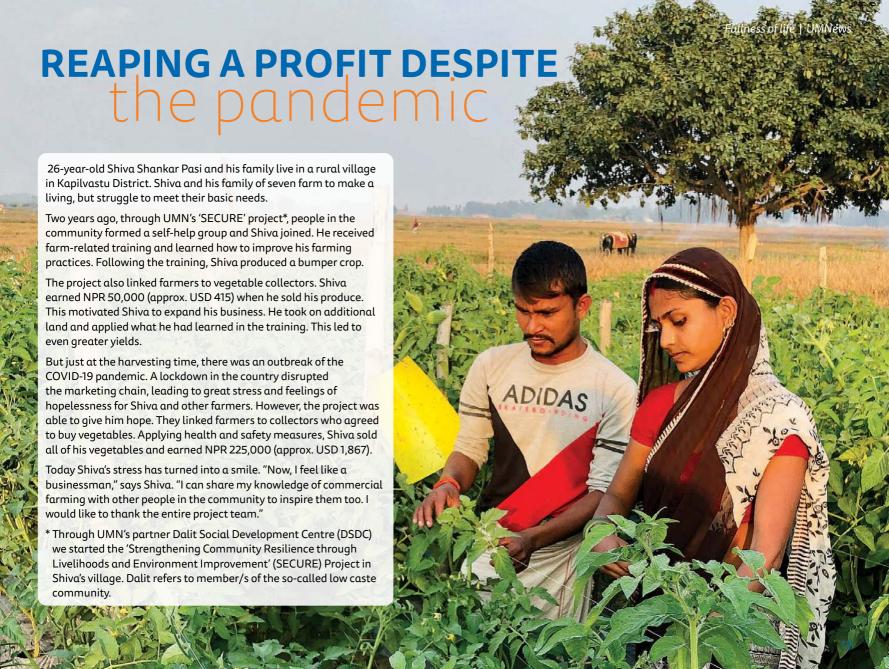
Around 75 % of the 1,610 targeted students from 25 schools in Putha and Bhume Rural Municipalities have resumed their classes by joining them through the radio since the first week of July. Students of Grade 1 to 3 now sit around the radio and learn in their mother tongue.

Gobardhan Budha Magar, one of the radio teachers shares, "I was quite nervous at the beginning because radio classes were reaching out to a wider level of the community. But we learned that in 15 minutes we can incorporate many innovative ideas, which we generally didn't do in normal classes."

Parents who have been worried for the future of their children's schooling seem very relieved with this initiative. Parents are also enjoying these classes as they sit with their children and support their learning.



¹ Nepal Magar Society Service & Information Centre



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PRAY

Currently the pandemic is advancing rapidly in many parts of the country including Kathmandu. There have recently been well over 1,000 new infections daily, and Kathmandu and other parts of the country have been 'locked down' again in an attempt to bring it under control. Pray for the Government and health authorities in all their efforts. Pray also for ordinary people who are suffering because of lockdown.

This year's monsoon season has been disastrous for Nepal; in the past two months 301 people have been killed from landslides, floods or lightning all over the country (more people than have died through COVID-19). This has left many villages destroyed, people homeless and families thrown into turmoil through the loss of loved ones. Your prayers for those who are struggling to recover and those who are working to help are needed.

Our two hospitals continue to care for any who come with the symptoms of COVID-19. Staff must deal with this pressure and also the fears of the wider community who think the disease might be spread by some members of staff. Pray for this work of medical compassion and that all staff will know protection for their

own health.

Pray for the key leadership staff in UMN who are carrying huge pressures of decision making. They seek always to balance safety and active service as the work of UMN goes forward.





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

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 other specialisms, ask us about 2021-2022 onwards.)

DOCTOR FOR OKHALDHUNGA COMMUNITY HOSPITAL: GP with rural experience.

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.



Landslide losses

This year there have been many monsoon-related disasters and fatalities across Nepal. To date, there have been over 50 more lives lost in these than from COVID-19, with hundreds of others injured, hundreds of homes destroyed and thousands of families affected. Of the worst affected districts, Bajhang is the only one where we work. In early July, following a fatal landslide in Mallesi in Kedarsyu Rural Municipality, Bajhang, through our local partners we supported 155 people from 21 families whose homes had been destroyed. Due to road obstructions caused by monsoon rains it was hard to reach the site. We had to use porters for half the journey. Relief items included clothes, medicines and utensils for those sheltering in a local school. One of the landslide victims, Prem Bahadur Jethara, shared, "We lost our son due to the landslide. My wife and I survived. I have a wound on my foot so I wouldn't have been able to go to Jhota market (five hours away) to bring the relief materials."



Feedback Response Mechanism

UMN friends, partners, staff, beneficiaries, do you have any feedback that you want to give us? Here's how you can do it:

Toll Free Number: 16600128118 (Nepal only)

Email: feedback@umn.org.np

Post Box 126, UMN, Kathmandu, Nepal

You query, complaint, feedback and identity will be kept confidential.



STOP PRESS!

Clusters - We are excited that at last the cluster staff returned from 21 September onwards. They travelled during heavy rains at the end of monsoon; we are grateful for their safe arrival. They still need to quarantine for two weeks before meeting local communities, but they are on the ground on location again after being blocked by lockdowns. Emergency and health and safety plans and procedures are in place.

Hospitals – In Tansen, community spread has begun. A patient admitted for a separate problem later developed symptoms and tested positive for COVID-19, so we had to quarantine exposed staff and reduce some of our services. Four staff contracted COVID; the original patient and three staff have recovered, the fourth awaits results. In Okhaldhunga, an urgently needed oxygen compressor has just been replaced, after a lot of prayer, hard work sourcing it and a journey delayed by landslides. One COVID-19 patient with bad pneumonia recovered after a week on oxygen support. Another was pregnant at the time of admission, and went into labour the very night she arrived! Our nursing staff in isolation (in full PPE) did a brilliant job in managing her delivery at 2:30 am. We are so thankful that we had planned for this possibility.

COVID-19 and monsoon – COVID deaths have now outstripped those from monsoon-related disasters. COVID cases and deaths continue to rise but local lockdowns have eased and long-distance transport resumed from 17 September.

BECAUSE OF THE LOVE WE ARE NOT LORD'S GREAT LOVE CONSUMED,

FOR COMPASSIONS NEVER HIS COMPASSIONS FAIL.

THEY ARE MORNING;

IS YOUR FAITHFULNESS.

Lamentations 3:22-23



Fullness of life for all, in a transformed Mepali society

UNITED MISSION to NEPAL

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