

UMNNews

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Fullness of life for all, in a transformed Nepali society

Dear friends



Joel Hafvenstein

JOEL HAFVENSTEIN
Executive Director

Thank you again for your faithful support for UMN during the corona virus pandemic. Because of your prayers and gifts, we have been able to keep working and save many lives – especially through the tireless work of our hospital staff.

Our Christmas Appeal described in this issue will be the capstone in the Save Our Hospitals campaign. Please give generously, to ensure that Tansen and Okhaldhunga Hospitals have the resources they need to fight against COVID while still saving other patients' lives, delivering the next generation of babies, and serving as a witness of love and light during dark times!

Big news - Regular readers of UMNews will be familiar with Dhana Lama, our Programme Director. I am overjoyed to report that the UMN Board has just agreed that Dhana will be UMN's next Executive Director. She will become the 13th ED since our founding in 1954 – the first Nepali and the third woman to lead UMN.

Dhana first joined UMN in 1987 as a staff member of the Lalitpur Community Development & Health Project (CDHP). She left temporarily in September 1991 to join Anandaban Leprosy Hospital but rejoined UMN in autumn 1997; she

has served with us ever since, in roles with ever-increasing leadership responsibility as she has proven her quality time and again.

Dhana is a strong and forthright leader who is also a listener, with the humility not to fear change or the acknowledgement of mistakes. She pours her time into building up and supporting her teams, and has mentored many leaders both in UMN and in other organisations. We often get requests from UMN's international partners for Dhana to represent us at various conferences and strategic events, because of her thoughtful contributions and powerfully communicated reflections. Her passion for service to Nepal's poorest people is unquestionable, as is her thorough understanding of the various obstacles and challenges we face.

We will agree the details in the New Year, but at some point in 2021, I will be handing my job responsibilities over to Dhana didi – and these letters will start coming from her, rather than from me. She will be taking the helm while we are still in stormy waters. So please do not wait to begin lifting her up in prayer – and give praise that God has brought us the right person for the job!

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Solukhumbu

UMN 2020



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THE HOPE of 2021

2020 will go down in history as the year of close-downs, cancellations, losses, illness, unemployment and severe economic hardships for many. 2020 has looked so different to what we had hoped for, looked so disappointing compared to anything we could have imagined.

Our offices, schools, celebrations and even funerals were accommodated solely on the screens of our laptops for necessary health and safety reasons. Some of us may have known a friend, a relative, a colleague or a neighbour who has lost their life to the virus – or if blessed beyond measure, witnessed a victorious come back after a battle at the ICU.

Many of us found ourselves multitasking from home with stressful additional burdens. Others spent months alone, connecting only virtually - it wasn't easy at all for those who stayed in isolation. Most of us managed our anxiety and fear of the uncertain future as best we could. Google trends reveal anxiety-related searches spiked after March when COVID -19 was officially declared a pandemic and global emergency by the WHO.

There were those who appreciated the lockdown as a great time to be with family, develop new hobbies and nurture skills while at home. The fear, uncertainty and stress for many in Nepal had a different source; it was not about the virus or being confined at home, it was about not being able to

bring food to the table, about hunger and deep poverty during the pandemic. Amidst the endemic fear of contagion, there were fights against injustice, demands for change in government priorities and policies, with anger pouring out onto the streets amongst demonstrators calling for justice.

We have seen the world turn upside down in 2020 but what lessons can we learn and take into the post-COVID-19 era? The wakeup call from the pandemic has shown that the world even in the 21st century is actually not so big and powerful. We are vulnerable but we can come together as a community and remain strong; we can heal the world with small gestures of compassion, hope, love and inspiration in whatever circumstances we find ourselves.

As we wrap up 2020, let us remind ourselves of the unfailing and unshakeable Hope that we have in our Saviour. Right now, in this chaos of the global pandemic, racial injustice and economic crisis, in the midst of uncertainties and insecurities, we can still have Hope. Let us “be strong and wait for the Lord; be strong and take heart and wait for the Lord”.

VIJETA SHRESTHA
Communications Manager



Stitching HOPE

Forty-year-old Sita Puri is a single woman and a landless dweller from Nawalpur District. She lives with her three children and has no land for farming. Sadly the saying 'misfortunes never come alone' became a reality for her as an accumulation of vicious, unfortunate circumstances left Sita feeling helpless. Like many from Nepal, her husband had gone to a Gulf country with the hope of improving his family's living conditions. But due to health issues he had to return to Nepal within a year of leaving. After two months, he tragically passed away.

On the verge of losing hope, Sita rose from her hopeless situation one more time and decided to fight it using her tailoring skills in the market's tailor shops. This was not the end of her troubles. With the nationwide lockdown in March, she again found herself without a job. She received some food support from Hupsekot Rural Municipality, but it was not a long-term solution.

Weighed down with worries about her children, she became very anxious and lost weight.

The livelihoods support programme by UMN's partner Isai Samaj Nawalparasi (ISN) for COVID-affected families brought some desperately needed help. Sita's name was immediately proposed to ISN for livelihood support by the Community Disaster Management Committee (CDMC) members.

Sita fulfilled all the selection criteria and in response to her needs and wishes, she received a sewing machine with an interlock and the other necessary tools to successfully run her tailoring shop.

Today you will find Sita busy behind her sewing machine in her house, earning between NPR 500 to 1000 (approx. USD 4 to 8) a day.

Delighted, she shares, "This support resumed my hope". A useful product she has been making during the pandemic are cloth face masks. She uses fabric offcuts to make them and then sells them in the villages. She hopes to start her own shop at the market in the coming days. Sita is grateful to the CDMC members and ISN for supporting her when she most needed it and bringing some much-needed hope back into her life.



REACHING every HOUSEHOLD

Achieving Disability-Inclusive Development through Community Based Rehabilitation (CBR) is a five-year project which began in January 2020; the very first CBR project in Okhaldhunga. Thankfully, just before lockdown began, we had recruited our key team members.

In May and June, we supported the government in providing disability-related COVID-19 safety information, food and economic support to the poorest families struggling in the lockdown. In July, 17 local 'social mobilisers' were recruited, many with disabilities themselves, and got to work on the massive task of visiting every house in our two mountainous working areas - Khijidemba and Molung. By using a smartphone questionnaire, they collected baseline data on the real situation of people with disabilities. Later, we held interviews and discussion groups in the community, all to guide the project's goals and activities and monitor change over the next four years.

As part of the process of empowerment, 19 committees of people with disability have been established at ward and municipality level.

Since September, I have had the privilege of visiting 75 people and their families with the CBR workers to provide therapy and assistive devices like toilet chairs, crutches, and balloons and balls to make exercises fun. They are usually people with physical disabilities, such as those with cerebral palsy, spinal cord injuries and head injuries. During our monsoon visits, we were pulling leeches off different parts of our bodies and slipping over on the steep, muddy paths!

Meet Preeti from Khijidemba, a 17-year old with Spina Bifida who has never received medical treatment. Her legs are very weak and she walks slowly with a stick - but look at her determination! A 20-minute steep, rocky path up to the school takes her over two hours. The scars on her legs tell the story. Besides providing exercises and crutches, we are helping the family rebuild a disability-friendly toilet, make the yard around her house more accessible, and helping her find a room nearby the school to help her complete her education.



Many things surprised and shocked me during my visits – for one, the poverty. It is not unusual to meet people who sleep on the mud floor or a hard wooden bed, have never worn shoes, and who look malnourished. The poorest families have only enough land to grow maize or potatoes to feed them one to two months of the year and are dependent on daily wages to survive. Use of traditional healers still appears to be more popular than visits to the health posts or hospital.

Towards the end of December, the team will be complete with the start of two new recruits: a physiotherapist and psychosocial counsellor. We are so thankful to God for trusting us with His beautiful work. Slowly but surely, our new friends with disabilities are gaining mobility, confidence, and becoming more included in family and community life. Please pray our team would grow in skills and wisdom as they receive training and work alongside our disabled friends. May we all share God's incredible love through our words and actions.

CLARE GRIMBLE
Rehabilitation Specialist, Okhaldhunga Community Hospital

What was it LIKE for NURSES working at the ISOLATION WARDS in UMN's hospitals?

Challenges and changes

What were your initial thoughts when you were asked to work in isolation?

I remembered the Oath I had taken during my graduation from nursing school when I had promised to serve needy people as a nurse without any discriminations. I decided to take care of the COVID positive patients without any hesitation.

What was your family's response? What about your community / neighbours?

My family were supportive of my decision to care for COVID patients but it was a great challenge for me to handle the thoughts of my neighbours.

How did you take care of yourself to protect yourself from being infected with COVID-19?

We, all the ward nurses, were trained for PPE donning and doffing practice and updated as necessary regarding the new disease (COVID-19) before we were scheduled for the isolation duty, so I was confident to do patient care but I had to be more alert than usual. I along with two other nurses and a helper were given instructions to follow while working in the isolation ward and residential area. We followed the rules of PPE practice very strictly, we took shower every day after duty shift before entering the residential rooms, we had balanced diet available from the hospital to boost up immunity, we had recreational activities like dancing, making videos etc. We were closely observed, supervised and supported by our supervisors.

Are you allowed to work in other wards?

We were given a separate residential area while working in the COVID isolation ward where only I and my friends working in isolation were allowed to stay and we have to look after only the COVID cases and then after the duty rotations is finished we had PCR test. Only after the PCR result was negative were we allowed to work in other wards.

KABITA's story



What were the biggest challenges for you when working in isolation?

The biggest challenge was to conduct normal Vaginal Delivery (birth) of a COVID positive patient in the middle of the night, with full PPE and in a totally new isolation delivery room! (See photo with Hasila, her colleague that night.) Besides this, taking care of a group of COVID positive children, taking care of more patients than the designated beds and at the same time taking care of the hospital advisory committee chairperson (aged 76) with hypertension and caring for a political leader and media personality were also a big challenge for us.

Positives?

How does it feel to have a patient recover and leave for home?

I feel very blessed and proud of myself and I believe in the teamwork that we have done very well when the patients recover and leave for home.

What kept you going when caring for COVID-19 patients?

My desire to work as a nurse in any circumstances.

What do you like about working at Okhaldhunga Community Hospital?

It is a hospital where sick people are treated equally and needy people are provided with charity. We have also managed to treat both COVID and non-COVID patients at the same time.

1. Interviewed in October 2020



PUNAM's story

Punam Thada grew up in the village of Galyang, which is only a couple of hours drive from Tansen. She went to Pokhara to study nursing at Manipal Hospital and after graduating five years ago, she came to work at the United Mission Hospital, Tansen.

Punam has been working on the surgical wards since she started. However, with the arrival of COVID-19, Punam has also been assigned to work in the isolation ward.

In Tansen, two nurses are assigned to work in the COVID-19 Isolation ward for a two-week period. During that time, they stay in the small nurses' room and are there for the entire time – no breaks away during those two weeks. The two nurses take turns dressing in their PPE and going into the patient rooms to check on them. One goes in, takes care of checking vitals, makes sure everything is okay and then goes back to the nurse's room. About four hours later, the other nurse takes her turn. They have learned to work differently in these patient encounters – they do not turn their backs on the patients, and they do not use their stethoscopes for checking blood pressures, etc. They wear at least two masks into the room, and upon leaving, discard the outer one, but leave the inner one on even in the nurses' station.

Punam has done four sets of shifts on isolation duty so far. Because she is single, and lives on the hospital compound in the nursing hostel, she has not faced the difficulties of having family or neighbour's upset by her work. Her mother in Pokhara is very supportive of what she is doing here in Tansen.

The first time Punam participated in isolation duty, she felt some fear, but soon the interactions with the patients and the routine of taking care of them took over and she feels comfortable now. After the two weeks of duty, the nurses self-isolate for four to five days and then get a PCR test. When the negative result comes, they can again work on other wards in the hospital.

On the first day of one of Punam's isolation duties, her own uncle came into the hospital having travelled up from Butwal (about two hours bus drive away). She went to the Emergency room to meet him and went with him to the local testing centre to get a PCR test for him. He was struggling to breathe even on that short trip. He was admitted into isolation when they returned to the hospital, and Punam cared for him that first day. However, after that, it was decided that since she had been exposed (her uncle tested positive) that she should not care for other patients, so she went into isolation until she got a negative PCR.

While her uncle was in the hospital, he was quite ill and at one point was getting up to 10 litres of oxygen per minute. Fortunately, he has recovered and was discharged to go home.

Punam is sad at some of the changes due to COVID – she says wearing the PPE changes the way the patients respond to her as a nurse. But she is happy to continue to do her shifts on the isolation ward as she went to nursing school because she wanted to care for people, and she is glad to be able to do that here.

When asked what she likes about UMHT, Punam said she loves the values of the hospital – especially that there is equality and access for all, and no discrimination. She finds working with the other staff easy, and feels valued by the doctors for her work.

We are thankful for Punam and others like her who are faithfully serving the patients who come to Tansen Hospital even though there is some risk to themselves.



FRONTLINE RESPONDERS' UPDATE

TANSEN AND OKHALDHUNGA

As we write, community spread of COVID-19 has impacted Tansen and their staffing but testing there is free and has become quicker through a local facility in the city. In Okhaldhunga there are fewer cases but testing was unavailable for a month during the Dasain and Tihar festivals. Now there is much less testing in the district, so we have little idea who has COVID-19, making it very difficult to treat and manage patients. Meanwhile, since late November all the expatriate volunteers in the hospitals have been without work permits as we await confirmation of the latest hospital agreements! While a rest was probably needed after months of heavy work, it is very frustrating to have this added pressure and reduction in services in the middle of a pandemic!

United Mission Tansen Hospital (UMHT)

The hospital's whole medical ward has been converted into a COVID-19 ward, with a capacity of 37 patients, because our designated three-roomed isolation area became too small. We usually have 10-16 suspected or confirmed COVID cases at any time. These are all symptomatic, ill patients who require hospital treatment and can be on a very high flow of oxygen.

We have also had several staff test positive now that we have community spread. We are thankful that no-one so far has been seriously ill. However, with some staff in home isolation and other staff caring for parents with severe COVID-19, it has been hard to cover the rosters. Sadly, our canteen manager (external contract staff) died in the isolation ward from severe COVID.

Nursing and laboratory students at the Tansen School of Health Sciences started online classes in August. Now some of the student groups who are ready to be writing the final exam and students for clinical evaluation and internal examination have been invited to the school. They were firstly quarantined, tested for COVID-19, and then given the opportunity to sit their examinations. The COVID-19 positive students were able to sit their exams separately. For the orientation and practical exam purposes, a demo lab has been made within the school that includes an operating theatre, a midwife



training centre, a community department and a ward. After the exams and practicals they will resume classes on site. Laboratory students will soon join the hospital lab for on-the-job training.

Okhaldhunga Community Hospital (OCH)

Over the festival period of Dasain and Tihar (October to November) it was not possible to arrange PCR testing for COVID-19. Testing staff had gone to their ancestral homes to spend time with their families. In addition, the government and local health authorities decided that only symptomatic patients would be tested. However, when we requested PCR testing for seriously sick patients in our hospital, we were informed that testing could be done only if the patient's family paid for the transportation of the swab specimens to a testing laboratory. The nearest to OCH is Dhulikhel (six hours' drive away). Even after the festival season finished, this situation has continued. Practically, this means PCR testing is not being done at OCH. With no PCR testing, we now treat all patients as if they have COVID-19. We also assume that all staff and all visitors and patient relatives could have COVID-19. We are only admitting patients into isolation who have a history and symptoms that are highly likely to be COVID-19. Everyone else is admitted to our general wards. Within OCH, our emphasis continues to be on prevention – facemasks, frequent handwashing, cough and sneeze hygiene and physical distancing.

We have had three patients die within OCH who could have had COVID-19, but we do not know as they were not tested. Another young man was in our hospital for 10 days and was not improving, so we advised that he should be transferred to Kathmandu. On arrival there, he had PCR testing and the result came back positive. He would have had a lot of contact with staff, patients and their families and carers. Unfortunately we were not able to have our staff tested.

Over the past weeks, we have admitted another four patients with suspected COVID-19. None had PCR testing. We treated all of them for pneumonia. Three improved and were discharged home. The fourth was very sick and left hospital against our medical advice. She died later that day. We are grateful that we have not been overwhelmed by a surge of suspect COVID-19 patients. We are also happy to report that so far none of our staff have developed symptoms of COVID-19.

Our nursing school re-opened a couple of weeks ago and face to face classes resumed. Finally, our first batch of nursing students sat their first-year exams – delayed by over six months since April 2020 due to COVID-19 lockdowns. Face-to-face classes have resumed for the second and third batches. Times are staggered to reduce the number of people in the building at any one time. Because the nursing school has taken back the first floor of the Outpatients



Department (OPD) building, we had to move our isolation staff quarters to the ground floor. This has reduced our isolation bed capacity from 14 to six.

Please continue to pray for us and with us in this situation. Pray for wisdom about how to use our facilities. Our OPD continues to operate out of our Maternal Waiting Home which is not ideal. Lack of privacy for consultations and examinations continues to hamper our OPD work.

UMN's Christmas Appeal

SUPPORT OUR HOSPITALS!

There's still time to support our Christmas Appeal to Support our Hospitals! For the sake of transparency, please be aware that in Tansen all the 'gifts' still apply, while in Okhaldhunga C-section subsidies are still a need but you will see from our Hospitals' news that we can no longer be certain who is a COVID patient.

C-section price change - 2 for 1!

The eagle-eyed might notice that the C-section support gift has changed since the last UMNews and the first Christmas Appeal video. This was our mistake because we had been using old information. Previously, for patients without the finance to pay for the operation we would cover the cost from our own resources and this could be on average USD 250 (GBP 200).

Now the government has introduced a health insurance scheme which covers many types of treatment and operations including C-sections. This is great news for patients. Almost our patients use it. For us too, we are happy that many poorer people around Nepal can get free treatment. But we are still left with a shortfall of around USD 120 (GBP 90) between the government repayment and the actual cost to us.

So, if you have already given towards this 'gift' at the higher rate, then you can be encouraged that your gift will subsidise two C-sections. With around 600 C-sections performed a year in our hospitals, this leaves a loss of USD 72,000 (GBP 54,000) a year, so the need is great!

Some of our hardworking hospital staff send their Christmas greetings in our short video available at www.umn.org.np/videos/917

1. An average C-section operation and hospital stay is USD 270 while the current government Insurance rate paid for C-sections is USD 150. The government has been reviewing the insurance rate, but meanwhile we have a shortfall of USD 120 per patient on average.

\$120 (£90)



C-section operation, to cover our shortfall per patient after government reimbursements



\$80 (£60)

Meals for a COVID-19 patient's 2-week stay in our isolation ward

includes staff meals

\$50 (£38)



Surgery supplies for a day (Tansen)





A nurse's wages for a month
in our COVID-19 isolation ward

To donate, please visit
www.umn.org.np/give



Remembering **DR. GERALD HANKINS**

Dr Gerald Hankins who served with UMN for 12 years from 1974-1986, primarily in Kathmandu, passed away in November aged 97. From Calgary, Canada, he was described as “a man of deep faith and unwavering gratitude” and was a WW2 veteran before becoming a surgeon and later a writer. His daughter Jenny shares:

“Dad worked as a general surgeon for six weeks in Amp Pipal in 1970, as a locum for Helen Huston, and that’s where his love of Nepal began. While with UMN he worked at Shanta Bhawan Hospital and later Patan Hospital, with occasional short stints at Amp Pipal and Tansen. When he was in Nepal he contributed to the writing of the two volumes of Primary Surgery in Developing Countries, by Oxford University Press. Dad had a deep love and appreciation of Nepal, its culture and its beauty. We had many, many wonderful times there.”

A biography and video interview are available from www.alberta.ca/aoe-gerald-hankins.aspx while his obituary is here www.alberta.ca/aoe-gerald-hankins.aspx

UMN in action

Our two-year Interim Cluster Strategic Plan with a focus on responding to the impact of COVID-19 has now been completed. Since our last issue, here are some further examples of the assistance that UMN has provided (in co-ordination with our partners and local governments) to those affected by the spread of COVID-19. You can find earlier examples of our responses in a new webpage: www.umn.org.np/cluster-responses

Food support

The Dalit community (members of the so-called low caste community) including single women, people with disabilities (PWDs) and daily wage workers received food support for their families in Bungal Municipality, Bajhang. The beneficiaries were selected in coordination with the local government and UMN's partner¹. A total of 118 families and PWDs were selected to receive food essentials and soap, while pregnant women also received nutritious food items, baby clothes and sanitation kits. One quarantine centre also received food and essentials such as soaps and masks for 12 people living in quarantine.



Bajhang



Nawalparasi

In Rukum East, 181 of the most vulnerable households of Putha Uttarganga Rural Municipality were supported with food items in coordination with our partner². With no road access and due to its remoteness, it took a week starting from 6 October to distribute the food packages for 721 people including PWDs, single men and women. Awareness banners about COVID-19, child protection, domestic violence and child marriage were also displayed and oriented at all the distribution locations.



Rukum

In Kapilvastu, Prabhawati, an old and single woman with HIV received food support- 21 kgs rice, three kgs pulse, three packets salt, three litres cooking oil and six kgs of potatoes for her family. This was part of the relief support of UMN's COVID-19 response project, where the packages were expected to alleviate the difficulties currently faced by families and to restore their livelihoods and food security for at least a couple of weeks. 176 families have received support so far.



Chatpate

- 1 Dalit Help Society
- 2 MIC Nepal

Livelihoods support

Here are a couple of examples from recent months of livelihoods support to individuals and their families.

Starting a snack business - Sabitri Kahar from Nawalparasi was selected as a project participant of a COVID-19 community response project. With the support of UMN's partner Sunawal Community Development Centre, she received a second-hand moving cart to start-up a small business which was worth NPR 15,000 (approx. USD 127) to sell Chatpate (a spicy fast-food snack), a popular snack in her village. She is now earning NPR 500 (approx. USD 4) per day by selling the Chatpate snack. Her income has helped her to buy cooking essentials such as salt, oil, chilli, sugar, tea etc. for a week for her family.

Restarting her business - Jasibun Nisha Musalman, 50, from Kapilvastu was living a difficult life and bearing the burden of feeding her family of 17 members. The lockdown induced by the pandemic pushed them to further deprivation. Both her businesses – farming and a small shop – were struck by lockdown. But through a training run by UMN's partner Sushine Social Development Organisation, she learned about cultivating high-value crops. Within a span of three months, she earned extra money by selling the high-value off-season vegetables which she cultivated. She also received seed money of NPR 5,000 (approx. USD 41) to re-start her business, from a fund for poor and marginalised people in Mayadevi Rural Municipality. Finally, Jasibun was able to re-start her business which had been closed for six months. Now she is a model farmer and a shopkeeper in her community. (Read more in www.umn.org.np/news/904)



Kapilvastu

Health facilities, quarantine centres and training

We mentioned health and safety material support to Nawalparasi health centres in the June issue and to quarantine centres in Doti in the last two issues of UMNews, but here are some more details:

Between June and October 2020 we provided health and safety material support to two rural municipality (RM) offices and 13 local health facilities of Palhinandan and Pratappur RMs of Nawalparasi District; around NPR 573,701 (approx. USD 4,870) budget was used for it. This support helped to enable continuation of regular health services from local health facilities in the COVID-19 situation. We also provided COVID-19 related technical training for 35 female community health volunteers of four local health facilities and did wall painting for COVID-19 awareness.

UMN's partner³ mobilised around NPR 500,000 (approx. USD 4,234) during early August to buy health and safety materials like sanitiser, masks, handwash liquid, PPE and other items for four quarantine centres and Jorayal Rural Municipality's two health facilities in Doti. With the support, 26 health workers engaged in the health facilities and quarantine centres and 22 people staying in the quarantine centres benefitted.



Doti



Nawalparasi



PRAY

- We give thanks that the search process for the next Executive Director of UMN has been successfully completed with the selection of Dhana Lama (see page 2). In the coming year she will be working closely with Joel Hafvenstein in the handover process. In this time of transition please pray for them and for the ongoing work and challenges in these days. Help and wisdom from the Lord are needed.
- Following many months of disruption to our programmes each of the cluster teams have developed interim strategies to address the problems resulting from the pandemic. Please pray for the teams as they put these into action bringing help to the poorest people in their areas.
- For many months our two hospitals have been carrying out 'normal services' in very abnormal and trying circumstances. Pray for our two hospital directors and all staff as they continue to offer medical help to everyone who comes through their doors.
- The work of interacting with various government departments continues to be slow. We need to renew our General and Project Agreements and Agreements two Hospital Agreements, while the related work visas need to be issued for expats¹ – please pray for greater speed and progress in resolving these matters so that work can continue.
- At the local level, one of the most important aspects of UMN's work is the task of developing relationships with local government officials. Pray patient wisdom for all staff as they seek to interact positively with these officials.



¹ Give thanks that in the final days of December 6-month hospital visas have been granted remotely, but only after a 5-week gap of no work!



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 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.)

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.

DOCTOR FOR OKHALDHUNGA COMMUNITY HOSPITAL: GP with rural experience.



16 Days – Defending Gender Equality

In Kapilvastu (see photo), the 16 days of Activism against GBV campaign was celebrated for the first time in villages of Yashodhara together with UMN's partners - Dalit Social Development Centre (DSDC) and Sunshine Social Development Organisation. They started by lighting candles on the evening of 25 November 2020 amid men, women, self-help group members, adolescent girls, boys, police and representatives of DSDC/UMN. On 10 December the celebration concluded with a commitment of staff, board members and UMN colleagues to actively defend against GBV not only at the organisational but also at a personal level. For longer news please see: www.umn.org.np/news/915



Women Ace Masonry Skills

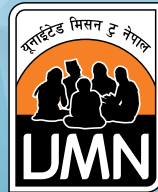
Being limited to household chores is often a reality for rural women in Nepal but in Bungal of Bajhang District, 11 women got the chance to participate in some recent mason training. In total, 53 participants took part in the training on "Earthquake Resistant Building Construction Technology" which was conducted for a week in November by UMN and its partner Dalit Help Society.

The training educated the participants in the latest earthquake resilient technology to be used when building houses, and each trainee received NPR 3,500 (approx. USD 40) for equipment and tools. The training was also a good platform for participants to share their knowledge and learn from each other's experiences. The women participants have proved that, from creating a home to building concrete houses, women can do it all if given the right opportunity.



BECAUSE OF **GOD'S** TENDER MERCY, THE
MORNING LIGHT FROM
HEAVEN IS ABOUT TO **TO**
BREAK UPON US, **GIVE LIGHT**
TO THOSE **DARKNESS** AND IN THE
WHO SIT IN **SHADOW OF DEATH,**
AND **TO GUIDE** US TO THE
PATH OF **PEACE.**

Luke 1:78-79



Fullness of life for all, in a transformed Nepali society

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