

# LMN News

ISSUE 72 | SEPTEMBER 2021



Fullness of life for all, in a transformed Nepali society





## Dear friends

**JOEL HAFVENSTEIN**  
Executive Director

First, thank you to everyone who has been praying for the delivery of COVID-19 vaccines to Nepal. Millions of doses have arrived or are due to arrive soon, and by the time you read this newsletter roughly 20% of the population will have been vaccinated. UMN hospitals provided space and support for vaccination drives earlier this year, and more recently UMN's cluster teams have supported local campaigns, including in quite remote rural areas.

After the 2021 wave of the Delta variant coronavirus that brought the country's total confirmed pandemic deaths from 3,000 to over 11,000, we are making sure to be prepared for a "third wave." At the same time, we dare to hope that between survivors and vaccinated people, Nepal may now have enough COVID-19 immunity to keep future surges relatively small. Please join us in praying that Nepal is past the worst of the pandemic.

While the coronavirus has been the most dramatic challenge to Nepal's health system, UMN has not stopped addressing many other long-term challenges. Too many

women and infants in rural Nepal still die in childbirth, and other reproductive health issues are too often neglected. Too many people struggle unsupported with mental health issues, with their local health post workers ill-equipped to help them.

In this issue of UMNews, we share updates from our health sector work, going far beyond our response to the COVID pandemic. Please pray for the UMN teams working in this area, and for the people we serve.

Please also pray for the Ministry of Health, both centrally and at province level, and for the officials responsible for creating and maintaining systems that fight disease and strengthen public health. The past several years have been a nightmare for them, with a now little-remembered dengue epidemic in 2019 consuming tremendous effort and energy just before the coronavirus pandemic issued an ongoing national crisis. Keep them in prayer as they seek to serve the nation.

## CONTENTS

**Edited and Designed by:**  
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(Mangri Health Post, Mugu)

UMN 2021

**02** Joel's Letter

**03** Tackling Health Issues  
During the Pandemic

**04** Emergency  
Safe Motherhood Fund

**05** Reproductive Health  
Reaches Rural Women

[facebook.com/umnepal](https://facebook.com/umnepal)

**06** Mental Health Services  
Available Now!

**07** Dr Mahat Shares... from a  
Health Post in Rukum

**08** Timely Support  
During Delivery

**09** Receiving Postnatal Service  
at Home

**10** UMN in Action

[instagram.com/umnepal](https://instagram.com/umnepal)

**11** UMN's Second Wave  
Appeal Achievements

**12** The Latest from Our  
Hospitals: Tansen &  
Okhaldhunga

**13** UMN  
General Assembly


**14** UMN's 2021 Flood Relief  
in Numbers

**15** Pray & Join Us

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[youtube.com/umnepal](https://youtube.com/umnepal)





# Tackling health issues during the pandemic

UMN health projects have been focussing on Maternal and Child Health, Mental Health, Adolescent Sexual and Reproductive Health and WASH\* (to name a few) and understanding the social determinants of the health situation in our target communities. However, COVID has come up as an unprecedented crisis and has exposed the harsh realities of the rural Nepali health system, adding to the existing challenges within it.

Soon after Nepal dealt with the first wave (March 2020) of the corona virus, the second wave (from April 2021) saw the cases surge in the communities and remotest parts of the country across all age groups. The urgent demand for life-saving equipment, medicines and oxygen with appalling conditions in COVID hospitals provided an ugly but an accurate picture of our failing health system. The recently restructured governance system, which has devolved more power and authority to the local level, especially municipalities, had to face the pandemic without the capacities and resources required to deal with it. The preparations for COVID response at the local level were inadequate to deal with the surge. UMN projects and local partners, being rooted at the grassroots level, could identify

the immediate local needs and were, in most cases, first responders to assist the local and district level health authorities with life-saving oxygen, concentrators, testing kits and other essential equipment. UMN also extended support to district hospitals, health facilities and isolation centres with the required logistics, equipment and PPE. This crucial response was made possible through amendments to existing projects and new COVID-related generous funding from our supporting partners.

As we go ahead, we need to be vigilant for the impending threat of a third wave in our project areas. UMN will need to work with local governments to respond to it while consistently reinforcing public health measures like proper mask use, physical distancing and hand hygiene. Meanwhile, as featured in this newsletter, UMN's work in improving access to health services and empowering communities in enhancing their health-seeking behaviour, will continue adjusting to the new COVID realities.

**RAKSHYA NIROULA**  
Thematic Lead - Health

*\*(water, sanitation and hygiene)*





## NAWALPARASI PROJECT



# EMERGENCY

## Safe Motherhood Fund

**Project Name:** Integrated Rural Community Health (IRCH)

**Partner Name:** Indreni Social Development Forum (ISDF)

This project aims to ensure that all women receive the necessary care to be safe and healthy during pregnancy and childbirth.

UMN, through its local partner, has set up emergency funds in Primary Health Care centres and health posts in two rural municipalities of Nawalparasi District. This is a life-saving emergency fund for pregnant mothers. Many expecting women make it to the health care centre to give birth, but occasionally the cases are complicated. They may need to be taken to a bigger city hospital or the district hospital. The expectant mother and her family worry about finances: their weak financial situation can't afford the ambulance services or the hospital charges. The emergency funds come in handy here. The mother and the precious life coming to this world will be safe and get good emergency care. This initiative that started in 2019 has been well appreciated by the health workers and the local community. So far, 41 mothers from the two rural municipalities have been blessed with this emergency fund support. There have also been three cases of uterine prolapse that were treated through this fund. UMN works closely with the local health facilities to ensure that women's reproductive health is sustained during emergency responses.

Without this life-saving care, many women and girls could face challenging situations where their life or the baby's life could be at high risk. A little help like this emergency fund can make the difference between life and death.

(See also the Timely support story on page 8)

**ISHWAR KC**

Project Manager - Health

# REPRODUCTIVE HEALTH reaches RURAL WOMEN

**Project Name:** Badikedar Integrated Community Transformation (BICT)

**Partner Name:** Rural Community Development Center (RCDC)

Women in rural areas have little access when it comes to health facilities. Since January 2020, this integrated UMN project is being implemented in Badikedar Rural Municipality (RM) of Doti District. Health is one of the major themes focusing on health service improvement in the project's target area.

This year various health activities were implemented under BICT, such as strengthening Female Community Health Volunteers (FCHV), Adolescent Sexual Reproductive Health (ASRH) sessions to youth, civic sessions on health issues, maintaining local health facilities.

A significant activity that emphasised many needs were two health camps organised in collaboration with the RM's health unit to evaluate the reproductive health status of women. Out of the 311 women screened, over half (172) were diagnosed with various problems. Among them, 31 women were diagnosed with Vaginitis, 35 with uterine prolapse and 25 women were diagnosed with urinary tract infections, which are some of the significant issues faced by the women. We also enabled cervical cancer screening which was carried out on 45 females using the visual inspection with acetic acid (VIA) test. All of them tested negative.

Out of the diagnosed patients, three were referred to Seti Zonal, the provincial hospital for treatment. Meanwhile, our project also supported 15 women in uterine prolapse repair.

The RM who appreciated this campaign reiterated that such campaigns will benefit marginalised women who have much less access to health facilities. Most of the participants expressed that the camp is instrumental as it helps them learn about their health status before reaching a critical stage.

It is imperative to identify the health needs of rural women and reduce barriers to accessing health care. Organising regular health camps is a step forward towards that goal.

**KESHAV GIRI**

Programme Officer - Disability/Health



**DOTI  
PROJECT**



### Project Name – Pro-ACT

### Partner Name – Nepal Public Awakening Forum (NPAF)

Pro-ACT project implemented since January this year is an integrated project with Mental Health, Maternal and Child Health, Livelihood, Good Governance and Protection components.

UMN, through its local partner organisation, is mobilising essential mental health services in local health facilities of Bhume and Putha municipalities of Rukum East. Mental health is not always prioritised in the health care system of Nepal. But now we see many organisations like UMN working and talking freely about mental health issues. With active participation in training programmes, we have seen that mental health services can be delivered in local health facilities.

Fifty-seven health workers from two rural municipalities have taken basic psychosocial first aid training. This is mainly to listen to the person's story, identify post-traumatic stress disorder, assess the severity and provide emotional support. In August, a six-day basic mental health training was again offered to 14 health workers of Rukum East. The training was based on the National Health Training Centre - Module 2. This training is particularly well-suited for communities and will further equip health workers to identify, treat and manage fundamental mental health-related issues locally and to be able to make decisions to refer to higher health care centres if the cases are severe.

During the pandemic, the project was able to counsel many people on home visits. Around thirty COVID patients were counselled at the COVID wards too. Last year, 10 suicide cases were reported from Bhume Rural Municipality alone. In a municipality of only 18,589 people, this astonishing number represents a suicide rate of 53 per 100,000 - more than three times the US average of 14 per 100,000.

**SANDHYA SUBEDI**

Project Manager - Health

# Mental Health

services available *now!*

# RUKUM PROJECT



# Dr Mahat shares... from a **HEALTH POST** in Rukum

Dr Ashok Kumar Mahat works in a Health post at Kankri village in Rukum East. He has been working here since December 2020 as a Medical Officer. He has treated and counselled numerous cases of trauma, anxiety, alcohol withdrawal syndrome etc.

He shares that though a professional health worker, he faced some challenges while dealing with patients who came to him. But through UMN-initiated training on psychosocial first aid and self-care that he attended, his perspectives, understanding, and treatment methods changed for the better.

He shares, "After this training, I have been reminded strongly of the importance and methods in counselling. I am better equipped to provide psychosocial first aid to people and to listen and understand more. It has opened my mind toward intervention needs in an emergency situation. Medication and proper counselling go hand in hand. Mental health problems can be dealt with in many ways besides prescribed drugs, such as counselling, motivation, yoga, self-care."

He has helped many cases of alcohol withdrawal syndrome and other behavioral disorders. Recently he helped a man struggling with alcohol



withdrawal syndrome who initially didn't trust him. But now, with regular counselling, he has been coming to Dr Mahat for follow-up visits.

He further shares that he has learnt to value himself more after a training session on self-care and valuing oneself.

With the emergence of COVID and new variants on the rise, quality services for mental health have become even more important than before. We are glad that UMN and its local partner organisation in Rukum (NPAF) have helped many health workers like Mahat through these training programmes.



## Timely **SUPPORT** during **DELIVERY**

As a member of a health mothers group Rajmati Chaudhary, 27, was aware of pregnancy care and made sure not to miss all four of her pregnancy check-ups in time. She lives in a remote community of Nawalparasi District and does labour work for a living.

When she went into labour, her husband took her to the nearest government health centre. She was then immediately referred to a higher government centre around 56 km away, as Rajmati had an obstetric emergency condition and a lower haemoglobin level. Rajmati's family members were reluctant as they didn't have enough money to pay for the ambulance services. The only option left was taking a loan from a neighbour, which was time-consuming.

But the nurse provided an option to use the obstetric emergency referral support fund provided by UMN's community health project. The

transportation support fund was immediately offered to Rajmati's family by UMN's partner ISDF\* to travel without any delay. The baby was delivered with a caesarian section and was kept in ICU immediately after birth. The child's condition is good now. Rajmati and her family members are happy to have a new healthy addition.

Rajmati is grateful for the help which helped to save her child's life. "Many in our locality can't even afford to pay for the transportation during such a difficult situation. So, I am thrilled to have received the support," she shared.

Rajmati was one of 18 marginalised and ultra-poor mothers and their families between July to December 2020 who benefited through the project's emergency obstetric transportation cost support. (See also page 9)

\*Indreni Social Development Forum



Postnatal check-ups (PNC) were rare in UMN's working areas of two Rural Municipalities (RMs)- Pratappur and Palahinandan of Nawalparasi District, especially in the remote settlements which are far from health facilities.

A mother of two daughters, Sabnam Dewan, 24, is one of the women who received PNC service at her home. She shared, "During my first pregnancy, I hardly completed my four antenatal care (ANC) visits and didn't visit the health facility for PNC." Although she had heard about PNC visit, the health facility was far and difficult to reach, and her family didn't deem it necessary, so she also didn't prioritise it.

Her younger daughter is four months old now, and this time, she completed her four ANC visits as per the protocol. When the doctors called for the follow-up, she was apprehensive about managing it. But, a nurse from a local health area visited Sabnam's house on the third day of delivery for a postnatal check-up.

"I couldn't believe how it was possible when I first saw a nurse at home. I came to know that the Female Community Health Volunteer from my neighbourhood had informed her. I was so happy when she visited. She did all the health checks, including that of my child. She also provided family education on PNC to my family. I felt fortunate that I received such a great health service at my home."

UMN's Integrated Rural Community Health project was planned jointly with the two RMs and initiated the first-ever home-based post-natal check-up (PNC) services in four remote settlements (wards) of the working RMs. During this one year, a total of 230 women received home-based PNC check-up services from locally trained health workers.

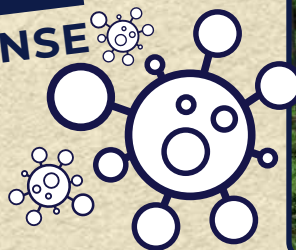
This home-based service, the norm for decades in many western countries, is only now reaching mothers and neonates in this corner of Nepal.

## Receiving **POSTNATAL** service at **HOME**





# UMN in **action** SECOND WAVE RESPONSE



## **Doti deliveries – for the children of Doti**

Medical equipment and materials were handed over in the first week of August to the Minister of Social Development of Far-West Province at the Ministry Office itself. The support worth NPR 1,945,455 (approx. USD 16,318) included two Infant Continuous Positive Airway Pressure (ICPAP) machines, 14,500 masks for children and 2,500 Antigen Test Kits for the health care and treatment of children in Doti.

## **Further help reaches the hills of Rukum East**

Essential medical equipment like oxygen concentrators, multiparameter patient monitors, Continuous and Bilevel Positive Airway Pressure machines and reservoir bags were carried to the district hospitals and health centres of two Rural Municipalities in the first week of July.

Patients at the isolation centres also received a helpful patient kit that contained a hot water thermos flask, thermos food case to keep their food warm, water boilers, toiletries, personal hygiene kit and of course, a 'get well soon' message.

## **Support to 10 quarantine centres in Bajhang**

On 1 July, UMN teamed up with its partner Pragatishil Yuwa Samaj and provided food items and hygiene materials needed for ten quarantine centres of Thalara Rural Municipality in Bajhang. A total of 100 families are estimated to have benefitted from this distribution, including rice, salt, pulses, sugar, tea, buckets with a tap, face masks, and soaps.

Rukum East



## **COVID-19 vaccines reach Rukum!**

So far 3,684 people in two Rural Municipalities of Rukum East have received their first dose of vaccine against COVID 19. UMN collaborated with the local government, raised awareness and coordinated the delivery besides arranging porters to carry senior citizens and people with disabilities who are unable to walk to the remote vaccine centres.

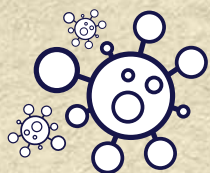
## **Health and hygiene to Hupsekot**

On 10 July, UMN's partner Isai Samaj Nawalparasi (ISN) supported Hupsekot Rural Municipality in Nawalpur by handing over health and hygiene materials. Health workers, staff providing services and people staying in quarantine received much needed surgical masks, gloves, mosquito nets, soapboxes etc to maintain their hygiene and safety.

## **Mask banks in Kapilvastu**

Recently in Kapilvastu, Deputy Superintendent of Police and Public Health Chief inaugurated the programme to establish two mask banks. UMN's Kapilvastu Team provided help of 5,000 face masks for these two mask banks which will be situated in key market areas in the district headquarter. So a person who is in public and doesn't have a mask can go to the closest mask bank to get one for free. The mask bank is open to public contributions to keep the mask supply going. An additional 5,000 masks were also given to a local police station and a police booth in Kapilvastu for public use.

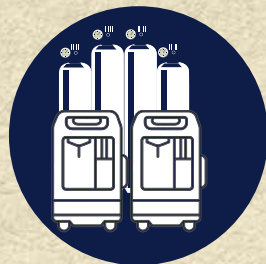




# UMN'S SECOND WAVE APPEAL ACHIEVEMENTS

## THANK YOU FOR YOUR SUPPORT!

Here's what we've achieved so far through our cluster work:



### USD 177,846

#### LIFE-SAVING EQUIPMENT

Including 50 oxygen concentrators, 7 CPAP and 5 BiPAP machines<sup>1</sup>, 1 ECG<sup>2</sup> machine, oxygen cylinders and patient monitors.



### USD 58,819

#### HEALTH AND SAFETY MATERIALS

Including masks (medical and N95), face shields, oximeters, gloves, sanitiser.



### USD 26,907

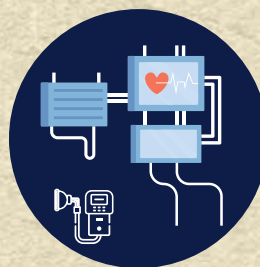
#### FOOD RELIEF

In 1,639 food relief packages.

<sup>1</sup> Continual Positive Airway Pressure, Bilevel Positive Airway Pressure,

<sup>2</sup> Electro cardiogram

<sup>3</sup> One received, two coming



## 2

INTENSIVE CARE UNITS  
SUPPORTED WITH EQUIPMENT



## 35

ISOLATION CENTRES  
SUPPORTED



## 14

HOSPITALS  
SUPPORTED

## & 49

HEALTH POSTS

We are grateful for many generous donations to UMN's hospitals which supplied these items:

(also PPE, antigen testing kits etc.)

#### TANSEN

33 oxygen concentrators, 1 ventilator, 21 patient monitors, 11 BiPAP machines, 40-litre capacity of oxygen cylinders.

#### OKHALDHUNGA

15 oxygen concentrators, 1 oxygen plant (increased from 20 litres to 50 litres), 1 ventilator, 6 patient monitors, 1 (+2) BiPAP machines, 1 (+2) CPAP machines<sup>3</sup>





# THE LATEST FROM OUR HOSPITALS

## TANSEN AND OKHALDHUNGA

### Okhaldhunga Community Hospital

#### COVID update

Currently, there is only one patient in COVID care. Cases peaked in the first week of June with 16 patients in our 20-bed isolation. Compared to the first wave, the patients admitted were more grievously ill and required higher volume of oxygen. The most severe cases (6%) were referred to regional hospitals as we were unable to provide intensive care. Several staff members tested positive, but thankfully, none needed admission and could return to work after self-isolation. During the second wave our testing (antigen only) gave an average positivity rate of 25%, perhaps high because many of those tested were symptomatic cases. Now the positivity rate is decreasing.

#### News

Okhaldhunga Hospital has a new project underway of building a new oxygen plant in the hospital premises. The need for a new and bigger capacity oxygen plant has emerged from the COVID situation where there was an acute shortage of oxygen supply. Three and a half years ago, the hospital had installed a mini oxygen plant that only had a capacity of 20 cylinders. This capacity was insufficient during the peak of the second wave earlier this year, where the shortage of oxygen was critical. This expansion is a 50-cylinder capacity plant that we hope will equip us better to save lives in the future waves. We expect the project will be completed in a few weeks.

During the second wave we have been serving as a hybrid hospital (separating COVID treatment from general medical hospital services) and numbers of delivery and lifesaving procedures remained unchanged. But general cases dropped significantly during the peak of the COVID time, causing another decrease in operating revenue.





## United Mission Hospital Tansen

### COVID update

In July and into August, the isolation ward numbers decreased. We only admit those needing oxygen. There was an upturn in COVID cases by mid-August (22 patients in isolation, four critical). Now there are 13 with one critical. With the increased oxygen capacity due to the donated oxygen concentrator machines and extra cylinders, we can manage the patients.

### News

The hospital often admits snakebite patients during the monsoon season. A few of these each year will need mechanical ventilation for a few days after being paralysed by the snake venom. Last week we had three snake bite patients on ventilator (one is off now) and two women who needed urgent life-saving surgery for post-partum haemorrhage\*. Meanwhile there is a scrub typhus and bronchiolitis\*\* epidemic.

Dr Sunil John was back in Tansen for a few weeks and recently conducted intensive care training for doctors and nurses. Two groups of nurses received 10 days' training and two groups of our senior doctors four half-days. In total, 13 nurses and 10 doctors have benefitted from this training. As Dr Sunil emphasises, the most important thing to learn is that intensive care means "caring" for patients. This close attention to the patient's condition is more critical than just mastering all the technical aspects of treatment (which are also important). The hospital's Medical Superintendent, Dr Niranjana Sharma, reports that it has been beneficial for all the participants who feel confident about caring for the most critically ill patients and managing patients on ventilators. These skills will also be used when looking after any seriously ill patient in the hospital. Now the hospital team is even better equipped to save lives.

\*bleeding after delivery \*\*wheezy baby



**24 & 25**  
NOVEMBER  
**2021**

UMN is excited and preparing for its General Assembly to be held in Kathmandu, scheduled for 24 and 25 November 2021, following a three-day long meeting with UMN's Board of Trustees.

We request your prayers for the preparations for this, for protection and wisdom as we move ahead with our plans in not so easy times. The theme of the General Assembly is '**Anchored in Hope**'. We are eager to share our achievements, stories of hope and UMN's future directions. This General Assembly holds special value for us as we hand over the role of Executive Director from Mr Joel Hafvenstein to Ms Dhana Lama. Joel has served in this role for five years being commissioned at the 2016 General Assembly. Dhana has been with UMN for many years and her latest role is as Programme Director. This handover is a historic event, as she will be the first Nepali Executive Director to lead UMN in its 67-year history.

At this point, we cannot tell you if any future COVID wave will affect this event, but we hope not. We will hold the General Assembly in Kathmandu, in the Thapathali Office garden, adopting health and safety protocols to keep us as safe as possible. We will also have a choice of virtual participation for those who are unable to attend physically.

### See our latest video updates at:





# UMN'S 2021 FLOOD RELIEF in numbers

**910**  
households reached with relief worth  
**USD 32,000**  
(approx USD 35 per household)



**Nawalparasi & Rupdandehi Districts**





## PRAY

- Preparations are ongoing for the UMN General Assembly (24 and 25 November, 2021) and the handover of Executive Director responsibilities from Joel Hafvenstein to Dhana Lama. Please pray for all Board Members, partner organisations and especially for Dhana in her new role. Pray also for Joel as he will continue to be available for advice and support.
- Expectant mothers in need of specialised care are very vulnerable. Pray that UMN can continue to offer practical support and medical help to women in these difficult circumstances.
- When the pandemic is combined with other disasters such as heavy monsoon flooding, mental health problems increase. Pray that health workers trained in psychosocial first aid and health care will be widely used to support those who are suffering from trauma.
- Pray for the work and ministry of our two hospitals. We need the provision of the Lord for many needs. In particular remember the work in Okhaldhunga to provide greater capacity to produce the oxygen so vital for the survival of patients with COVID and for other non-COVID critical patients in the future



## 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 Sandra Chinnery at [expat.recruitment@umn.org.np](mailto:expat.recruitment@umn.org.np) to learn more. Send your CV or resume with your email.

### PRIORITY NEEDS

**HOSPITAL SERVICES DIRECTOR – KATHMANDU BASED:** Strategic oversight and management of UMN MDT's hospital work.

**EXPATRIATE SUPPORT ADVISOR – KATHMANDU BASED:** From July 2022.

**FUNDING MANAGER:** for Hospitals.

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

**PRIMARY SCHOOL TEACHER:** For United Mission Hospital Tansen – start 2022 Teaching different school levels for tutorial group.

**DOCTORS FOR OKHALDHUNGA COMMUNITY HOSPITAL:** One GP with rural experience, one Orthopedic Surgeon and one Obstetrician/Gynaecologist. General Practitioner/Pediatrician.

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.

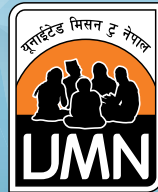


**GOD** WILL WIPE AWAY EVERY **TEAR**

FROM THEIR **EYE;** THERE SHALL BE

NO MORE **DEATH,** NOR **SORROW,**  
NOR **CRYING** NOR **PAIN...**

Revelation 21:4



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

**UNITED MISSION to NEPAL**

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