



OKHALDHUNGA  
COMMUNITY  
HOSPITAL

Golden  
Jubilee



Produced by the Communications Team, UMN, with thanks to all those who provided information and pictures - particularly Yale School of Divinity and Erlend Berge ([www.erlendberge.no](http://www.erlendberge.no)).  
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# Greetings



Mark Galpin  
Executive Director, UMN

Congratulations to all at Okhaldunga Community Hospital on the occasion of this 50th anniversary. UMN has always prided itself on its focus on the poor and disadvantaged and its commitment to quality compassionate health care; and these traits have consistently been a key feature of Okhaldunga Community Hospital.

As we look back and celebrate the achievements and contributions of the last 50 years, we also look forward to the future. Well done to all those who have contributed so much. Let's go forward and continue to make a significant difference into the future - in Jesus' name and for the glory of God!



Tuk Bahadur  
Harijan  
Hospital Director

Okhaldunga Community Hospital was established and is run by the United Mission to Nepal (UMN), an international non-governmental Christian organisation. It has a proud history of professional service in integrated health and community development in the mid-hills of eastern Nepal for the last 50 years.

Our Golden Jubilee is a wonderful event. We give thanks firstly to God, and then to all the rights holders, supporters, well-wishers, social workers, politicians, and government line agencies. I would like to thank all staff members, past and present, who have played a very active role in making the hospital successful. I would also like to renew our commitment to playing a leading role in the field of integrated health services into the future.

# A letter from Dr James Dick

Dear Friends,

Thank you for the opportunity I have to be with you in spirit if not in body and sharing in these celebrations.

It is hard to recollect how different life was when I first came to Okhaldunga – no running water, just kerosene tins carried from the nearest stream – no communications except for a series of postmen (dak wallas) running each a day's journey between Okhaldunga and Kathmandu. Cement was very expensive, so walls were built with blocks of stone bonded with mud and dung – milk and meat came direct from the buffalo.

I have difficulty in realising how modern Okhaldunga is now, with modern buildings and roads and crops in the fields and education and emails and radio and many other things. What has not changed is the spirit of the people.

Fifty years ago, I walked from the bazaar down a narrow footpath leading to a small valley just a short distance from the town. There was a small village and a stream close by for water. Suddenly a man appeared. He was Gauharka Rai, a former soldier in the British Gurkhas, and the head man (mukhia) of the village. When he heard that I was looking for a place to start a hospital, he said that he had two empty houses which we could have straight away.

In return I told him that I had first heard of Okhaldunga while serving as a medical officer to 2/7th Gurkha Rifles in Malaya in 1951. At that time, I had thought of Okhaldunga as a place where I might work. It seemed, that afternoon, that something special had happened. We had an almost instant understanding, and I went back up the hill a happy man, giving thanks to God.



A succession of doctors and nurses and other staff have followed over these fifty years from many parts of the world. Newari carpenters made door and window frames, and strong Tibetans swung huge sledge hammers to break the bedrock. Pastor Robert Bergsacker helped by guiding and aiding me in my first journey through East Nepal, and then Odd Hoftun came a few years later to draw the plans for the first hospital building. And now Erik and Kristen Bohler are here carrying on the good work and taking it into the future.

But I must give tribute to the Rais of Sobru and the people of Okhaldunga, who have always given their co-operation and valued support.

My wife and I, along with our family Katie, David, and Ella who was born in Sobru, share in your celebrations and send our best wishes.

God bless all of you and what you are doing in His name.

Dr James Dick

Scotland, 2012

# History of UMN in Okhaldhunga

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**1956-1958**

Mildred Ballard, who had worked in northern India since 1927, joined UMN, and spent two years traveling through eastern Nepal, searching out a location for community medical work. She stayed about a month at Ramjatar, and shared her experiences at the 1958 Mission Workers' Conference. She recommended Ramjatar, but her report contributed to the decision to locate the new project in that area. Sadly, Mildred died in 1959, before the work began.



**1958**

Dr Jimmy Dick and Robert Bergsaker travelled to the area to investigate opportunities for the new health work. They recommended Okhaldhunga.

**1959**

UMN applied to the Government of Nepal for permission to start a community services project in Okhaldhunga. It was to include a hospital, and agricultural activities.



**1961**

At last, permission for a dispensary was granted, and Dr Dick led a team of four on the five-day trek to Okhaldhunga to set up the clinic. At first, the team lived and worked in rented premises in the bazaar, but later moved to Sobru, a small Rai village about 30 minutes' walk from the town.

**1962**

A plot of land was purchased. Odd Hoftun travelled out in February 1963 to draw up plans, and work on the new buildings began that year. The team consisted of Jimmy and Anne Dick, Mariam and Hastaman Rai, and Jill Cook.



**1964**

The team moved into their new, purpose-built dispensary and residences. The team consisted of Jimmy & Anne Dick, Anne Avis, Ruth Rai, Bir Bahadur Rai, Snomit Fudong and a Nepali helper.

**1968**

The long-awaited agricultural program opened, but it was shut down in 1970 because of changes in government policy.

Flights from Ramjatar began. At first these were very irregular, but were an important way of lessening the isolation of the Okhaldhunga team, bringing in much-needed supplies, personnel and mail.



**1970**

A lab and new operating room were added to the complex.

**1971**

The team had always had a strong desire to improve community health as well as provide curative services. In this year, a Public Health clinic was opened in the bazaar, and the first training for Community Health Volunteers was carried out, with 17 participants.

**1974**

At last! Electric lights were installed in all the wards and residences.



**1977**

The community health work formally became the Community Health Project (CHP). Gradually, development needs other than human health were recognised, in particular the connections between disease and clean drinking water, nutrition, and agriculture. Soon the CHP became involved in the construction of drinking water systems, training of community volunteers, an animal health programme, and non-formal education (NFE).

# History of UMN in Okhaldhunga

1980

1981



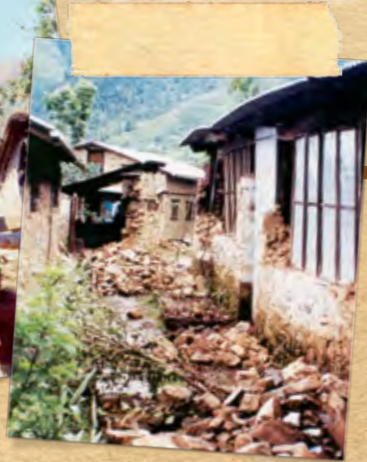
**1986**

A new strategic plan for the CHP work was developed. Activities included Community Health, Non-formal Education, Agriculture, Forestry and Drinking Water. Later, Income Generation was added. Each section worked somewhat independently of the others.

**1988**

More hospital buildings were needed, so land adjacent to the hospital was purchased. Then, a major earthquake destroyed and damaged many of the old buildings. Plans were made to replace them with bigger, more modern premises. While rebuilding took place, patients were seen on verandas and out in the open.

A tutorial group was established to teach the children of expatriates.



**1989**

A major re-organisation saw the work in Okhaldhunga split into three parts: the Hospital, a new Primary Health Care Project (still closely connected with the hospital), and the Okhaldhunga Rural Development Project under a separate director. The Rural Development Project, instead of being run through UMN's Health Services Department, was to be supported through UMN's new Rural Development Department.

**1990**

A new office building, out-patients department (including lab and x-ray), operating theatre, dispensary, fracture ward, waiting shelter and toilets were opened.

1986

1987

1988

1989

1990



1993

1994

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1996

1999



2000



2003

**1991**

Meanwhile, in the Rural Development Project, a new strategy emerged to give more emphasis to awareness raising and to focus on the disadvantaged parts of the communities. NFE was used as an entry-point into new communities.

**1992**

The new two-storey hospital building, including wards, private rooms and an infectious diseases ward, was completed and inaugurated.

**1992-1993**

At the hospital, an ultra-sound machine was purchased, a doctor trained to operate it, and the first computer was bought for the Business Office. The Social Services Committee was established, based on the Tansen Mission Hospital model, to provide support for the poorest patients.

**1993**

A new water system was installed. This was a great help, as securing an adequate supply of water had always been a problem.

Sobru school was established, to provide educational opportunities for the children of Nepali staff, as well as the surrounding neighbourhood.

**1994**

The Rural Development Programme (RDP) was completed in July 1994. A thorough evaluation study showed that most of RDP's objectives had been achieved. However, some shortcomings were indicated. The "NFE-as-entry" approach was not suitable for very poor communities, because they needed to devote most of their time to working to earn food. Also, the evaluation found that group formation and local institution building needed more attention.

**1994**

Back at the hospital, the first Nepali Project Director, Dr Nastu Sharma, was appointed.

One of the first five phones in the district was installed at the hospital.

**1995**

A new five-year rural development project, RDP 2, was established in the remote northwest corner of Okhaldhunga District, under the direction of Surendra Shrestha. The new project emphasized facilitating community members to form groups that discussed the needs and problems of their village, and made action plans to address those issues.

**1996**

The Hospital and The Community Health Programme were combined as one project, the Okhaldhunga Health Project.

**2000**

After RDP 2 was completed, the RDP staff decided to continue working through an existing NGO called Group of Helping Hands-Nepal (Hands), independently of UMN.

**2003**

The hospital and public health work became known as Okhaldhunga Community Hospital, with the objectives of providing essential, acceptable and affordable health care appropriate to a district hospital, as well as supporting and strengthening community-based health care services in the district (Long Term Plan 2003-2006).



# The hospital today

The aim is to be a good hospital for everybody, especially for mothers and children. We also want to be a hospital for the poor.

## Deliveries

In 2011, 520 babies were delivered in the hospital. Three years ago, it was only 215, and it is sharply increasing. However, about 90 % of deliveries in the district take place at home. This is our main challenge in the years to come.

## Maternal Waiting Home

Here, pregnant women can stay free of cost before their delivery. This is especially meant for women with high-risk pregnancies, who live far from the hospital. In 2011, 219 women benefited from this service.

## Medical Assistance Fund

This is used to support poor people who cannot pay for necessary treatment. In 2011, 1,939 patients got such support. This is a large number, but still it comprises only 7.5 % of our patients that year.

## Free treatment for small children

Now everybody knows that treatment of small children is always free

of cost in this hospital. The result has been that more infants and small children are brought for treatment, and especially more girls come than before. In 2011, 1,005 children were treated free of cost because their weight was less than 12 kg.

## Bed occupancy

For the third consecutive year, the hospital's average bed occupancy has exceeded 100 %. It is steadily increasing. During 2011, we have consistently had 60 patients or more. As there are only 32 officially-recognised beds, this means a severe strain on all our resources.

## Community Health

The hospital's Public Health Unit is running a comprehensive programme aimed at strengthening the function of all 56 government-run (Sub) Health Posts in the district. This programme has now been completed in 27 Village Development (VDC) areas, and is presently ongoing in 8 VDCs. There are plans for covering the remaining 21 VDCs within the next seven years.

# A dream for the future...



**Cost: USD 1,100,000!**  
 Already, USD 334,000 has been given as seed money, in faith that this dream will come true one day.

Okhaldhunga Hospital is desperately in need of new facilities. It was a great day when the road came to the hospital, but it came in at the back! There was no other option, due to the terrain. Now we need to turn the hospital around!

In 2011 we bought more land, and an architect has worked out a complete renovation and extension plan.

The entrance will be where the road comes in, and the Out-Patients Department will be built on the new land we have bought. The TB Ward will also be on the new land, to provide space for a new treatment block. There will be wardrooms on the ground floor, an Operation Theatre, ICU, Recovery Room and Delivery Room with waiting beds and nursing station on the first floor and on the top floor, a spacious new Children's Ward and Maternity Ward, with a sunny veranda!

Some of the existing buildings will be taken down, and others will be used for new purposes. Emergency will be just inside the gate, and Physiotherapy and other Social Service functions will be moved to where the Out-patients Department is today. All buildings will be renovated, so we can have proper floors and windows.

The new hospital will have 50 ward beds, with the possibility of extension in the future. Our most important concern is to be ready to help with all the deliveries!

Okhaldhunga Community Hospital serves a very poor area. The community cannot bear the cost of this extension alone. But we have received a good contribution from a group of ex-Gurkha soldiers from the nearby village. Local people are also willing to carry stones and do the hard work.

Will you support us, and help the people building their future hospital in Okhaldhunga? We will recognise your contribution in a Board of Thanksgiving in the hospital.

"Mission hospital, that's our place to survive!" a man on the path said. Let us hope it will be like that in the future as well.

## Your response...

Yes, I want to help Okhaldhunga Community Hospital serve its community better.

My cheque for (currency\*) (amount) is enclosed. Please allocate it to the Okhaldhunga Hospital Extension Appeal.

\*Cheques can be accepted in Euros, Sterling or Australian, Canadian or US Dollars. Please make cheques payable to Okhaldhunga Community Hospital. You can use a personal cheque, or arrange a cheque with your local bank.

I will make a donation of (currency) (amount) by Money Transfer.

Please note on your transfer "Okhaldhunga Hospital Extension Appeal".

UK or European Currencies: Pay to: United Mission to Nepal  
 Sort Code: 60-91-99  
 Account No: 10078177 (Sterling)  
 10615512 (Euro)

US or Nepal Currencies: Transfer or wire to: Standard Chartered Bank Nepal Ltd  
 PO Box 3990, Nayabaneswar, Kathmandu, Nepal  
 Swift Code: SCBLNPKA  
 Account No: 01-0488798-51 (USD)  
 01-0488798-01 (NRS)

I would like to leave a bequest to Okhaldhunga Community Hospital. Please contact finance@umn.org.np for advice.

RETURN THIS SLIP TO  
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