

Friends of **2023**
Okhaldhunga





Contents

Greetings from our Hospital Director	3
From the Hospital Services Director	4
Seventh Pregnancy Desperation!	5
OCH is 60 Years Old!	6
A Catastrophe Averted	7
Spinal Cord Injury in Nepal	8
Dhan Kumari in Her Own Words...	9
My Journey as a Student	10
Mental Health Project of OCH	11
Changes I've Seen from the Cash Desk	12
From Tutor to Nursing Superintendent	13
Facts, Figures and Needs	14
To Give	15
Snapshots	16

Designed and Produced by: The Communications Team, UMN
Editorial Team: Roshan Kharel, Manju Ghimire and Sally Padgett
Photo Credits: Liv Wendel, Clare Grimble, John Padgett and Binod Silwal

© UMN 2023



DEAR *Friends of Okhaldhunga*

It is a joy to be able to write to you about the happenings in Okhaldhunga Community Hospital (OCH). Twenty-two years ago, I was alone when I started my career at the United Mission Hospital Tansen (UMHT) but now I am blessed with a wife, and we are blessed with two children. Since July 2022, I am privileged to be part of OCH along with my family. I am grateful to the leadership of the United Mission to Nepal, who gave me this opportunity to serve at OCH. I am also grateful to the leadership of Tansen Hospital who helped me to be built up and equipped for the responsibilities that I am undertaking currently at OCH.

As I read the history of this hospital and hardship of lives, I can only thank God for each individual He has used to build this hospital and community. Looking at the progress that OCH has made over the past 61 years, I am grateful to God for my predecessors who have tirelessly and faithfully invested in the lives of many. However, the fact is that "Nothing is permanent in this world". Things have significantly changed over these years: the infrastructure, the work culture in the hospital and Nepal is now a republic state.

Where are we heading at the present time? For the past two years, we have not been able to accept new nursing students into our four-year-old nursing school.

The government requires hospitals to be registered with 100 beds in order to run a nursing programme. It is a painstaking process to register OCH to 100 beds, as we do not meet the government's requirements. However, we trust that God will intervene in this. In the next few months, I am looking forward to OCH staff coming together to dream, think, analyse and consider the pathway for OCH as we make the 20-year strategy and 5-year long-term plans, so we can meet the needs of our patients, students, staff and the community.

The strength of OCH has always been its dedicated staff. It is a blessing to have a full-time Paediatrician and an Orthopaedic Surgeon who joined us during this past year. We still need an Obstetrician/Gynaecologist and a Specialist General Practitioner. Meanwhile, OCH remains committed to long-term service in the community with our Community-Based Rehabilitation and Mental Health projects.

I want to thank all our FRIENDS who not only support us financially or come to serve for short or long periods of time but have also been praying for us for the past 61 years and more. Please continue to pray for us as we serve others to glorify Him. Thank you!

ROSHAN KHAREL
Hospital Director



FROM THE *Hospital Services Director*

It gives me great pleasure to congratulate every one of the OCH friends and family in the new Friends of Okhaldhunga 2023 edition for their long-standing dedication to serving the community with the best possible medical care.

As the director of hospital services, I am consistently amazed by the compassion and commitment of our medical and other hospital personnel. They give their all to provide our patients with the greatest care possible, and their dedication to our vision is reflected in all they do.

The best standards of treatment are our commitment at Okhaldhunga Community Hospital. We are in the process of updating our vision, mission, and values in accordance with the Nepal government's most recent operating guidelines for 100-bed general hospitals. We are also developing a long-term hospital strategy that focuses on expanding and improving our services, with an opportunity to develop the infrastructure for new facilities and proposing diploma-level training programmes for paramedical and allied health professionals.

Our hospital provides a comprehensive range of services to the community, including general medical and surgical care as well as specialty services in fields like obstetrics and gynaecology, orthopaedics, paediatrics, psychiatry, and ophthalmology. In order to provide the most advanced care, we are also committed to staying up to date with the most recent medical technologies.

Without the assistance of our kind donors and helpers, none of this would be possible. I want to sincerely thank all of you for your support to Okhaldhunga Community Hospital over the years. We really appreciate your donations which enable us to positively impact the lives of so many people.

I hope you will enjoy reading about the amazing work and inspiring stories that Okhaldhunga Community Hospital has accomplished this year. For many years to come, we intend to serve our community with excellence and compassion.

YUB RAJ ACHARYA
Hospital Services Director



SEVENTH PREGNANCY

Desperation!

Ramala* was 36 years old when she came to hospital in her seventh pregnancy, with about four weeks to go until her due date. She and her husband had one daughter aged six, who had been born by caesarean section due to the baby lying breech. In her other five pregnancies, she had had two 'intrauterine foetal deaths' (IUID) and two neonatal deaths (the babies had only survived 1-2 days after being born), and one early pregnancy miscarriage. She was desperate to have another live baby.

She had been advised after her last pregnancy, that she should have a caesarean section for her next pregnancy two weeks before her due date (ie. at 38 weeks). At this examination, the baby appeared to be small for the dates, it was moving well, and was presenting breech (upside down). She was advised to stay in our Maternal Waiting Home and the plan was for operation after another 12 days.

She remained well. On review, two weeks later, she was expecting to have the operation. We had a visiting obstetrician from Sweden, Dr Jan, who discussed her situation. Reviewing her records thoroughly, we discovered that by her best calculated dates she still had nearly four weeks to go in this pregnancy. Ultrasound scans had shown that the baby was growing

fine. Examination revealed that the baby had 'done a somersault' and now was presenting with head down. There were no other concerns.

In a long discussion, Dr Jan advised that we should wait until our calculated date was 38 weeks, which meant that Ramala had to wait another 10 days or so!! I could tell that she and her husband were anxious about this plan, but they agreed. We did ultrasound scans and blood tests every 4 or 5 days to check on the baby's welfare. All remained well.

On the agreed date, she had the caesarean operation performed. There were dense adhesions from scarring in the abdominal wall, but the uterus was clear. The lower segment scar was thinned out but was still intact. A live female infant weighing 2,600g was born, in good condition.

Post-operatively, mother and baby did well, breastfeeding was established and they were discharged one week after the operation. A very happy family!! We give thanks to God for this happy outcome.

* Name changed

Maternity Ward Team



OKHALDHUNGA COMMUNITY HOSPITAL

is 60 years old!

Okhaldhunga Community Hospital was established on 01 Chait 2018 (14 March 1962).

This special anniversary was celebrated on 30 Falgun 2078 (13 March 2022).

We prepared and celebrated a short and sweet programme in the presence of our official guests: the Mayor of Siddhicharan Municipality (who is the Chairperson of the Hospital Advisory Committee) and the Chief District Officer (CDO) of Okhaldhunga. The CDO was impressed by our hospital care and contribution in health care delivery to Okhaldhunga and surrounding districts for six decades. He congratulated UMN and all the staff and donors who are committed to providing continued services to the people. He expressed his feeling that Okhaldhunga Community Hospital is an excellent health provider in this region.

The Mayor also remembered his childhood when this hospital was established from the dispensary in a small cottage and encouraged us to upgrade to 100 beds hospital in the near future and to let Okhaldhunga Community Hospital progress. "We will follow and support you in this process" were his final words of encouragement.

YUBARAJ ACHARYA

Former Hospital Director (until July 2022)





A CATASTROPHE *Averted*

A tiring day at work had just ended and we were looking forward to getting some rest. But the Emergency Room was still busy and Dr Sushil was on-call, managing the patients.

22-month-old Babu* was brought in with a painful swelling in his right groin and a few episodes of vomiting. He was in agony and wouldn't let anyone touch him. I was called in and upon examining, found that it was an obstructed inguinal hernia. An erect abdominal X-Ray showed multiple air-fluid levels.

It had already been four hours since the swelling appeared and his crying was making the obstruction worse. He needed an emergency surgery or else the entrapped bowel wouldn't survive and his life could be in danger too. The parents were horrified that such a small child had to undergo surgery, but it had to be done.

Dr Sushil accompanied me to the Operating Theatre where another challenge was awaiting us: General Anaesthesia. Intubating a small child can often be difficult and with a limited time frame the pressure intensifies. However, with combined effort of the surgical and anaesthesia team, we were successful.

At surgery we found a loop of small bowel was ischaemic**. After releasing the bowel and applying hot mops for some time, the colour changed from greyish-black to pink and we could see peristalsis returning. Thankfully the bowel didn't need resection. It was reduced back into the abdominal cavity and the hernial opening was closed off.

The post-operative period was uneventful and Babu started being playful again. After seven days in the hospital, it was time for him to bid us goodbye. His parents were thankful to us and to the hospital for saving the life of their son.

Hospitals in Kathmandu are an option for some well-off families but when time is of the essence and finance is a constraint OCH still stands tall, taking away pain and giving back smiles to everyone who knocks at its door.

* Name changed

** Had a restricted blood supply.

BIJAYA LAXMI GURUNG
General Surgeon



SPINAL CORD *Injury in Nepal*

23 December 2017 started as just another day for Premi*, aged 17, living in remote and hilly Okhaldhunga with her family. It was early Saturday morning, time to feed 8 hungry goats, 2 cows and a buffalo. In winter, grass is less plentiful, so she climbed a tree to cut fresh leaves. The branch she was standing on broke, and she fell. Regaining consciousness, she could not move or feel her legs. She had fractured her spine, damaging her spinal cord. Four days later, borrowed money paid for a jeep to take her the day's journey to Okhaldhunga Community Hospital (OCH). After three months of recovery at OCH paid for by selling the animals along with help from the Medical Assistance Fund at OCH, the next challenge was rehabilitation. Several months at the Spinal Cord Injuries Rehabilitation Centre (SIRC) near Kathmandu with her mother, gave her the therapy to strengthen her arms and trunk so she could move herself from bed to wheelchair. She also learned about pressure care and doing daily activities. For two years all was fine back home. Then, another tragedy struck. Her asthmatic mother contracted pneumonia. They planned to go to hospital the next morning, but her mother died that night. Premi was devastated. She had lost her mother, her main carer. She became depressed and stopped caring for herself. Large pressure sores developed on her hips, buttocks and legs.

In this extremely fragile state, our Community Based Rehabilitation team found her at home during their baseline survey in August 2020, six months after her mother died. They arranged transfer to OCH where

her wounds were cleaned and debrided**. Too deep to heal on their own, she spent a year in Sushma Koirala Memorial Hospital near Kathmandu for skin flap surgery, this time with her younger brother as carer. Meanwhile, her father had begun daily labour work building houses and renting a small room near OCH. She returned to OCH for a month of therapy, then moved into the rented room with her family in February 2022. Soon after, another setback. She developed a fever and stopped doing her pressure care. Within days she had re-ulcered on her right hip and was referred to Sushma Koirala to close the wounds through plastic surgery. She returned to OCH in November via SIRC after counselling and refresher training in self-care.

Now, five years since her injury, she is doing well! She only spends short periods in her chair because her skin is fragile. She is working hard on her strength and is determined to prevent any more pressure sores. She has a vision to run a wholesale shop near the hospital. With the support of CBR and her family, this can become a reality. Pray for Premi and her family. They need resilience for the days ahead. Look out for an update in the future.

* Name changed

** debris or infected/dead tissue was removed from the wound.

CLARE GRIMBLE
Physiotherapist
Community Based Rehabilitation



DHAN KUMARI *in her own words...*

I am 78 years old and have lived in Okhaldhunga District for my whole life. I married a local boy when both of us were only 13. I have five children, twelve grandchildren and three great-grandchildren! I have worked hard for my family every day of my life and have experienced enormous changes in my country of Nepal. My family says that I just can't sit still. Even from my bed in hospital, I am thinking about what jobs need to be done at home. I ask my son, "Have you planted the millet yet? Which terrace did you plant it in? What about the fruit trees? Are they still producing, or have they finished?"

For the previous ten years Dhan Kumari lived with a right-side groin hernia. When she was 75, her family tried to convince her to have an operation to fix the hernia. Her response to this was something like: "Life expectancy in Nepal is around 72, and here I am aged 75. I have lived a good full life. My children are married, and they also have children! I don't need any operation."

Twelve days before she arrived at Okhaldhunga Community Hospital (OCH), her husband passed away. The whole family entered into the 13-day period of mourning. During this time, her hernia became more painful and increased in size, and it didn't go away, like

it had in the past. Finally, on the second last day of the mourning period, the pain became so great that her family took her to the district hospital. From there she was referred to OCH.

On arrival, our surgeon, Dr Bijaya Laxmi Gurung, assessed her and diagnosed an entrapped femoral hernia. This is a surgical emergency, so she was taken to the operating theatre that very day. At operation, the femoral hernia was confirmed and her intestine was released. Within a few minutes it resumed a healthier colour. A few hours more delay and that stuck intestine could have died due to lack of blood.

After the operation, Dhan Kumari made a steady recovery and was able to resume normal eating. She and her family were happy and grateful that she made good progress. They are still deep in mourning for her husband. It is very difficult to be away from her home during this period of acute loss. Dhan Kumari and her husband had been married for 65 years.

**Dhan Kumari thanks
the medical and operating theatre team.**



My Journey as a STUDENT

Although it was the beginning of OSHS, it is remarkable how the college has always maintained a sustainable, healthy teaching-learning atmosphere. We discovered more about nursing than the simple definition given to us. We were new to the nursing profession and every single day was precious for us as we learnt, understood, and adopted the learning in our daily lives. Slowly and gradually all our learning requirements were fulfilled. From the nursing school to the hostel, every single thing was organised. Even though we had to live in a hostel away from our homes, as time passed, the hostel felt like a home and mates turned into family. We always spurred each other on, whether on duty, in college or at the hostel. Even though separated from family, we gained strength in supporting each other.

Having confidence in your knowledge and abilities is a key part of being a great nurse. It is imperative that we learn to balance healthy confidence, adapt to new environments, and take responsibility. Our confidence subsequently grew, and our nursing skills and knowledge improved. Receiving support from mentors, sisters, and friends in every single area has improved our self-belief. We are not only bound by nursing practices, but we were also taught professional ethics and moral education, which encourages us to make healthy relationships and helps to fill the gap between academics and the workplace.

Life as a student nurse has been an amazing journey. Coming to the end of our course, I can see how we have grown in so many ways over three years, particularly concerning our profession, confidence, and self-esteem. Thank you, with heartfelt regards, to the hospital directors, principal, nursing tutors, and the entire OCH and OSHS for their help in every step of our journey.

DEEPA DARNAL

Final Year Student

Okhaldhunga School of Health Sciences

“When knowledge and education reach you, you have a whole new world of opportunities to be free, happy, and healthy.” Nursing is always an idealistic career. On 24 February 2018 results were published by the Council for Technical Education & Vocational Training (CTEVT) in Nepal for the Special Scholarship Program (Nursing). Amongst thousands, only forty people were able to secure this golden opportunity. The most exciting thing about my nursing journey was Okhaldhunga District itself. My many friends and I had studied *Mero Pyaro Okhaldhunga* (My Beloved Okhaldhunga) in our school days, written by the famous Nepali poet, Siddhicharan Shrestha. The day the results were published feels like yesterday and is still fresh in my mind. In the month of April we came to Okhaldhunga with a big dream and hope. Okhaldhunga was far more delightful than I expected. It was a great opportunity to see for myself unity in diversity in action in one single place – geography, environment, culture, tradition, and the originality of humankind.

Surprisingly, the journey of Okhaldhunga School of Health Science (OSHS) and the journey of our special group began at the same time and in the same phase.

Mental Health Project of OKHALDHUNGA COMMUNITY HOSPITAL



Sumita* is from Solukhumbu, a district adjacent to Okhaldhunga. She is a middle class lady working in agriculture, with eight family members.

Sumita's brother was lost eight years ago during an earthquake while he was working in another district. She went to many different government and non-government offices for help to look for her brother. Their relatives also helped in this search. Their efforts were in vain, they couldn't find him. The worries grew for Sumita and her family. She dearly loved her brother and did all that she could to look for him. By the end of the search, she was physically and emotionally tired.

With advice from family and friends Sumita prepared to perform a ceremony as if her brother had died. It was thought this would relieve the family. However, the local community, did not allow her to proceed. They wanted to maintain hope that one day her brother would return. Sumita shared, "Every morning and evening my mother looks outside the gate hoping that my brother will appear and give her a hug." Holding on to this hope and expectation, the family members remained in deep grief.

This situation of loss and grief was leading Sumita to depression. She was not getting good sleep and always thought of her brother, wondering whether he would come back and bring joy and happiness to the family. She constantly had a dream of him coming home, which grieved her more. This led to her thinking of committing suicide. But, she decided to visit a doctor in our hospital. She expressed her concern to the doctor

in the outpatient department (OPD), who listened to Sumita and recommended admission to the psychiatric ward with medication. Also, the doctor referred Sumita to me for psycho-social counselling. During my time with her, I learned about her and her family. It was a painful experience for me to listen to her and to understand all that she was undergoing. Along with me, there was a psychiatric nurse and the staff nurse from OCH. It is a blessing to have this team in the hospital. I assisted her for a few sessions. After this, I was informed that Sumita was sleeping well, and was recovering from the symptoms.

I am thankful to Normisjon for their support of our mental health work. As a result, we are able to give treatment to mental health patients in our hospital and have trained many healthcare workers. We have a Psychiatrist who comes regularly from Kathmandu. Our aim is to reach out to remote areas of Okhaldhunga and train healthcare staff from those regions in mental health care.

Sumita has now been discharged from the hospital and has regular monitoring and oversight from our team. She has accepted that she may never see her brother again. Indeed, life is not easy for her and her family.

* Name changed

AMBIKA PULAMI MAGAR
Mental Health Program Counsellor
Psychiatric Ward in Charge



CHANGES I'VE SEEN *from the cash desk*

It is my great pleasure to write something about my experience in Friends of Okhaldhunga. My birthplace is located less than 2km from Okhaldhunga Community Hospital (OCH). In this sense OCH was not a new name to me. This hospital has saved me many times when I was sick in my childhood. Ten years ago I was employed to work in this hospital. It was a great opportunity for me to serve in my own place. I am forever grateful to UMN for that opportunity.

In the year 2012, when I was working at the cash counter of this hospital, we had three employees. I don't have a medical background so this environment was very new to me. Many times the name of the medicine or medical term was new to me. There was no complete software system as it is now; we used to operate billing related operations from an old cash machine. At that time, 50-60 patients used to receive services daily.

I feel that this hospital has made leaps and bounds in service expansion in this 10-year period. Programmes such as health insurance services, Social Security Fund services, safe mother programme, social support services, under 12kg children free treatment and dental services benefit the beneficiaries of Okhaldhunga, Solukhumbu, Khotang, Sindhuli and Udayapur. Today,

120-180 patients take health care from this hospital every day. Out of these, the number of patients receiving services from health insurance is 60 to 65 percent. This health insurance programme conducted by the Government of Nepal has proved to be a boon for patients who have low incomes and are far from access to health services in difficult hilly districts like Okhaldhunga, Solukhumbu and Khotang. Now, this hospital is serving patients by operating five billing counters which have been brought into operation from 7am to 9pm, seven days a week. We have also arranged that those with disabilities, senior citizens, emergency patients and dental patients do not have to wait for their turn. These changes make the counter service better organised and more convenient for patients.

With the passage of time, there has been a change in the way of working. Since the entire work is done through a software system now, it has become easier. Coordination between the staff also helps the operation to run smoothly. I am hopeful that the services of this hospital will expand in the coming days. Overall, I enjoy working at OCH and feel proud to serve in my home place.

NABARAJ GIRI
Cashier In-charge



FROM TUTOR TO *Nursing Superintendent*

When I was a child one day my school teacher asked me "Kristina what are your dreams?" I answered promptly, "I want to be a nurse and work in a remote area". At that time I didn't know anything about nursing.

After passing my school-level certificate I studied nursing at Tansen Nursing School in 2009 for three years. Passing this, I joined United Mission Hospital Tansen as a staff nurse. I worked there for over two years. I really enjoyed working there and learnt so many things related to nursing, how to deal with patients, how to show empathy and sympathy to patients and their visitors, etc.

Next came Bachelor of Nursing, with another three years of study. Later, while I was working for a short time at another hospital, one day I was in conversation with my friend who works at Okhaldhunga Community Hospital. She told me about a vacancy at Okhaldhunga School of Health Sciences (OSHS) for a Nursing Tutor. I was successful in being appointed as a junior nursing instructor and began work here in late 2019. Within four months the COVID-19 pandemic arrived, disrupting every aspect of life. Our nursing school was closed for eight months and the students were sent to their homes. The School was turned into a COVID isolation ward. During that time, I worked in the in-patient wards which provided refreshment for my clinical knowledge. I am grateful for that opportunity to serve people who needed health care throughout OCH.

Since 2021, I have been working at OCH as Deputy Nursing Superintendent. I always wanted to work in rural areas of my country. This is my journey with UMN hospitals: Tansen to Okhaldhunga.

I found a pleasant working environment at OCH where the small group of medical teams are like a family. I have learned many new things and honed my skills whilst working here and I am willing to learn more in the future in a managerial role. So far, I have partially completed my childhood dream. I am definitely still learning about the position that I have here at OCH and I will give 100% effort in seeking improvement for the nursing department.

I would like to thank our almighty God who gives me lots of blessings and strengthens me more and more. I am sincerely thankful to my line managers, supportive friends, and all staff. I am not able to achieve my goals without your support. I am also grateful to all who gave encouragement and advice for the managerial role.

Now you have an idea of the blessings I have experienced so far at Okhaldhunga Community Hospital! I hope and pray that OCH will grow even bigger and better and be able to provide all kinds of quality treatment and facilities in the coming days.

KRISTINA PRITHI
Acting Nursing Superintendent

Facts and Figures

Statistics	2020-2021	2021-2022*
Outpatients seen	28,574	31,636
Emergency cases treated	4,191	4,509
Babies delivered	1,193	1,149
Patients admitted	5,100	4,923
Surgeries performed	2,042	1,807
Mothers admitted in waiting home	27	202

*Financial year July 2021 - July 2022

Thank you for your donations of money and equipment:

- Blood analyser
- Centrifuge
- Coagulation testing machine
- Hand-held diagnostic ultrasound probes
- Upgrade to oxygen plant
- BPAP machines
- Electrolyte lab machine
- ECG machine
- Canon Printer, SSD hard disk, laptop computers, monitor
- Honda motorbike with helmet
- Television
- Physiotherapy equipment
- Games and toys for children's ward
- Paint for ongoing maintenance
- Land for School of Health Sciences Building
- New mortuary



Future needs - can you help?

- Medical Assistance Fund (MAF) provides charity to the poorest patients.
- Ventilator
- Phototherapy light (blue), incubator
- Vacuum cleaner
- Fridges for paediatric and maternity wards
- Instrument dryer for CSSD
- Warmer for newborn babies
- Blood warmer for operating theatre
- Infusion pumps
- Operating theatre deep basin
- ECG machine, otoscopes
- Ultrasound machine (multi-purpose)
- Fully automatic biochemistry analyser
- Machine for thyroid testing, centrifuge
- Orthopaedic drill
- Lead neck x-ray protective cover
- Closed-circuit for anaesthesia machine
- Remediation and re-construction of our wastewater management (constructed wetlands /reed-bed system) and industrial autoclave to manage hard waste
- More accommodation for doctors and a guesthouse

Expatriate personnel needs:

Priority needs:

Medical coordinator & tutorial group teacher

See www.umn.org.np/page/opportunities-expat



TO give

When donating to Okhaldhunga Community Hospital, please send us a letter or email info.och@umn.org.np (and copy to fin@umn.org.np) giving the following details:

1. Your name, address, and the amount.
2. The date of the transaction.
3. The account number it was paid into (if by money transfer).
4. Please state clearly that the funds are for Okhaldhunga Community Hospital.
All undesignated gifts will be used as needed.

INTERNET BANKING & MONEY TRANSFER

Set up a payment or monthly standing order to transfer funds.

US & NEPALI CURRENCIES

Transfer or wire to:

Standard Chartered Bank Nepal Ltd.
PO Box 3990, Nayabaneswar
Kathmandu, Nepal

Account Name: **Okhaldhunga Community Hospital**

Account Number: **01156530301** (for NPR)

Swift Code: **SCBLNPKA** (for USD)

POUNDS STERLING (GBP)

Pay to: **UMN Support Trust**

Sort Code: **77-50-14**

Account Number: **20399368**

MAIL DONATIONS

Please see www.umn.org.np/give for options from your country.

Sorry, we can no longer accept cheques posted to Nepal as the Nepali banking system has stopped accepting them.

All donations made will receive a letter of acknowledgment and thanks.

TAX SAVING & BEQUESTS

Tax deductible giving, Gift Aid and bequests

If you are a **tax payer** and would like to reduce your **tax bill** while donating (or for UK donors, to also increase your donation through **Gift Aid**), please see our website for options in your country www.umn.org.np/give. Some templates for bequests are also available.

DONATE ONLINE

umn.org.np/give

Give using your **credit** or **debit card**.

In the Message option, write OCH.

Post or email?



Do you still wish to receive Friends of Okhaldhunga by post?

Would you prefer to receive it by email?

For any changes, please contact us.





Fullness of life for all, in a transformed Nepali society

**OKHALDHUNGA COMMUNITY HOSPITAL
UNITED MISSION TO NEPAL
MEDICAL AND DEVELOPMENT TRUST**

PO Box 126, Kathmandu, Nepal
Phone: +977 37 520176, 520035
info.och@umn.org.np
umn.org.np