



Friends of
2020 Tansen



Contents

Welcome	3
A Look into the Pharmacy Department	4
Fullness of Life	5
A Supportive Wife	6
Happy Beginnings	7
Journey from Tansen to Okhaldhunga	8
10 Years of Unique service	9
Maya's Life	10
Returning to the Kingdom in the Clouds	11
From the Executive Director	12
Psychiatric Care in Tansen	13
Facts and Figures	14
To Give	15
Snapshots from 2019	16

Produced by the Communications Team, UMN
Editorial Team: Dr Roshan Kharel, Kirstin Sinchyury,
Dr Rachel Karrach and Deborah Dornon
Design: Ramesh Man Maharjan
Cover photo: Robert Norris
© UMN 2020

WELCOME TO Friends of Tansen

Welcome to another edition of Friends of Tansen. This year the hospital reached the grand age of 65 years old! In some countries this is the retirement age, thankfully not for this institution, as we are joined by many new enthusiastic members of staff each year and we endeavour to stay relevant and adapt to the current health needs of the people we serve.

We thought we had broken the record for out-patients last year but this year we treated even more patients and the National Health insurance scheme remained popular as new districts are joining every 3 months; now 50% of our patients come under this plan. This brings certain challenges in terms of paperwork to be completed and the capacity of our aging outpatient department. On weekly rounds during the monsoon it was clear that the most pressing issue for many departments was leaking roofs. Some of our buildings are over 60 years old. So we are preparing a long term infrastructure plan, starting with a new building in the only possible free area within our tightly packed hillside compound. The plan so far is to build a more suitable OPD (outpatient department) and new operating theatres and an intensive care and neonatal intensive care unit above these, and maybe to move some wards across too. Then I imagine it will



be like one of those puzzles where you move different coloured blocks in order to create space to move other blocks to achieve the pattern intended. We hope by the end of the year to have a detailed plan for phase one and ideas for the next phases which will involve redeveloping our oldest buildings.

In the meantime our friends and we are still working on raising funding for the waste water system project. There is also a strong local demand for the hospital to have its own CT scanner as most days we are referring patients 20 minutes' drive away to get a scan done and this obviously leads to delays in treatment and extra costs to patients.

This year the top cause of death among our patients was a draw between Alcoholic Liver Disease, and Chronic Obstructive Airways Disease (which is related to smoking). This shows that alcohol and tobacco dependence is now a top public health issue. After lobbying with our local community and the town administration, the hospital's immediate neighbourhood has been declared an alcohol and tobacco sales free area. It is helpful that patients who are admitted for alcohol withdrawal are not now faced with shops selling alcohol just outside the gate.

In this edition you can read the stories of patients', staff and visitors' experiences in the "Mission Hospital". We are so grateful for your faithful prayers and giving that enables us to continue to be the hospital that so many people turn to for holistic care when they are ill.

DR RACHEL KARRACH
Hospital Director



A Look into the PHARMACY DEPARTMENT

I believe that the Pharmacy department of United Mission Hospital Tansen (UMHT) started providing service in the hospital from the beginning. I consider it pure joy to be able to be part of such a vital department. In 2004, during my studies at the University of Nepal, one of the lecturers spoke highly about the UMHT Pharmacy. Not only did the hospital manage the Pharmacy department but also prescribed generic prescriptions when available and used printed labels in the Nepali language for all medicines. After hearing him speak, I hoped to be able to visit this hospital. What excited me was not only the uniqueness of this model pharmacy department and hospital, but also how the hospital had been maintaining high values in all aspects of its service to the community. Therefore, as a follower of Christ, I gained a desire to serve in this hospital. About 10 years ago when the job became available, I applied and was accepted!

Checking prescriptions and supplying patients with the proper medication and instructions can be very challenging, especially in our community where some of our patients cannot read and write. For them we take extra time in explaining and have a system to mark with circles the number of doses and times in a day the medicine needs to be taken to help make it clear.

As manager of the department, I am responsible for scheduling, making sure we are following protocols, and rounding with doctors to discuss solutions for patients. As a pharmacist, I am also involved in various

committees in the hospital. This allows me to interact with different leaders of the hospital, and I gain knowledge about hospital goals and future direction. I am very grateful to the hospital management committee for trusting me and involving me in these vital committees.

As a mission hospital, we strive to serve patients holistically. I have had the privilege of carrying out services, as well as making some changes and updating protocols to minimize the risk of making mistakes. Our security guards and registration cashiers are the first staff that our patients encounter in a day – and the pharmacy is generally the last point of contact. So the way we behave with patients is the last image of the hospital that they carry away. Therefore, I consider how we treat patients and their families to be a challenging and crucial job of the Pharmacy department staff. Our behavior leaves a lasting impression on our patients about our hospital and its values.

I have enjoyed working at UMHT as Manager of Pharmacy services. I came as a single to this place and now have a wife and two sons. It is a blessing to be in Tansen. I am grateful for all who came before me and built the strong foundation for the department and I consider it a privilege to be able to continue building up this department along with my hard-working colleagues.

DIWAKAR AWASTHI
Senior Pharmacist



Fullness of Life

Eleven year old Jogmaya is from a village about 200 kms distance from Tansen. Her village has a different culture and language (dialect) than Tansen. Jogmaya's father had married a second wife and moved away from the family many years ago so her mother is the only one who generates income for the family. Jogmaya started feeling very unwell. First, she was taken to a traditional healer where they sacrificed a rooster while seeking healing. That did not help and so she was then taken to the local medical clinic where an x-ray and other tests were done. The doctor there realized her condition was very serious and referred her to the "Mission Hospital" (United Mission Hospital Tansen). This is how she came to be in our emergency room, along with her mother and 3-year-old brother.

Jogmaya's mother had never visited Palpa (the district where our hospital is located) or our hospital. She was stressed because of her child's sickness and was finding it difficult because the language spoken in Tansen differed from her village. She had heard in the village that the "Mission Hospital" would never turn patients away due to lack of money which gave her the courage to come to this hospital. She had only about US\$30 when she arrived in the emergency room with her daughter.

After investigations, Jogmaya was diagnosed with appendicitis and she had emergency surgery. After the operation, she had to be kept on oxygen for two days and a liquid diet for about nine days. This family was provided with free food throughout their stay at our

hospital. I assisted Jogmaya in her school studies and played educational games with her as she stayed in the hospital for over 7 weeks. As she recovered, it was recommended she have physiotherapy as her posture had changed due to her surgical wound. We then had to shift her from the ward (along with her mother and brother) to a small room which is in the hospital compound that serves as a halfway house for patients like Jogmaya who come from far away. Her total cost for treatment including meals was about US\$1400.

Finally, the day arrived when our medical team decided to discharge Jogmaya. Her mother had mixed feelings about leaving the hospital. She shared with me that she had never received love and compassion like she had here. Without the support from the hospital (financial, spiritual and emotional) her treatment would have been impossible for them.

After a few months Jogmaya's mother came back to Tansen with her 3 children. She is now working as house help in different houses. Her children are being supported by a local church for their schooling and they attend fellowship regularly. Thank you all for your generous giving which is being used for the treatment of Jogmaya and others like her. There are many families who choose to come to Tansen hospital for treatment and leave the hospital with fullness of Life.

DEBORAH SHERPA
Pastoral care Department

A Supportive Wife



Kumari is a strong young woman whose life has changed dramatically in the past three years. Kumari was two months pregnant when her husband, Dhan Bahadur, was injured in a fall. Their family now includes a beautiful 2 year-old son whom they cherish, but the fall caused a spinal cord injury and paralysis of Dan Bahadur's legs.

Kumari's responsibilities are significant in her husband's family home; she rises at 5 am each morning to start work which includes housework and small farming work. Previously, Dan Bahadur worked as a driver and this income helped them purchase what they couldn't produce.

When Dhan Bahadur was first injured, the family went to a spinal cord injury centre in Kathmandu. There they learned basic skills related to life with a spinal cord injury. They were introduced to the wheelchairs, transfers and catheterization which have become a central part of their daily life. Unfortunately, they have also had to learn about wound care. Because of paralysis, Dan Bahadur does not have any feeling in his lower limbs. When staying in one position wounds can easily develop with no pain signalling the need to move. In this case, a wound developed from sitting in the wheelchair too long without shifting position. They came to United Mission Hospital Tansen, received wound care and prevention training and had several surgeries over time to heal the wounds which at one point tore open on their way home straight after discharge.

During a long hospital stay, they were discouraged and despairing. Life felt quite bleak but they had the chance to meet others who were living with similar struggles. As often happens, they supported each other and became friends. Despite having access to the medical assistance fund at the hospital to help with costs incurred, these families still identified financial burdens as their largest concern.

Kumari became the inspiration for the beginning of a new kind of fund raising. Different product ideas were tested and these women worked hard to create hundreds of folded star ornaments out of scraps from a nearby tailor shop and also fabric flowers that could be attached to hair clips and pins. They ended up making beautiful products that everyone in the hospital wanted to buy and people abroad love also!

The ornaments are now in their third year of production and another family has joined so that two different kinds of ornaments have been produced. Though the income is not huge, it has meant that they have some regular money and this has given them hope. When Kumari looks into the future, she worries that her husband's wounds will never heal. She wonders how she will be able to afford school for her son. She dreams of living closer to town to make school easier and to give her opportunities to work outside their home. She dreams that her husband might become well enough to help care for her young son so that she could work as a cleaner at the hospital

BECKY BAUMAN

Previous team member



Happy BEGINNINGS

Our community Health Department has been working to improve maternal child health through its different programmes for many years. This has included teaching about good nutrition, weight monitoring of under 5s and educating women about safer deliveries in the 28 mothers' groups and different antenatal clinics in our service area. The work of our Child Nutrition Rehab Centre (CNRC) has been appreciated by the community since it opened in 2006. Our community health team got a new idea from visiting our sister hospital in Okhaldunga -Why not find room in our CNRC for expectant mothers who need to stay near the hospital? This is especially important for women from our working area and other districts who want to have a safe delivery but cannot afford to stay in a hotel while they wait. So the maternal waiting home was born. This past year eleven women have been able to use this service.

One of these mothers was Simran, who was 23 years old and was well into her first pregnancy. She is from a village in the district adjacent to ours. She wanted everything to go well and was fortunate that her mother-in-law understood this and also wanted the best for her first grandchild. So she attended antenatal care regularly near her home, had all the recommended tests, took her iron tablets regularly and followed the advice she was given. When Simran's due date arrived she still had not gone into labour and so she was referred to the United Mission Hospital Tansen. As there were no complications

the midwife and doctors told her she could wait for another week, but that she should stay nearby the hospital. So, Simran and her mother-in-law arrived at our mothers' waiting home just 15 minutes walk from the hospital. Simran's mother-in-law was just the person you need to have around when expecting your first child. She threw herself into the life of the CNRC and helped with some of the jobs there. She also cared for her daughter-in-law; encouraging her, giving her the emotional support she needed when her pains started and walking around with her. She was a positive influence to the other mothers in CNRC with malnourished children too, helping prepare food, encouraging them and reinforcing the health messages they were given in the daily teaching sessions. In fact she was everyone's mother!

After a few days, Simran's labour pains started and she was admitted to the hospital and safely delivered a healthy baby girl. They were delighted with the service they had received. They phoned CNRC staff to tell them the good news and to thank them for their help, and they also asked us to pass on thanks to the midwives in the maternity ward for the kind and professional treatment Simran had received. The proud grandmother is spreading the word to everyone in her village about our Mothers' Waiting home and still phones our CNRC sister from time to time to update us on the family's progress.

Information compiled by Dr Rachel Karrach from CHD staff



JOURNEY FROM Tansen to Okhaldhunga

Exploring is a word that I delight in. The reason could be that in my daily professional life as a dentist, I have to explore the oral cavity! I have been exploring Tansen for almost 20 years. To my surprise, by the grace of God, I had an opportunity to explore and serve in another United Mission to Nepal run hospital - Okhaldhunga Community Hospital (OCH). I was there for 3 months from June-Sept 2019.

Okhaldhunga is located in the eastern part of Nepal and the hospital is situated at about 2000m altitude. It is more remote and higher in the hills than United Mission Hospital Tansen (UMHT). Road access is difficult making it costlier for patients to get to OCH.

OCH was established in 1962 as a small clinic and now it has 50 beds. Most of the time however, it caters to more than 70 patients daily and sometimes the bed occupancy is 200%. No patient coming to OCH is turned away due to lack of money as the hospital provides free care for the poor and marginalised patients (just like in UMHT!). OCH has excellent services for pregnant mothers and pediatric patients and I was so impressed to see a house for pregnant women in the hospital compound. This provides rooms for expectant mothers who travel from afar, so that during the time of labour they will have easy access to the maternity ward.

Nepal is a very small country but we have a huge diversity of cultures. For me the transition to UMN OCH was a bit challenging as the community and its

culture is so different from Tansen. But the attitude of service and warm hearts of the staff at OCH made my time there life changing.

Many of the Okhaldhunga staff have travelled to Tansen for training, clinical exposure and administrative meetings. Over the years working in Tansen, I had met many staff now working in Okhaldhunga and so that was another reason why I felt OCH was a home away from home. I could sense the gratitude from the staff there for the training and support they received. Before I went to OCH I had the privilege of recruiting a dentist also for the new dental department there which has now been running for one year. It was a joy to see how OCH is not only expanding its infrastructure, services and human resources, but its training programmes as well. Some other major developments are its nursing school, training for government health post workers and short trainings for paramedics who visit the hospital every year.

It is a blessing and honor to be part of the mission with United Mission Hospital Tansen. Time waits for none and it is now almost 20 years I've been working in Tansen. I joined as a young (professionally and physically) dentist and still feel the same. The uniqueness of both OCH and UMHT is in our values; loving others as ourselves!

DR ROSHAN KHAREL
Deputy Medical Superintendent



Occupational Therapy (OT) is one of the unique features of United Mission Hospital, Tansen. There are now just seven trained Nepali Occupational Therapists working in Nepal, along with a few ex-pats. This last October was the 10th anniversary of the OT dept in UMHT. It was great to celebrate with all of Nepal's Occupational Therapists in Tansen during our Association of Nepal's Occupational Therapists (ANOT) meeting.

Rebikah Rai, our very first OT, was able to join us. She commented:

"I feel immense joy to see how the Occupational Therapy Department at UMHT has emerged since its establishment in 2009. Looking back I have so many good memories of my time spent there. I also had my share of challenges and frustrations as a new graduate; starting from scratch was not an easy task. Working mostly with no other OT colleagues and where OT was a very new thing for both health professionals and patients meant a lot of effort to establish my own professional identity. But through it all God was faithful in providing what was needed through supportive friends/colleagues.

The early months included lots of introductory sessions on OT. Over time more regular referrals came. I am grateful to all my international OT friends for their immense help and support during the beginning stage of my career, a great blessing for a new graduate.

To be able to attend the 10th anniversary of the OT celebration at UMHT was such a treasured time. With so much love and gratitude I send my congratulations

on 10 years of remarkable OT service at UMHT. May our gracious God continue to bless all the work and services in the days to come."

One of the OTs who supported Rebikah and helped set up the department, Alice, also visited recently and shared:

"In 2006 working for Human Development and Community Services (HDCS) as an Occupational Therapist I was given the challenge to plan and set up the OT Department of UMHT. I travelled in and out of Tansen from Kathmandu. Planning the start of an OT department included working with the engineers and admin as well as very importantly teaching medical staff about OT.

Designing furniture and buying the equipment needed was exciting as I saw things getting finished and installed. In Autumn 2009 the time for the opening came and Rebikah started as the first OT staff at UMHT. It was a joyful day! I'm so proud of the ongoing work of the OT department, the OTs that have worked there and Sunita, the OT assistant who is still there."

While Occupational therapy is still very unknown in Nepal, it continues to serve many patients in our hospital working as part of the Rehabilitation department. It's exciting to be part of this and to be supporting the early work of the ANOT as we seek to see OTs better supported and known in Nepal with the ultimate goal of being able to start OT training within Nepal in the years to come.

KIRSTIN SINCHYURY
Occupational Therapist

Maya's Life

Maya's story could have ended very differently had she not come to the United Mission Hospital Tansen. Nowadays we are so thankful to see the smile on her face as she cares for her little healthy girl. Maya came to the hospital for delivery but was found to have very high blood pressure. Her condition deteriorated quickly into a bad case of eclampsia. Our medical team had to provide CPR over an extended time while performing an emergency caesarean section to deliver the baby.

Maya and her baby both survived, though Maya ended up in our high dependency unit on ventilator support. Initially she had little response as she had sustained some damage to her brain because of lack of oxygen as she was being resuscitated. She spent about 1 week not conscious until she gradually started responding to some stimuli. It was encouraging as first there were eye movements, then opening and closing her mouth and finally moving her arms and legs.

Maya was moved to our rehabilitation ward once she was stable medically. While there, she needed to re-learn a lot of things. It took her some time to realise this little baby was hers! Maya needed to learn to speak again, to walk again and to do things for herself again. Her husband was in another country working, but he flew quickly home when he heard she was so unwell. He came expecting that she would probably not survive. Happily, he was able to stay with her through her rehabilitation. It was so nice to see how well she responded to him and how she could achieve so much more with his support. It is also a blessing that this was her second child so that all the parenting skills were not new skills for her to learn. If that had been the case, it could have been much more difficult after the type of brain injury she had sustained.



Maya came in for follow up with her husband recently. Though she is still a bit unsteady on her feet and her speech is a bit slow, it was good to see her up and improving! She still does need some support in caring for her children, but we are hopeful that she and this precious little girl will continue to do well. It was so encouraging to us to know that as a hospital we are able to see a patient through from such an emergency admission all the way through acute care and rehabilitation to discharge home. And it was even better to see them walk back into the hospital a few weeks later continuing to improve! Without this hospital on the hill, and without your prayers, Maya and her daughter would likely not have survived.

KIRSTIN SINCHYURY
Occupational Therapist



Returning to the KINGDOM IN THE CLOUDS

Recently, I had the opportunity to travel from India, up into the foothills of the Himalayas to the Tansen Mission Hospital which 50 years ago had had been my childhood home.

As I travelled up the winding road which hugged the mountains above the flowing river, I wondered what would I be able to remember? Would 24 hours be long enough to re-ignite and validate the scattered memories of my childhood?

Walking from Tansen bazaar, I expected to turn the final bend in the road to view the hospital. But the town had grown and there was no final bend! Instead of a view of the hospital etched out on the bare hillside the town had enveloped the hospital and I was standing at the entrance.

Everywhere I looked there was activity; hundreds of people in the Outpatient area, lining up for prescriptions or coming to see a sick relative. In 1971 there were 20 doctors and staff (mostly expat), now there were over 400 Nepali staff who have established a centre of excellence.

Some of the buildings were unchanged; the original workshop and the first hospital wards had miraculously survived the 2015 Nepali earthquake. But where was the pond where we used to sail our paper boats? Where was the pig pen or the field where the horse was kept?

Arriving at the hospital guest house, I was welcomed and given a photograph by Dr Rachel Karrach, the Hospital Director. "Someone found this photo and didn't know the doctor's name".

Looking, I immediately recognised my father seated next to the King of Mustang (a neighbouring Nepali Kingdom) who had walked for days to be treated in the hospital. My father had a seriousness about him which reflected his calling and the sacrifices he and my mother had made to serve in Nepal.

What a joy it was for me in returning to London to present this photo to my parents, rekindling memories and grateful thanks.

I visited the house where I grew up and saw my old bedroom. My bunk bed built into the wall was still there, the dark wood and ladder unchanged! Left alone, I tried to remember how it was to sleep as a 6-year-old with my younger brothers. The fears that would rise up before I had to fly with my sister to Kathmandu for school. The sounds of my father bellowing out another old Welsh hymn from downstairs.

Memories need to be handled with care and love. Returning to this special place was precious to me and gave me a unique glance into my parent's deep commitment. As one of the expats said, "We feel we are standing on the shoulders of giants, people like your parents who came before us and helped establish this hospital and pioneered an approach of local ownership and sustainability."

Today over 100,000 outpatients are seen and over 7,000 operations are performed each year, hundreds are healed and for 24 hours I too was restored to health, joy and thankfulness.

STEPHEN CARRICK-DAVIES



From the Executive Director

As I write, UMN is in the process of renewing our five-year agreement with the Government of Nepal to run Tansen and Okhaldhunga Hospitals. This once again requires us to make the case publicly for the distinctive value of UMN's hospital work. Why should the government continue to welcome mission hospitals when many capable actors are now running hospitals across the country?

The context is very different from when these hospitals were first established. Once remote and impoverished, Tansen and Okhaldhunga are now booming municipalities that can sustain strong private hospitals and are connected by (mostly) paved roads to big cities with all kinds of specialised health care facilities. Even Tansen's extensive rural hinterland, places like Gulmi district and the far corners of Palpa, are better served and connected than ever before.

But rural poverty remains extensive; the new opportunities across Nepal still leave thousands of households behind. The UMN hospitals' most distinctive feature from the perspective of the government is our steadfast commitment to serve the poorest, "the least of these brothers and sisters" (Matt. 25:40). While every hospital in Nepal is required by law to set aside some free beds for the poor, in most cases only the bed is free, and the costs of treatment can be far beyond what an impoverished family can bear.

By contrast, UMN hospitals are among the handful of institutions in Nepal that commit to providing necessary care to anyone in need, even if it is beyond what they can afford. Thanks to the help of generations of friends of Tansen, our Medical

Assistance Fund still covers the costs of treatment for the poorest households. Tansen Hospital is also participating in the Government of Nepal's new health insurance programme, which helps poor rural households to afford the care they need.

Mission hospitals prioritise not just neglected people but neglected issues and problems—such as mental health. Earlier this year, I visited the New Life Psychiatric Rehabilitation Center, a residential facility set up a short drive downhill from Tansen Hospital. The residents are people who have been treated for mental health issues at the Hospital but whose families and villages are unprepared or unwilling to support them.

Nepal is beginning to awaken to the scale of mental health needs, but depression and anxiety commonly go unrecognized and untreated, contributing to grievously high suicide rates; suicide is reported to be the leading cause of death for Nepali women aged 15-49. Mental illness remains highly stigmatized, and severe cases are still often managed by binding and confining the mentally unwell. Tansen's rehabilitation center is a vital oasis for people who have suffered from these kinds of measures; it is a place where they can continue to receive love and support from hospital staff and local volunteers.

We expect the government to continue to welcome the extraordinary service being provided in Christ's name by UMN's hospitals. Thank you once again for your part in this, through your prayers and faithful support.

JOEL HAFVENSTEIN
Executive Director, UMN



Psychiatric care in TANSEN

In 2012 when I finished my internship year at United Mission Hospital Tansen, I never dreamed that I would return 6 years later to fill the role of Psychiatrist.

I was happy to meet old friends from my training days in Tansen, and also some classmates from my university who were already working here in different posts. Initially, I felt overwhelmed and at the same time felt responsible about how to start a proper psychiatric service in a place which never had one before. So on Nov 4, 2018, the Psychiatric outpatient department officially opened. Although there is no dedicated Psychiatric ward yet, if patients need to be admitted, I do that and am able to treat them. For most of the patients I admit, I liaise with other departments to determine their complete treatment. After anxiety cases, the most common disorder is alcohol related. I feel that this problem is rampant here! The next highest number of cases is the deliberate self-harm and suicide attempt patients. Some of my more memorable experiences while working here have included treating 4 patients who were living on roads for years due to mental illness.

One was a police officer who had been living on the side of the road for the past 6 years. When he was brought to our hospital, he was diagnosed with schizophrenia. With the help of our social services department, caregivers were hired to take care of him as his relatives were absent. He stayed for one month and half, and though he has not recovered fully, his psychotic symptoms have improved. We helped him

to get back to his family and now he comes for regular checkups. Another interesting case was a couple who were both living isolated from society. The wife used to beg money while carrying her 11 year old child on her back. The young boy's growth was stunted due to malnourishment. The wife has intellectual disability while the husband has schizophrenia and the child was diagnosed with Xeroderma Pigmentosa with anger control issues. So all three of them were rescued from the roads and after treatment were placed in the New Life Psychiatric Rehab centre (NLPRC), a project supported by UMHT, Mission Nepal and Tansen Municipality. They all are doing well there and there are plans to send the little boy to school soon. My fourth interesting patient is a homeless man who came from India, and was living on roads of Tansen. He was brought to our hospital by local policemen after sustaining an injury on his foot from a vehicle. He also was diagnosed with Schizophrenia and is receiving treatment at the moment.

Before I came, different doctors visited NLPRC to see the patients, but I am now able to go regularly to see 9 of the patients; most of them have schizophrenia and are homeless. I am happy to be here in Tansen, and pleased that the NLPRC is almost finished with its building project which will allow more patients to be served there.

DR BINA SING GURUNG
Psychiatrist

Facts and Figures

It has been a busy year in the hospital as you can see from the figures below:

	This year	Previous year
Patients seen in our clinics	113,246	112,071
Emergency cases treated	17,381	17,864
Babies delivered	1,952	2,571
Patients admitted	12,721	13,631
Surgeries performed	6,265	7,206
Bed occupancy rate	79.48%	83.12%
Town clinic visits made	8,522	8,267

Thanks to your donations we were able to:

- ➔ Give free patient care to patients totaling Rs 21,388,734 (USD186,800)
- ➔ Provide many free orthopaedic implants to patients.
- ➔ Receive the following donated equipment:
 - ➔ Colour Doppler Ultrasound machine
 - ➔ Hiace mini bus (to replace our aging bus)
 - ➔ C-arm image intensifier machine for the operating room
- ➔ Buy the following equipment:
 - ➔ Ambulance
 - ➔ CCTV camera security system
 - ➔ laparoscopic system
 - ➔ orthopaedic drill
 - ➔ Additional central piped oxygen points.
 - ➔ phototherapy machine
 - ➔ CTG machine
 - ➔ A delivery bed, ward beds, critical beds
 - ➔ microbroth culture system for the lab
 - ➔ New Inventory software medipro
 - ➔ patient trolleys
 - ➔ pulse-oximeters, monitors, syringe driver and a small washing machine and a sewing machine for laundry
- ➔ Continue our training focus, offering courses for internal and external medical staff.

Future projects- can you help?

1. The Medical assistance Fund (MAF) provides charity to the poorest patients. Each year we are seeing more and more patients in need of assistance, so donations to this are always welcome.
2. We hope that the waste water system to treat the hospital waste and our immediate neighbour's, using Moving Bed Biofilm Reactor technology, will be made this year.
3. The New Life Psychiatric Rehab Centre needs on-going support for the running costs.
4. We hope to purchase the following needed items of equipment:
 - Visitor beds, mobile x-ray machine, electrolyte and CLIA machine and a CT scanner.
5. We are still in need of long term medical personnel, particularly a gynaecologist, general and family physicians, and a tutorial group teacher for our expat children. If you feel that God may be leading you to serve here please get in touch. Our website has more details.

Thank you again for all your generous giving that enables us to continue to give high quality treatment.



Consider funding a cow for income generation at New Life Psychiatric Rehab Centre. Each cow costs 75,000nrs (US\$ 660)



When donating to **United Mission Hospital Tansen**, please send us a letter or email ma@tansenhospital.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 United Mission Hospital Tansen. All undesignated gifts will be used as needed.

INTERNET BANKING & MONEY TRANSFER

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

EUROPEAN CURRENCIES

Pay to: **United Mission to Nepal Worldwide Limited**

Sort Code: **30-91-99**

Account Number: **86545584** (Euro account)

IBAN Code:

GB65LOYD30919986545584 (EURO)

Bank Identifier Code (BIC): **LOYDGB21207**

Bank: **Lloyds Bank
Chippenham, UK**

US & NEPAL CURRENCIES

Transfer or wire to:

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

Account Name: **United Mission Hospital Tansen, Palpa**

Account Number: **01156528101**

Swift Code: **SCBLNPKA**

MAIL DONATIONS

Send a cheque made payable to **United Mission Hospital Tansen** and post to:

**United Mission Hospital Tansen
c/o United Mission to Nepal
P.O. Box 126, Kathmandu, Nepal**

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

UK DONORS

For all UK donations and bequests

Make cheques payable to **UMN Support Trust**.

Mail to

**UMN Support Trust
97 Eastern Ave
Chippenham Wiltshire
SN15 3SF
UK**

**Bank Transfers or Standing Orders
(monthly/quarterly)**

Pay to: **UMN Support Trust**

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

Account Number: **20399368**

For **credit/debit card/PayPal**, go to www.umn.org.np/give

UMN Support Trust (UMNST) is a UK Charity
If you are a UK tax payer, include a **Gift Aid** form with your first donation.

Download the Gift Aid form from

www.umn.org.np/give or phone **Alan Penn** on **01249 652029**

Bequests to UK charities have no Inheritance Tax.

OTHER OPTIONS

For help or advice about giving please contact

ma@tansenhospital.org.np or

look at our website: <http://www.tansenhospital.org.np/support/donations.php>

DONATE ONLINE

www.umn.org.np/give

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

In the Message pane, write UMHT.



Fullness of life for all, in a transformed Nepali society

UNITED MISSION HOSPITAL TANSEN

UNITED MISSION to NEPAL

PO Box 126, Kathmandu, Nepal

Phone: +977 75 520489

tansen@umn.org.np

www.tansenhospital.org.np