



Friends of 2022 Tansen





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Produced by the Communications Team, UMN
Editorial Team: Dr Roshan Kharel, Deborah Dornon,
Dr Rachel Karrach, Pernilla Ardeby and Kristine Jurich
Design: Ramesh Man Maharjan
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DEAR *Friends of Tansen*

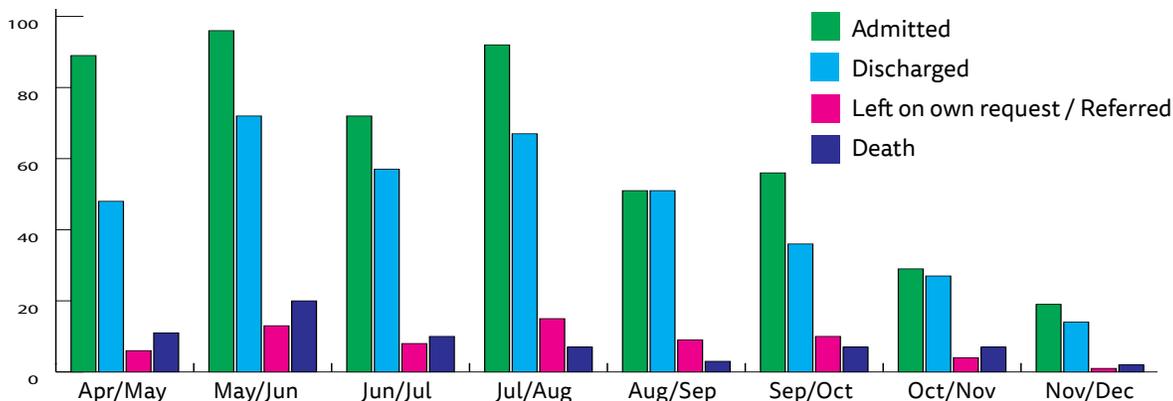
Welcome to another edition of Friends of Tansen. Reflecting on the last year there is much to give thanks for despite the on-going COVID-19 pandemic.

Nepal escaped lightly during the first wave of COVID-19, but when the Delta variant surge hit in May/June 2021 the hospital had to respond very quickly to rising numbers of cases in the community. We moved our isolation ward to the medical ward and within a week it was full. We reached our capacity to give high flow oxygen as our oxygen plant, which usually can easily supply all our oxygen needs, could only produce enough oxygen for 20 seriously ill COVID patients. This was a difficult time with many of our neighbours and friends becoming ill and some dying. With help from many organisations, we increased our capacity with the gift of oxygen concentrators which could be used on other wards, and for recovering COVID patients. We also were thankful for the gift of more oxygen cylinders.

The graph below gives the numbers. We had to learn quickly how to treat critically ill patients when referral hospitals were also packed. We added treatments like non-invasive ventilation with BPAP machines, and some local organisations helped patients by covering food costs for them and for the family members caring for them.

After Christmas we were able to move our medical patients back into their own ward. Our nurses in particular had been very flexible as specialties shared wards and patients were fitted in where there was space.

People with 'normal' kinds of problems kept coming. We had a small epidemic of babies suffering from bronchiolitis (wheezing), which coincided with an upturn in scrub typhus patients. For a few days we had to keep babies in the emergency department as there was nowhere else to admit them.



We ended 2021 with travel being possible again and the expat team expanded with several new families arriving. Expat numbers have doubled from an all-time low. It is great having a larger international group and more children as part of the team.

Good news is that the long-planned waste water project should be built this year. There are other infrastructure challenges in a hospital of this age. Many of the buildings are 60 years old now and the work load has outgrown our space. There are also earthquake safety standards to be met for our registration renewals. With this in mind we had a visit from architects from Article 25 (a UK charity) and

engineers to help us with long term infrastructure planning. In the meantime, we hope to move the admin offices to the roof of one of the newer buildings to make space for the maternity ward to expand.

We really appreciated all the help and encouragement we received from all over the world which helped keep the hospital going during all the difficulties of 2021. In this edition you can read stories of patients whose lives were touched and how we managed the pandemic. Thank you for your partnership in this work.

DR RACHEL KARRACH
Hospital Director

TAKING CARE OF *Malnourished Children*

Manoj Sunari is a 9-month-old boy from a village in neighbouring Gulmi District. His village's name means raising stones, and as the name suggests, life there was hard for his mother Shanti and his older brother Prakash. This was a very poor family, and Manoj's father could not make enough money doing manual labour, so went to India in search of work. Manoj and Prakash were often ill but their mother could not care for them properly as she had to do daily wage jobs to feed them. She would leave Manoj in the care of his older brother. He slowly became unwell, so Shanti took him to a local village pharmacy (medical hall) and bought a few days worth of expensive medicines she could not afford. Soon Manoj was too weak to hold up his head, a sign of severe malnutrition. The neighbours became concerned and advised her to take him to the "mission hospital". With travel expenses provided from the village, she eventually made her way to United Mission Hospital Tansen.

Manoj was seen in the paediatric clinic and immediately admitted to the ward. He weighed only 5 kg. After some days in the hospital, he was stable enough to be referred to the Child Nutrition Rehabilitation Centre (CNRC). Once he had settled into the routine there, he started to eagerly eat the nutritious food provided. He loved the superflour porridge so much that after a week he was able to support his own head, take an interest in the surroundings and smile at everyone. His mother was



delighted to see this and realised that when she looked after her boys well they stayed healthy (with food and love rather than expensive medicines). Slowly Manoj gained weight and reached 6.5 kg. Having learned how to prepare cheap and locally available nutritious foods, Shanti was ready for the long journey home with her boys. This genuinely poor family was given their hospital treatment and CNRC stay completely free of cost. It is so rewarding to see malnourished babies like Manoj thriving again, and mothers like Shanti empowered to keep their family healthy in the future. Your support helps our staff and poor families achieve this.

PARVATI GAUTAM
Incharge of Community Health Department



Serving **WOMEN** in need

It is my honour and privilege to be serving in United Mission Hospital Tansen. I completed my studies and joined UMHT as a gynaecologist. My husband is an orthopaedic surgeon and we are blessed with one son. Since childhood, I watched my mother as she served among patients suffering from leprosy. She worked hard to meet their needs, and many called her 'mother', even though they were older than her. I always wanted to be like her and hope that I will put into practice what I have learned.

During my medical training, I saw many women suffering pain, a regret of getting married at an early age, childbirth problems, and many other hygiene issues. In the wards, I felt the pain of these women and heard their cries. I listened to their sad stories, such as a lack of education which ended up in early marriage; lots of childbirth; postpartum complications; and poor health and hygiene. I understood this myself as a woman - to be born female in a developing country is challenging. Knowing and experiencing discrimination between males and females is another traumatic experience that many women go through. Therefore, I made up my mind from medical college to be a gynaecologist and to be a support to these women. I am thankful to God for he has fulfilled the desire of my heart.

The status of women's health and education in Nepal is still far behind men's. Women are still discriminated against. Many women die while giving birth because they marry during their adolescence and have babies

too young. Others cannot visit a hospital or doctor for antenatal checks during pregnancy, either because of the difficulty of the terrain (lack of transport), because of financial issues, or more likely because of lack of education and awareness.

In my work, especially in obstetrics, I deal with the life and death of both mothers and children. Recently an 18-year-old pregnant lady at 36 weeks of gestation came to the emergency room with a complaint of bleeding and abdominal pain. Talking with her, I gathered that she had never had any antenatal checkups. She was in critical condition, so she was taken to the operating room for a Caesarian section. She was suffering a placental abruption with foetal distress. Blood transfusions and IV fluids were given and with the support of my team members, I was able to help save the lives of this young mother and her baby.

I see God's hand over me when I come across the pitiful conditions of women in this society. I pray that I can be like my mother, who worked to meet the needs of the women suffering most in this country. Somebody once said, "Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you haven't found it yet, keep looking. Don't settle. As with all matters of the heart, you'll know when you find it."

DR SEESAM SUBBA
Gynaecologist and Obstetrician

ART AS *Service*

I was three years old when my parents brought me to Nepal. My brothers, sister and I grew up in a house right next to United Mission Hospital Tansen where my father worked as a surgeon. When I am asked to describe my childhood, I often say it was a combination of being allowed to fully embrace the carefree joy of being a child, but at the same time also being exposed to the harsh reality of poverty and suffering. The hospital became a familiar place where I saw people showing God's love through serving others in practical ways.

When I was 14, having been back in Sweden for a while, I was asked by my teacher what I wanted to do when I grew up. I replied that I wanted to be an artist and a missionary. I've always loved to paint, but didn't see how I could make a living out of it. So, I instead pursued a career as a dietitian, with the thought in the back of my mind that one day perhaps I could use my skills in a missional context.

I had just graduated with a Bachelors Degree in nutrition when the earthquakes hit Nepal in 2015. My heart ached to go back to the country I loved. I had been reluctant to go back to Nepal, not knowing what I would do there, and afraid I wouldn't enjoy it on my own. I think what eventually made me take the leap was that the desperation and longing to visit my childhood home finally exceeded the fear of it not feeling like home when I got there. I contacted a Christian Nepali organisation which supported and helped restore villages in the Gorkha District. I was asked what I could contribute, and I found myself answering "I would like to paint a school." And so it began. In the village of Shrinatkot the old school building lay in pieces on the ground, and the children gathered around to watch the newly erected school walls be filled with pictures of the Himalayas, flowers and elephants. Even the principal pulled out his chair to sit and observe. I felt my almost forgotten dream coming to life.

The journey continued as I later came to Tansen. The team and staff at the Mission Hospital greeted me with warm smiles and welcomed me home. After I was asked to paint a mural at the tennis court, the



requests continued from the rehab ward and then the Hospital Guest House. To be asked to paint in the place I so loved showed me that God was leading me into something bigger than I had ever allowed myself to dream.

Subsequent trips to Nepal have included a couple of times painting at Okhaldhunga Community Hospital, at the paediatric burn ward in Tansen, and most recently, re-doing the mural of the good shepherd in the United Mission Hospital Tansen arrival hall. I am grateful for a God who put a dream in my heart when I was 14 and is faithful to fulfill his plans.

KRISTIN OTTOSSON
Volunteer



"RISE UP AND WALK" - *Arthroplasty Camp in Tansen*

An arthroplasty* camp was running again this year, and it was good to be able to help so many trauma patients. We saw children with supracondylar elbow fractures, elderly patients (who had fallen from trees) with hip fractures and traffic accident injuries, just to name a few.

One patient we were able to help was Juthi. She lives with her four-year-old son. Her day had been busy and just after sunset she had to go to cut fodder for her cows. The cow shed was a distance away, and in the dark she slipped and rolled down a steep hill and became unconscious. She woke, cold and wet, in the darkness and rain. The battery in her cell phone had fallen out, and due to the darkness and injuries, she couldn't get it. She lay there in pain the whole night. The next morning her relatives searched for her and found her injured. They took her to United Mission Hospital Tansen (UMHT).

She had an unstable pelvic fracture, along with a fractured ankle and proximal tibia. For the pelvic surgery we suggested that she go to Kathmandu, but she could not afford it. I consulted with my colleague, the pelvic fracture surgeon at the University Hospital in Finland, and according to his instructions we operated on the patient and the result was acceptable. However, she might need arthroplasty of the left hip in the future.

Now we can offer hip and knee replacement surgery for poor patients, thanks to the Trust, which has been supporting this work from the beginning. Some patients in need of a new joint are young.

The joint might be worn because of a nearby fracture, dysplasia of the hip or necrosis of the femoral head. Some elderly patients have simple painful osteoarthritis. A 40-year-old man, with osteonecrosis of the hip, had a restricted range of motion of only 20 degrees and thus sitting was impossible. After his arthroplasty and physiotherapy, his movement was 90 degrees! He was very pleased!

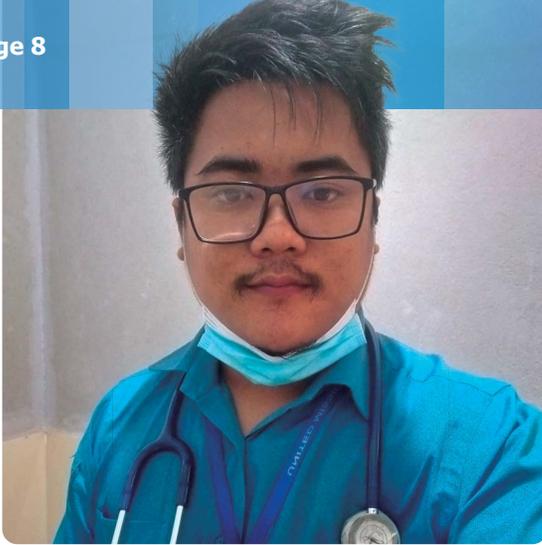
It has been my pleasure to have served six times in Tansen. Before my first visit, I attended a mission training in England. One of the attendees prayed for this work and received a prophecy that all the needed equipment would be given. I remember being suspicious about this, as the prosthetics needed in arthroplasties are expensive! "The Lord is Lord of all and richly blesses all who call on him." Now I have seen this is true. A Trust which was willing to help was found and we have been able to operate on those in need of a new joint, and have had no complications or infections.

Like so many other expatriates who have served in UMHT, I have left a big piece of my heart here. I hope to arrange time off from my work in Oulu University Hospital, where I teach medical students and care for sick patients, to be able to return again to Nepal in the spring of 2023.

MAARIT VALKEALAHTI
Orthopaedic Surgeon from Finland

* Arthroplasty - replacement surgery for joints

Working with COVID patients



I am grateful to the hospital management for providing the staff with necessary Personal Protection Equipment (PPE) when there were shortages of masks and PPE around the world. According to protocols, I had to wear full PPE to attend patients with COVID-19. So, I was involved in doing rounds on patients - checking oxygen levels, noting their symptoms, and adjusting oxygen and medicine accordingly. It was challenging to counsel them with full PPE but I persevered as counselling was a very important part of management.

Many people were dying during this time in the hospital. I was concerned for my family members. I made sure that they washed their hands, wore a mask and maintained social distancing. In the hospital, I was exposed to so many patients possibly with COVID-19 during physical examinations. Some had masks and others did not. It was indeed burdensome for some patients to purchase a mask. I remember incidents when our hospital had a contact tracing system during the first wave. Many of our colleagues tested positive, however, I was negative. Nevertheless, the anxiety level was high due to this unknown virus. To add to my worries were widely-spread myths on social media about COVID-19. I did develop symptoms of a cough and cold. Upon testing, I was negative.

I find it fascinating that there are still people around who do not believe in COVID. They give me strange looks when I say they have tested positive for COVID. While writing this article (summer 2021), the admission and infection rates are high; however, the death rate is less than the first wave.

I am glad that I have chosen to be a doctor. It is a joy to be in a team to work through this pandemic. I am grateful to our hospital management for organising two doses of vaccine against COVID-19 for me and all of the hospital staff. I am fortunate to be serving in UMHT and am grateful to all the senior doctors, my colleagues, nurses, and support staff. They not only share their knowledge with me but also encourage me. By the time you read this article, I hope this world will be COVID free.

DR BINAY THAPA
Junior Doctor

I joined United Mission Hospital Tansen (UMHT) as a junior doctor in the year 2019. I have had the privilege of serving patients throughout the past two years - including the first and second waves of COVID-19.

During the first wave, as for many health care professionals, it was an opportunity for me to study more about this new virus. I spent time reading updates on how the virus spreads, its symptoms, infection rates, mortality rates, age groups, high risk people, etc. The protocol was that we screened patients with symptoms in a fever clinic and ones with low oxygen levels were admitted. During this stage, most of the patients admitted were above 40 years in age, and the high death rate we recorded in the hospital was among older patients.





A LIFE *Circling Back to Tansen*

Sometimes our life journeys in a circle. For Dr Akash Nepali, United Mission Hospital Tansen has been a part of his life from birth. The son of two long-term employees of UMHT, he arrived by emergency Caesarean section in the operating theatre here. Dr Akash's parents have been long-serving staff at UMHT. They met on the job, having been independently hired to work. Their romance blossomed as they learned patient care together. Akash's father, now retired, served over 40 years as a scrub nurse, being trained on the job from age 19. Gomati, still actively working, is near to her fortieth year of service and is a certified anaesthesia assistant. Akash and his sister, who has a masters in public health in India, were quite literally raised on the hospital compound.

In early days, his family lived in staff quarters. Akash recalls those 17 years as a tight-knit community of family, friends, and faith. He and his family grew in relationship both with God and friends steadily during that time. Akash recalls many friends both Nepali and expat as a sort of brotherhood and mentorship for him as he grew up. He says "They really helped me stay on track through many ups and downs over the years." As he got older, he had many chances to observe unique and unusual cases. He credits these influences as the driving force to pursue medicine. Despite having to leave his home country to study, he was grateful for that opportunity and he always kept close ties to Tansen. It was during this time that he found his passion for

surgery. Through many trials and errors, he says both Nepali colleagues and missionary doctors continued to encourage him to pursue his dream. Now, he operates and performs Caesarean sections in the same operating theatre where he was born.

Akash is deeply grateful for UMHT. "I was born and raised here, and this hospital gave my parents a lot of chances. This hospital gave me a lot, and somehow, I feel like I need to repay it. I want to work under good people, and good hands. I feel so blessed working here. It's a great place to work. One day I want to be a good surgeon and help people, and I hope to work here a long time."

Dr Akash summed up, "I'm an average student, but God's grace has seen me through. At some point I wanted to be a doctor, but it wasn't just my will and dedication. It seems it was God's plan also, it wasn't just my plan. I wanted it, but He kept me in that way, He pushed me in that way. Maybe He has some more plans for me in this hospital, maybe He was trying to prepare me."

After many years and much training, Dr Akash is back at home, where he started. One cannot deny the impact of the legacy of faith and grace that brought him to this point. God's work at UMHT is not just healing the sick and serving the poor, but guiding people in His service.

DR AKASH NEPALI

Surgical Resident

(as told to Dr Matthew Harris, General Surgeon)



HOSPITAL AS *A Halfway Home*

Jit Bahadur Gurung was a man who ended up at UMHT after many ups and downs in his life. While he was here, I had the privilege to get to know him. It was fascinating to hear how much a person can endure in 65 years. Looking back, it is easy to see how some wrong choices were made that caused his life to be more difficult.

In his youth, Jit was a good bricklayer. He earned a living building houses in the village which supported his family. However, in his late thirties, he abandoned his family and moved away. The reason for this separation was his addiction to alcohol. His family had absolutely no clue as to his whereabouts. Later, Jit married another woman and established a new family. However, he continued to struggle with alcohol causing his second wife to leave him. Alone, he became a wanderer without a stable home or job.

One day, Jit was brought to our hospital severely traumatised from a leg fracture he had sustained while working as a day labourer. In the emergency room, he asked for some medicines so he could be discharged as he had no money. He was referred to the pastoral care department and that is how I met him on the ward, where he had been admitted. He was given an assessment, and it was decided to let him have the financial assistance he needed for the cost of his treatment and also for his food. He received treatment for not only his leg fracture, but also for his alcohol addiction.

As Jit recovered, he started to socialise with other patients and I learned of a patient who knew his second wife and daughter as they lived in the same village. With Jit's permission, I contacted the family. The daughter was excited to know that her father was alive. It had been about 15 years since Jit's second wife had ended their marriage. I was eager to meet this daughter, and from her, I got contact information for the first family. I called and the first wife was astonished. They had not heard from Jit for 25 years. This family too was very excited and eager not only to meet Jit but also to come to the hospital to care for him. I could sense the love and forgiveness these families had towards Jit despite the wrong choices he had made in his life.

In the midst of all this, I learned from Jit that he and his first family were followers of Jesus! I had been talking to him about eternal life, and was so encouraged to learn that he had faith. Unfortunately, while undergoing treatment at the hospital, Jit developed an infection and died. The pastoral care team was so thankful, though, to have been able to bridge the distance between Jit and his lost families so they could meet again and reconcile. Indeed, the hospital had been like a halfway house before he went to his eternal home. To me, it was again a reminder that all things work together for good for those who love God.

SETE LAMA
Pastoral Care Department



NOW I AM *Healed!*

It is my honour to be able to share my combat experience with COVID-19. My story is not only about my fight with the disease, but also about the increased intimacy I gained with my family and friends. I am so grateful to these friends and family, who not only gave me tangible support, but lifted me in prayer constantly. This is my 25th year of service with the United Mission Hospital Tansen (UMHT). I work as a senior medical assistant and diabetes counsellor.

On 30 April 2021, on my way home, I went shopping and got wet as it was drizzling. Towards evening, I started coughing and felt exhausted. I could not sleep that night. The next day I visited the fever clinic, as I guessed that I could have been infected. Indeed, I tested positive. The doctor on duty gave me some medicines and suggested that I isolate myself at home. Being a health worker, my family and I knew that I could possibly be infected through my work. I started worrying as I am diabetic and have a heart condition.

I had difficulty breathing after two days of home isolation. I was transported by ambulance to UMHT and was immediately admitted to the isolation ward. I was very well taken care of and was feeling much better. However, after two days, when several patients started dying, I was very anxious and restless. "Could I be the next?" was the question that circulated in my head. My medical condition started to deteriorate with high fever, body aches, and shortness of breath. As a

result, I was not able to communicate. My elder son assisted me during my time in the isolation ward. I was given a high flow of oxygen for a few days. I became even more downhearted when I discovered that all my family members, except my younger son, were infected with COVID-19.

What could I do for my family? Nothing! I was not only physically weak during my time in isolation, but also was drained emotionally as I felt helpless. Since my elder son was COVID-19 positive, but not ill, he was able to assist me throughout my time in isolation. It was a great reminder to me to trust in the Lord for help. I am so thankful.

While in the isolation room, my friends, colleagues, doctors, and church members called me on my phone. That was the biggest comfort for me to know that my family members and I were covered in prayers. I believe that every good and perfect gift comes from God!

By God's grace, I am back to work after almost seven weeks away on sick leave. My family and I want to give thanks to everyone who supported me.

DEEPAK KUMAR BC
Senior Medical Assistant

Watch: 'Our Frontline Heroes' video at www.umh.org.np/videos/995 for the experiences of other Tansen staff infected in the second wave.



REFLECTIONS

On My Journey

At the end of my term as UMN's executive director, I look back with gratitude and joy at the many opportunities God has provided for us to strengthen the work of the mission hospitals and reduce many different kinds of uncertainty in our hospital work. Since I took the helm in May 2015, we have seen:

- The end of the hospital transition mandate. After decades of efforts to hand over the hospitals, in 2017 the UMN Board agreed that they would remain part of UMN for the indefinite future. We've preserved the autonomy and scope for local decision-making that the hospitals developed during the years of transition efforts, while providing more support from our central office in Thapathali.
- The establishment of a public trust, the UMN Medical & Development Trust (UMN MDT), to own and manage the hospitals. This Nepali legal entity, with an identical Board to UMN's own, provides a firm institutional footing for the hospitals into the future. Last year, delays in UMN's General Agreement renewal during the pandemic blessedly didn't affect the hospitals, because by that point they were safely registered under UMN MDT.
- The 'Save Our Hospitals' appeal during the first phase of the COVID pandemic. During those first few weeks in spring 2020 when patient numbers and revenues plummeted, we didn't know whether our partners and supporters around the world would be able to fill the gap. But despite the global impact of COVID-19, we were still able to raise an extraordinary amount of support for the work of the hospitals.

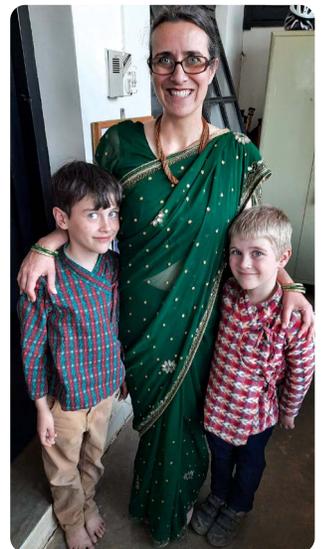
Both Tansen and Okhaldhunga hospitals are now looking at the pathway to future growth. They also face challenges that will stretch us in new directions,

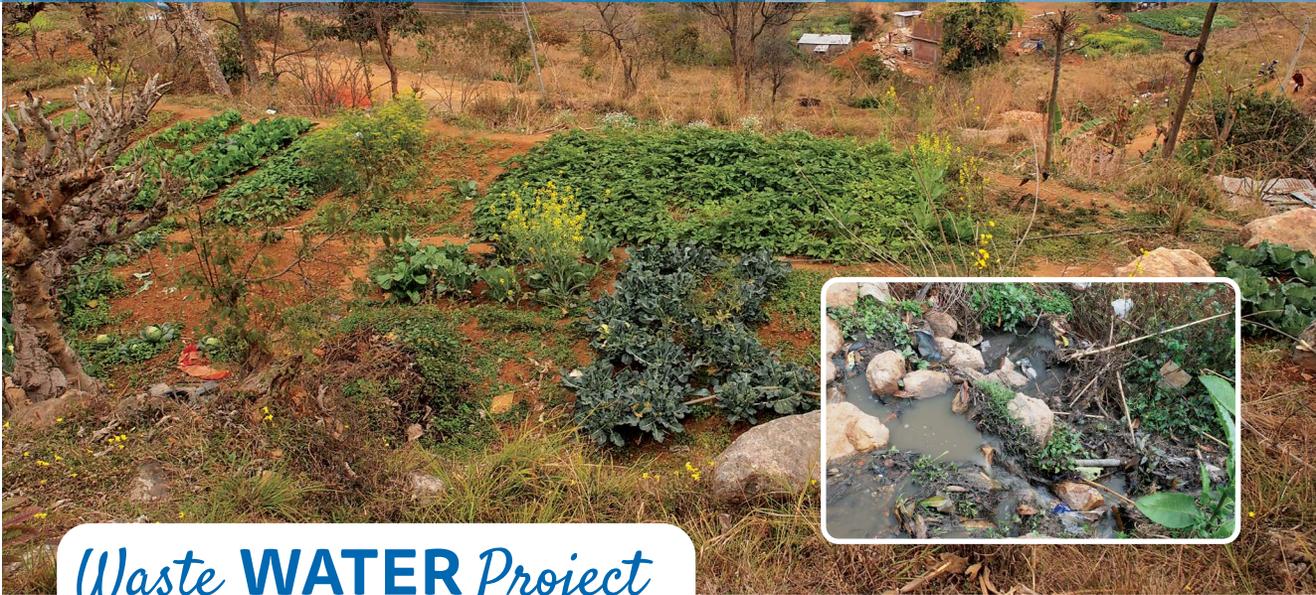
in particular around hiring more specialists to take part in our work and our sustainable participation in large-scale government health programmes. I am confident that under my successor, Dhana Lama, UMN's first Nepali executive director, God will open further opportunities and new ways forward through the challenges. God has been faithful through all the uncertainties of the past, and has helped us to build a firmer foundation for the future work of the hospitals.

Tansen has always been especially close to my heart - as the hospital where my family received treatment when I was a child, and also where we would often go for holidays and retreats in the forests of Srinagar. It is where my wife Fiona was born, and where she and I met again in 2000 during a Maoist '*bandh*' (strike). Our sons now know and love the Tansen Guest House too.

It has been an immense privilege to work for the past five years with the skilled leadership of United Mission Hospital Tansen to see them embodying the truth of our long-time motto: "We serve, Jesus heals." Even though I'm no longer UMN's executive director, I will most definitely remain a friend of Tansen.

JOEL HAFVENSTEIN
Executive Director
until November 2021





Waste WATER Project

It has been more than three years since we first wrote about our waste water plans. We had hoped to use a design involving septic tanks and a special wetland. It seemed appropriate for Nepal, and is a relatively simple system, only needing attention to check that there are no obstructions. However, when we had someone come to investigate this option, we learned that out of four wetland projects in Nepal, only one functioned properly! This was primarily due to lack of attention (needed daily) and also that the wetlands created a bad smell. So – back to the drawing board!

Through a Rotary friend I came in contact with a company that takes care of all water-related issues at the Olympic Games, World Football competitions, etc. They advised using something called a 'Moving Bed Bio Reactor'. The whole system is built into a sea container and is fully automatic. It is a Norwegian design and a U.S. company produces it. There is a factory in India so the hospital can order the system from there, and technical assistance would be more easily available. The disadvantage of the system is the need for electricity, but the advantage is that it is cheap. Because of this, our estimated costs went down considerably.

It has proven to be difficult to find funds for this project. Therefore, we divided it into three phases. Phase one was a bio-gas plant to dispose of placentas and other hospital waste. That has been completed and the Guest House is already using the bio-gas

produced for cooking! What a great saving of money and a good use of waste. Phase two is a water treatment system for the hospital and the surrounding village of Bhusaldanda. The Rotary club in Sweden has collected funds so after one remaining administrative problem is solved, hopefully construction can begin in Spring 2022.

Phase three is a sewage system for the hospital compound that will be connected to the waste water treatment plant. The costs for this sewage system are estimated at about USD 225,000.

We have discovered that farmers are using the waste water of the hospital and Bhusaldanda to water their crops and vegetables (see photo). The products grown are then sold in the local markets. This can only create more diseases that could easily be stopped by setting up this waste water cleaning system.

Not only will this create a cleaner environment around the hospital, but even down the hill into the lower lying areas of Nepal where this water eventually makes its way by rivers and in the monsoon time. Also, this will be a great model for other areas in Nepal which are soon going to be environmental disasters if something isn't done now. We would love to have your help to turn our hospital into a green and healthy place – better able to serve the poor and needy who come to us for help. Thank you!

ED KRAMER
Consultant Water Engineer

Facts and Figures

Statistics	Pre-COVID 2018-2019	Previous year 2019-2020	This last year 2020-2021*
Admissions	12,958	12,235	11,116
Outpatients seen	113,246	100,837	88,913
Emergency cases	17,381	17,071	15,971
Bed occupancy (169 beds)	79.5%	78.7%	69.8%
Deliveries	1,952	1,973	2,566
Town clinic: Maternal and Child Health	8,522	8,053	7,146
Total Surgeries (of which were Emergency surgeries)	6,265 (556)	6,075 (906)	6,159 (928)

*July 2020 - July 2021

Thanks! With your donations we were able to:

- Give free patient care to patients totalling NPR 14,461,550 (USD 122,923)
- Provide many free orthopaedic implants to patients.
- Receive the following donated equipment:
 - Oxygen concentrators, Oxygen cylinders
 - BPAP machine, patient monitor
 - PPE, rapid antigen test kits, Pulse oximeters
- Buy the following equipment:
 - Anaesthesia machine
 - ER trolleys, Hospital beds, Critical beds
 - More BPAP machines, monitors, and concentrators
 - OT light (for the COVID isolation operating theatre)
 - Phototherapy machine
 - Portable ultrasound and syringe pump
 - Traction bed, TENS machine
 - Internal phone system, computers, printers
- Continue our training focus, offering courses for internal and external medical staff.

Needs: Future projects- can you help?

1. The Medical Assistance Fund (MAF) provides charity to the poorest patients. As the pandemic has created more financial insecurity we are seeing increased numbers of patients in need of assistance, so donations to this are always welcome.
2. Automatic biochemistry machine, urology set, orthopaedic drill, arthroscope, delivery bed, autoclave, floor cleaning machine.
3. Several big projects such as the long-term building plan and a CT scanner are in need of funding.
4. The New Life Psychiatric Rehab Centre needs on-going support for the running costs.
5. We continue to be in need of long-term medical personnel, particularly a gynaecologist, general surgeons, 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.
See www.umn.org.np/page/opportunities-expat

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



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

For **UK** or **Australia**, please see 'UK Donors' or www.umn.org.np/give. For other countries, please 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

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.

Some templates for bequests are also available.

www.umn.org.np/give

DONATE ONLINE

www.umn.org.np/give

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

In the Message option 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

www.umn.org.np