



UNITED MISSION to NEPAL
MEDICAL *and* DEVELOPMENT TRUST

Annual Report 2020-2021



LETTER FROM EXECUTIVE DIRECTOR

It is my honour to be able to contribute to the first annual report of the UMN Medical & Development Trust (UMN MDT). UMN MDT is a pioneering public trust founded in 2020 by the UMN Support Trust, a UK-based charity supporting work with the poor of Nepal.

The objectives of UMN MDT include owning, managing, and operating two long-serving mission hospitals (United Mission Hospital Tansen and Okhaldhunga Community Hospital, with their associated medical teaching facilities) as well as working in Nepali communities for the health, education and self-reliance of the poor of Nepal, supporting skills development and creation of economic opportunities for people of low income, responding to disasters, and training and equipping other organisations and individuals to carry out social welfare and public service programmes.

UMN MDT builds on the 67-year track record of community and hospital work of the United Mission to Nepal (UMN). UMN founded the two mission hospitals in 1954 and 1962, respectively, and operated them under agreement with the

government of Nepal until 2020. The trustees of UMN MDT are committed to continue in the ethos and example of UMN which has contributed so much to bringing fullness of life for the poorest people in Nepal.

In the past year, UMN MDT has focused primarily on its two rural hospitals. As this report makes clear, the devastating second wave of the coronavirus pandemic in Nepal has created many challenges but also vital opportunities for service. UMN MDT has also taken some initial steps toward identifying and strengthening local partnerships for community work, which should bear more fruit in the years to come.

We are grateful to God, our founder UMN Support Trust, the government of Nepal, and our international network of supporters for all that we have been able to accomplish in the first year of UMN MDT's existence. We prayerfully hope and trust that many more transformative achievements will follow in the years to come.

Joel Hafvenstein
Executive Director, UMN MDT

LETTER FROM HOSPITAL SERVICES DIRECTOR



UMN began its hospital services work in the country in early 1954 and at present the health services are being continued through United Mission Hospital, Tansen in Lumbini Province and Okhaldhunga Community Hospital in Province one. As mentioned above by UMN's Executive Director, the hospitals' work was carried out with periodic agreement between the Ministry of Health and Population (MoHP), Nepal Government and UMN till 21 November 2020. Thereafter, UMN was directed to get the operational permission from the respective provincial government. Since these hospitals were under UMN MDT, Tansen Hospital was registered with Lumbini Province and Okhaldhunga Hospital had a 5-year MoU with health directorate of Province One, thereby ending the provision of having periodic agreement with MoHP, Nepal Government. This process has provided UMN's hospitals opportunities to work with the local government directly. However, there were some practical difficulties like getting visa and work permit for our expatriate volunteers and obtaining tax exemption, VAT refund etc, because provincial government does not have the authority to deal with these matters. Therefore, we also signed a complementary MoU with MoHP at the center to facilitate these matters.

Under present management, there has not been much change in the local management process. Tansen Hospital functions as a general hospital

at the referral level and has medical, surgical, orthopedic, and obstetrics and gynaecology services. The hospital conducts several short-term refresher courses and has been a clinical place for the nursing and laboratory technician courses under The Council for Technical Education and Vocational Training (CTEVT). The hospital also runs a one-year Anesthetic Assistant course under National Academy of Medical Sciences (NAMS). Tansen Hospital runs satellite clinics under its community health department and supports mothers' groups in the working areas.

Okhaldhunga Hospital functions as a general hospital at the district level and has medical, general surgical, maternity care services. The hospital also conducts various short-term courses and has a nursing school and a Community Based Rehabilitation program in two rural municipalities in Okhaldhunga.

This has been an amazing journey of about 67 years, where these hospitals have been delivering quality and compassionate health services to the most needy people under the banner of UMN, a name people will remember for many years. I am hopeful that these hospitals will keep up this tradition under UMN MDT too in the days to come.

Dr Olak B Jirel
Hospital Services Director, UMN MDT

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Dr Rachel Karrach
Hospital Director, UMHT

UNITED MISSION HOSPITAL TANSEN

With over 400 staff, 169 beds, and this year nearly 89,000 outpatient visits, over 11,000 inpatient admissions, and over 2,500 deliveries, United Mission Hospital Tansen serves patients from a catchment area of almost one million people. Serving since 1954, it is the best known, longest established hospital in Palpa District. The wide range of services include surgery, maternity, dentistry, counselling, and testing and treating patients for TB, HIV and leprosy. Over 760 visits had their treatment paid by charity or were given credit this year. Over 350 students a year train in medical professions.



Yub Raj Acharya
Hospital Director, OCH

OKHALDHUNGA COMMUNITY HOSPITAL

In the early 1960s, a Gurkha soldier extended an invitation to a physician in the British Army to start a medical project in the Okhaldhunga District. From its beginnings as a small remote clinic, it has grown into a medium-sized community hospital of 50 inpatient beds, with plans to expand towards a 100-bed hospital in the future. It also hosts a Community-Based Rehabilitation program and a School of Nursing. The hospital is a referral centre for Okhaldhunga District and additionally serves people in the surrounding districts, accounting for a population of more than 250,000. Okhaldhunga Community Hospital provides primary hospital services, particularly in the areas of adult medicine and surgery, maternity, paediatrics and orthopaedics.





UNITED MISSION HOSPITAL TANSEN (UMHT)



MAJOR HIGHLIGHTS AND ACHIEVEMENTS

This year has been dominated by the COVID-19 pandemic. The second wave hit us harder than the first one. The whole medical ward had to be converted into a COVID ward and 258 moderate to severe COVID cases were treated during the reporting year. We started using rapid COVID-19 antigen tests from April 2021 and we set up the screening / fever clinic outside the main entrance to accommodate more people in a covered open area. Most of our staff received two doses of Covishield vaccine. In total 141 staff contracted COVID during the year but only 5 needed hospital care. Throughout the pandemic period, we continued the essential services to general patients. Lifesaving and other emergency procedures continued. Similarly, maternity care remained unaffected. The number of emergency procedures and number of babies delivered were higher than the previous years when other numbers were down. This year the hospital continued to provide some Skill Birth Attendant (SBA) training and Mid-Level Practicum (MLP) training when this was possible, but all external training was suspended at the worst of the COVID-19 surges. Regular continuing medical education classes were run for staff, and we were able to provide a training site for masters

residents who were unable to complete their practical training in China.

59,058 patients were treated under the National Health Insurance Board scheme. This was 75-80% of all patients. The loss of expected income through this scheme was approx. NPR 40 million. Reimbursement of evaluated claims was slow and caused cash flow problems some months.

Many Community Health activities had to be curtailed due to COVID restrictions. Despite this the Town Maternal & Child Health (MCH) clinic continued to run in cooperation with District Public Health Office staff and there were 7,239 visits with daily health education. When travel was possible the 4 satellite MCH clinics continued, and 746 mothers and children received MCH service. The Child Nutrition Rehab Centre treated 21 malnourished children and the waiting home also was useful for women with high-risk pregnancies and 9 women stayed safely near the hospital. Community Health Department staff ran the monthly immunization clinics for local area in the hospital vaccinating 323 babies and giving 206 BCG vaccines. CHD staff also helped with COVID-19 vaccination.

Tansen	Figures
Beds	169
Bed Occupancy %	69.76
Outpatients Seen	88,913
Patients Admitted	11,116
Surgeries	6,159
Deliveries	2,566
Emergency Cases	15,971
Total Income (NPR)	497,648,232
Total Expenditure	497,648,232
Total Free care	14,461,550





VITAL ORTHOPAEDIC SERVICES IN TANSEN

Our energetic and committed Orthopaedic team is very strategically located to treat trauma patients from the surrounding five hilly districts and many parts of Nepal. This has helped to prevent plenty of permanent disability and even deaths by giving immediate appropriate treatment irrespective of the patient's ability to pay.

Six-year-old Pradip lives with his elderly grandfather because his father lives and works in India. He had a fall from the bed while playing and sustained a fracture in his left forearm. Due to the COVID-19 lockdown, his father was not working, and therefore was unable to send money for Pradip's treatment. His grandfather applied a very tight bamboo splint on his forearm which caused severe pain. Pradip could not sleep for two days due to the pain, but it gradually subsided. His grandfather removed the splint after five days and was shocked to see that the forearm had turned black. They tried to come to the hospital, but it took two weeks for them to get here as transportation was affected by the lockdown. Pradip was not able to move or feel his forearm and hand. However, his fractured bone had nearly healed. Even though he was treated extensively with our occupational therapy, his forearm and hand are still nonfunctional due to permanent injury to his nerves and muscles. He now faces an uncertain future due to this permanent disability. This tragedy could have been easily avoided with a simple plaster splint/cast. Fears of not being able to pay keep many people from coming to the hospital when they should.

Forty-two-year-old Bal had a fall from a cliff while cutting fodder for his cattle. He sustained a fracture in his neck and left hip. However, he escaped without any neurological deficit. He is a farmer and the lone breadwinner for his family of five. He came to our Emergency Room but said he was not able to arrange money for the necessary surgery and prolonged hospital stay. We referred him to the hospital's pastoral care department, where he was assessed and got substantial charity support for his treatment. Bal was on skull traction for six weeks for the treatment of his neck fracture, and after that, his hip fracture was fixed. He was a very happy man when he was finally able to get up and walk on his feet with a walker.

The cost of trauma care is ever increasing, but our constant focus is to make it more cost-effective and easily available without compromising the standard of care. For this, we depend heavily on donations and paying patients. We are grateful for the opportunity to reach out to the needs of the people and to all who pray and give towards the Medical Assistance Fund so that high quality care for people like Pradip and Bal is possible.

Dr Tul Bahadur Pun
Chief of Surgical Department

◀ **Dr Tul and his team give hope to a young person for the future – she can now walk again.**

See also our Operation Tansen video: www.umn.org.np/videos/870





OKHALDHUNGA COMMUNITY HOSPITAL (OCH)



MAJOR HIGHLIGHTS AND ACHIEVEMENTS

The COVID-19 pandemic was the main topic for the reporting year in many ways. The second wave proved worse than the first wave in terms of severity, morbidity, and mortality. During the second wave of COVID pandemic, provincial government recognised Okhaldhunga Community Hospital (OCH) as a COVID hospital and an MoU was signed. This was a good gesture from the government, recognising OCH as a trusted health care provider in the first and second wave of COVID-19 care in the eastern Himalaya region.

OCH operated as a hybrid hospital with 28 isolation beds for COVID cases, which were connected to a direct oxygen supply system. A fever clinic and triage area were established for screening. OPD, dental clinic and ultrasound room had to be relocated in the Maternal Waiting Home and hospital canteen building. During the reporting period, 1,642 suspected COVID cases were seen in the fever clinic, 729 patients took antigen tests and 242 among them were positive, 142 positive cases were admitted and treated in the isolation unit and 10 critical patients were referred to higher centres for further treatment. Most of the staff were vaccinated. Though a few tested COVID-positive, none of

those working in the COVID isolation ward became positive. This was a proof that the PPE we used and our infection control system were working.

On the clinical side, hospital continued its general health care for both outpatients and inpatients, which included essential lifesaving surgical procedures and maternity care services. We restructured the lab department to make it a more user-friendly and safer area for the antigen test as a new service. During this reporting period, we continued the National Health Insurance Scheme and around 45% of total outpatients were under this scheme. We provided medicine during the lockdown to many patients with chronic diseases from distant rural municipalities through the insurance system, with the help of rural municipalities health coordinators.

The Nursing school had to be temporarily closed for physical classes but online classes were soon arranged.

OCH continued to operate the Community Based Rehabilitation programme in two rural municipalities, Molung and Khijidemba, with full precautions and WHO safety measures this year.

Okhaldhunga	Figures
Bed	50
Bed Occupancy %	118.3
Outpatients Seen	28,574
Patients Admitted	5,045
Surgeries	2,042
Deliveries	1,193
Emergency Cases	4,191
Total Income (NPR)	199,428,462
Total Expenditure	199,588,390
Total Free care	14,890,109

The hospital is grateful to have received generous support via UMN Support Trust (through the 'Save Our Hospitals' second wave appeals) and many local individuals and institutional supporters for medical equipment and other consumables support for the hospital.

The ITS Team worked closely with the OCH team to deploy server systems and upgrade network infrastructure. Now OCH has an up-to-date ICT infrastructure to support 24x7 hospital operations. The ITS team also processed necessary research (with HR) and an e-tender process to select the Hospital Information Management System (HIMS), server system and network devices.



A CALL AT NIGHT FROM COVID ISOLATION

Early September 2020, when there were only few COVID positive cases in Okhaldhunga, people around were panicking. One night I was 30 minutes walking distance from the hospital. It was dark and raining. At 11 pm, my phone rang close to my bed. It was one of our sisters from COVID isolation. The phone network was very poor so I could hardly hear her. With anxious voice she told me she had received a phone call informing that there was a COVID-positive woman in labour, who chose to come to Okhaldhunga Community Hospital (OCH) COVID isolation rather than the district COVID-designated hospital for her delivery.

We were prepared for this day and had all the necessary arrangements in place, like PPE practice, discussion about national guidelines for maternity care during COVID, separate delivery room, and an emergency call line but... all 15 beds designated for COVID were packed and this would be the first positive delivery case at OCH. We were quite curious and a bit anxious! We tried to convince the woman to go to the COVID-designated hospital because our beds were full, but the patient and her husband insisted on coming to OCH. I encouraged the duty nurses to receive and take care of her because she was in emergency healthcare need. I encouraged them to carry on the maternity nursing procedures smoothly wearing full PPE and to consult the doctor if any problems arose.

Any delivery case is always high-risk – the need for caesarean section can arise at any point, we had limitations in our new delivery room, the new isolation operating room was small, and staffing was limited to minimize exposure. For all these reasons, I lay awake the whole night praying and waiting for the call to hear that the delivery had gone well, but the phone network was very weak. Early next morning, I rushed down to the isolation area where I met my fellow nurses who had done the hard work that night. They were tired but were very excited and told me the delivery procedure went well. They didn't have to call the doctor and the mother and newborn were doing well. I thanked God and congratulated the ladies for their courageous and hard work. The mother and the newborn were discharged after mother tested negative on follow-up test.

Okhaldhunga Community Hospital has been a choice for patients not only before COVID, but even during the COVID outbreak. I would like to congratulate and give thanks to all the frontline nurses, doctors, and housekeeping staff for the courageous work they have been doing. We also thank the donors who have provided us with needed equipment and materials for COVID Isolation.

Pabita Rai
Nursing Superintendent, OCH

◀ **Kabita and Hasila who delivered the baby.**

Read more about this story here: www.umn.org.np/news/897





COMMUNITY DEVELOPMENT WORK



UMN MDT's vision and objectives are not limited to the operation of hospitals, but also involve work in communities to help bring people out of poverty and into fullness of life. UMN MDT's intended approach is to identify districts of high poverty and help local civil society associations to build up their capacity to address the root causes of poverty, using local resources as much as possible while also increasing their capacity to access external grant funding.

This work will primarily be carried out in future years once a robust partnership system has been worked out for UMN MDT to support local Nepali civil society partners. In 2020-21, UMN MDT employed one Project Officer (PO) to travel in six priority districts for community work: Doti, Bajhang, Rukum East, Nawalparasi, Kapilvastu, and Mugu. This Integral Development PO explored possible synergies with existing community partnerships of UMN, and provided training and capacity-building in social service programmes to local voluntary

associations and faith networks. The primary goal of this work was to inspire locally-resourced social service work which does not rely on external grant support.

As a result of the PO's initial work, some local civil society groups have made more effective use of local resources to care for COVID positive people, providing food and health and safety items. One community group in Rukum East began to advocate for their access to available local resources. They submitted plans to the local government office and have influenced the ward and remote rural municipalities' elected bodies. There has been increased mutual relationship, trust and help, with previously excluded groups participating in local-level planning processes. From 2021-22, we anticipate a larger community development programme to be implemented with UMN MDT's first grants to partners. UMN MDT staff will also continue to advise local civil society organisations on how to make effective use of local resources.



FINANCE

This reporting year that ended on 15 July 2021 is the first financial year of the United Mission to Nepal Medical and Development Trust (UMN MDT) after its incorporation in 2020. In keeping with the Nepali Civil Code 2074, within three months of incorporation, the founder UMN Support Trust had arranged for transfers totaling USD 1,039,077 through normal banking channels.

UMN MDT's total consolidated income for the year was NPR 698,169,894 (USD 5,876,851) and its consolidated expenditure was NPR 698,329,821 (USD 5,878,197). The consolidated accounts of UMN MDT include the full accounts of Okhaldhunga Community Hospital (OCH), United Mission Hospital Tansen (UMHT), a small development project on Integral Development, and a small Kathmandu office serving a support and coordination role. UMN MDT's accounts have been prepared using guidance from the Accounting Standards Board of Nepal and voluntarily adopting Nepal Accounting Standard for Not-for-Profit Organisations 2018 as there is no specific guidance established by Nepal Accounting Standard Board for public charitable trusts.

INCOME

The consolidated income includes NPR 518,518,193 (USD 4,364,631) from the two hospitals' patients' revenue (74.3%) Similarly external grants NPR 108,635,997 (USD 914,444) make up 15.5%, Government and Local Grants

NPR 36,018,005 (USD 303,182) 5.2%, Other Local Income NPR 23,927,291 (USD 201,408) 3.4% and Expatriate volunteers' personal contributed service NPR 11,070,408 (USD 93,185) 1.6% of total consolidated income.

Most of the external grant funding received this year was for COVID-19 cost coverage, free care, community health projects and replacement of medical equipment of the hospitals; only NPR 908,084 (USD 7,644) in external funding was allocated to non-hospital community development projects this year. UMN MDT plans to increase funding for community development projects in the future years gradually.

EXPENDITURE

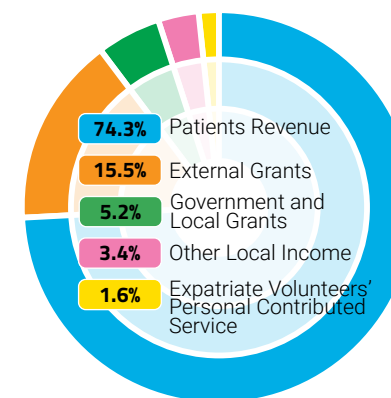
Consolidated expenditure was NPR 698,329,821 (USD 5,878,197) for the year. Consolidated expenditure includes two hospitals' expenses and a small portion for development projects. The expenditure comprises NPR 348,087,732 (USD 2,930,031) 49.8% for staff costs (comprising hospital staff costs of NPR 347,258,268 / USD 2,923,049 and NPR 829,464 / USD 6,982 for Kathmandu support staff), NPR 247,086,692 (USD 2,079,854) 35.4% for direct programme expenses, NPR 42,565,286 (USD 358,294) 6.1% for government programme supports, NPR 49,519,703 (USD 416,833) 7.1% for general administration and NPR 11,070,408 (USD 93,185) 1.6% expatriate volunteers' personal contributed services.

TOTAL ASSETS AND PROPERTY OF TRUST

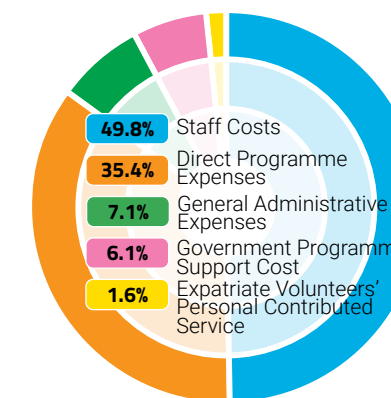
The consolidated financial position of MDT for the financial year consists of non-current assets NPR 566,752,704 (USD 4,770,646). The non-current assets mainly include land and buildings, vehicles, hospital and office equipment of the two hospitals. Current assets NPR 465,110,358 (USD 3,915,070) including medical inventories, accounts receivable and cash

and cash equivalents. The total of assets for the year was NPR 1,031,863,062 (USD 8,685,716). The total assets are represented by accumulated reserves in different categories NPR 821,697,811 (USD 6,916,648), grant received in advance, accounts payable, employee benefits and accounts payable NPR 210,165,251 (USD 1,769,068).

INCOME 2020-21



EXPENDITURE 2020-21



The summary statement of the expenditures in figures can be observed in following table:

EXPENDITURE	OKHALDHUNGA COMMUNITY HOSPITAL	UNITED MISSION HOSPITAL TANSEN	DEVELOPMENT PROJECT	KATHMANDU MDT	TOTAL
Hospital/Programmatic Staff	56,532,407	290,152,818	573,044	-	347,258,269
Kathmandu Support Staff	-	-	-	747,196	747,196
Direct Programme Expenses	125,873,709	121,133,955	168,942	-	247,176,606
Government Programme Support Cost	-	42,565,286	-	-	42,565,286
General Administrative Expenses	14,706,477	34,589,457	166,098	50,025	49,512,057
Expatriate Volunteers' Personal Contributed Service	2,292,165	8,778,242	-	-	11,070,407
Total (NPR)	199,404,758	497,219,758	908,084	797,221	698,329,821
Total (USD)	1,678,491	4,185,351	7,644	6,711	5,878,197

USD 1 = NPR 118.80 on 15 July 2021 is used to translate the NPR amounts except the setup of incorporation, the founder UMN Support Trust had arranged for transfers totaling USD 1,039,077 through normal banking channels.

TRUSTEES & LEADERSHIP

UMN MDT is governed by a Board of twelve trustees. At present, six of the trustees are Nepali citizens resident in Nepal, and six are international trustees.

Six trustees came to the end of their agreed terms of service in May 2021, and one additional trustee (Dhana Lama) resigned. All of these vacancies were filled by consensus of the other trustees in accordance with the bylaws of UMN MDT at the May 2021 meeting of the Board of Trustees. The current trustees are as follows:



Dr David Rodgers
UK



Heidi Westborg Steel
Norway



Lalbiakhlui Rokhum
India



Dr Nastu Sharma
Nepal



Rupa Chhetri
Nepal



Samuel Grosz
USA



Ajay Anand Sharma
Nepal



Arbin Pokhrel
Nepal



Caroline Trimble
UK



Malati Rai
Nepal



Narayan Khadka
Nepal



Dr Mathew Santhosh Thomas
India

At the May 2021 meeting, the trustees agreed to appoint Dr David Rodgers as Chair of the Board of Trustees, and Ajay Anand Sharma was appointed as Vice Chair.

The trustees of UMN MDT are responsible for setting the governance policy framework within which leadership pursues the Trust's objectives. The Trust leadership combines employees and volunteers and is responsible for the day-to-day operations of UMN MDT in both hospitals and community work.

In 2020-21, the Executive Director of UMN MDT and chair of the leadership team was Mr Joel Hafvenstein. From November 2021, these roles will be handed over to Ms Dhana Lama. The Hospital Services Director throughout the year was Dr Olak Jirel.



**UNITED MISSION to NEPAL
MEDICAL and DEVELOPMENT TRUST**

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