



UNITED MISSION to NEPAL
MEDICAL and DEVELOPMENT TRUST

TANSEN

Annual Report 2021-2022



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LETTER FROM EXECUTIVE DIRECTOR

It is a great joy to see and experience another year of the UMN Medical and Development Trust (UMN MDT) and present it in the form of the second Annual Report. I am grateful to the trustees of UMN MDT for their continuous direction and commitment to protect and promote the identity, ethos and example of UMN with prayers, visits and support throughout the year, towards fullness of life for all in Nepal, especially the poorest of the people living in poverty. I hope you as the readers will be experiencing the same as you go through the highlights of the achievements of UMN MDT as a whole.

The primary purposes of UMN MDT are a) to own and operate the two UMN-founded mission hospitals, United Mission Hospital Tansen and Okhaldhunga Community Hospital and b) to respond to the needs of communities against poverty, injustice, and disasters. It is indeed a great delight to see the hospitals flourishing and operating under UMN MDT since 2020, in agreement with the relevant government agencies. Both hospitals have served their communities remarkably, being the frontliners during the COVID pandemic waves while continuing to provide good quality care to all including in the community through community-based rehabilitation and mental health projects. Thousands of lives have been touched and restored;

in addition, they are training hundreds of medical professionals. I am also grateful for the successful leadership transitions in the Health Services Office and Okhaldhunga Community Hospital to continue the hospital work.

Despite the many challenges for livelihoods, disability, gender, conflict sensitivity, climate change and mental health in the communities we serve, some new supporting partners and local partners have joined us this year to achieve new initiatives which address the inequalities we see. I hope these initiatives will significantly contribute to the transformative process of uplifting the most marginalised from their life of poverty.

We are very grateful to God, the Government of Nepal, UMN Support Trust, the Trustees of UMN MDT, international and local partners, and all the staff of UMN MDT for all the achievements this year. I am especially indebted to Joel Hafvenstein, former Executive Director, and Dr Olak Bahadur Jirel, former Hospital Services Director, for their unwavering service to UMN's hospitals over these years and for equipping their successors before they completed their tenures.

God bless you!

Dhana Lama
Executive Director, UMN MDT

LETTER FROM HOSPITAL SERVICES DIRECTOR



The Hospital Services Office continued the central support to both United Mission Hospital Tansen and Okhaldhunga Community Hospital. As indicated in the hospitals' sections of the report, both these hospitals continued, under UMN MDT, to provide their holistic health care activities for people in need throughout the year.

United Mission Hospital Tansen (UMHT), received renewal of their operational certificate by Lumbini Province this year. UMHT as a general hospital provided services in medical, surgical, orthopaedic, obstetrics, gynaecology, paediatrics and dentistry, including 24X7 emergency services. The hospital continued to be a training site for MDGP1 for their surgical posting and continued pre-service training courses for proficiency-level nursing students and laboratory technicians under CTEVT2. The anaesthesia technician course under NAMS3 and other short-term refresher courses including Skilled Birth Attendant were also continued.

Okhaldhunga Community Hospital functioned as a district-level general hospital, providing medical, surgical,

maternal, paediatric, orthopaedic and dental services. The proficiency-level nursing course for the previously admitted batch continued, though the hospital could not take any fresh batches due to a change in the government rule on hospital size for nursing colleges.

The government health insurance scheme continued to be available in both hospitals despite the hospitals incurring significant financial losses as a result.4

Dr Olak Jirel
Outgoing UMN Hospital Services Director
(Retired July 2022 – see page 19)

1 Medical Doctor in General Practice
2 Council for Technical Education and Vocational Training
3 National Academy of Medical Sciences
4 Financial losses arise due to delays in reimbursements and some services costing the hospital more than the standard insurance scheme fee.

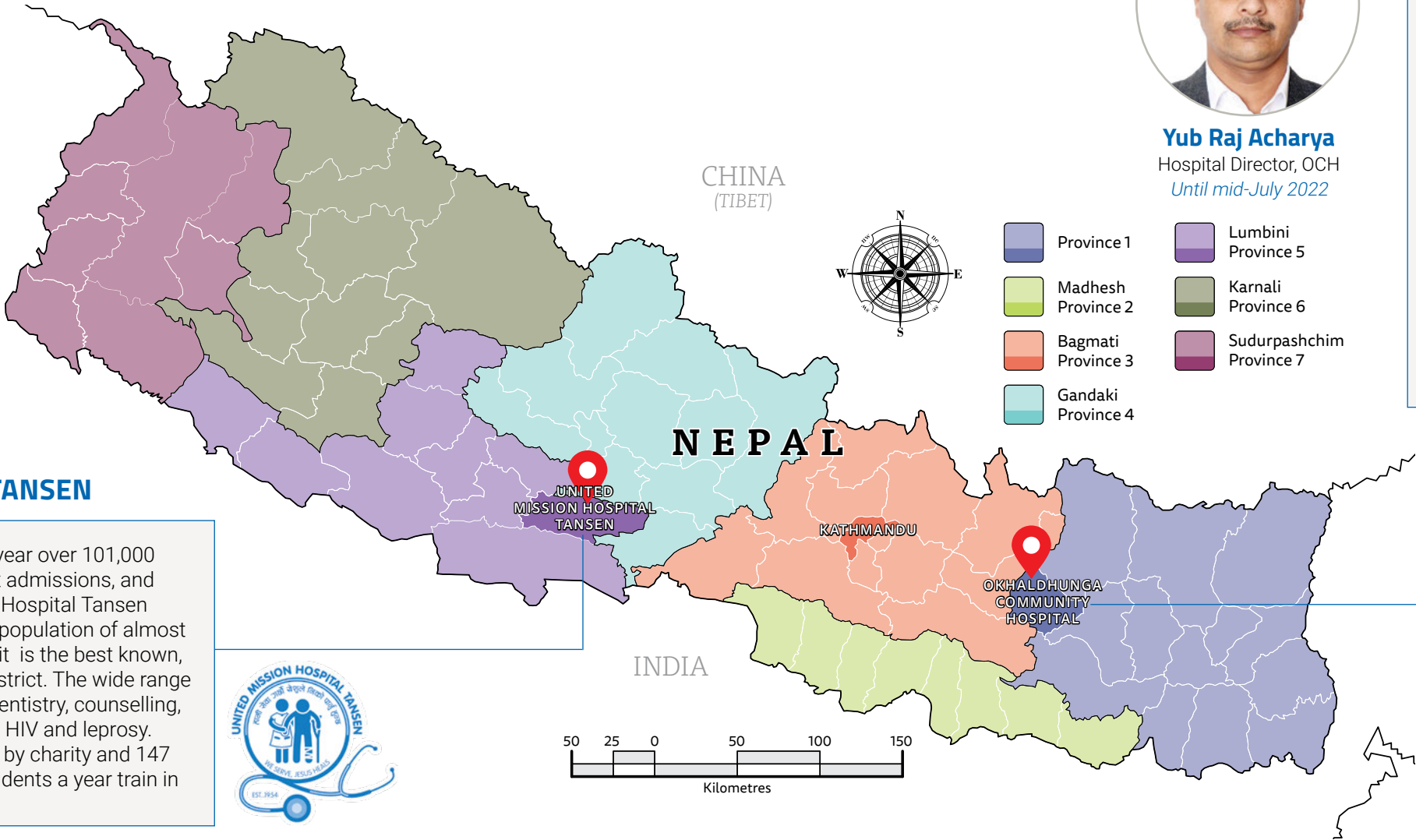
Note: This Annual Report follows the Nepali financial year, running from mid-July 2021 to mid-July 2022.



Dr Rachel Karrach
Hospital Director, UMHT

UNITED MISSION HOSPITAL TANSEN

With over 400 staff, 169 beds, and this year over 101,000 outpatient visits, nearly 12,000 inpatient admissions, and around 2,500 deliveries, United Mission Hospital Tansen serves patients from a catchment area population 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 838 visits had their treatment paid by charity and 147 were given credit this year. Over 350 students a year train in medical professions.



Yub Raj Acharya
Hospital Director, OCH
Until mid-July 2022

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 Community Hospital of more than 50 beds with plans to become registered as a 100 bed hospital in the near future. It hosts a Community Based Rehabilitation Programme, a School of Nursing and a Mental Health Programme. 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

It was not an easy year, but overall we did well in achieving the targets we had set without compromising the hospital's values. COVID-19 remained one of the main issues - as the second wave waned off it left much devastation in the community. Soon after, we had to deal with the third (Omicron) wave, including at one stage more than 75 staff being off sick at the same time; fortunately, its impact was much less severe than the second wave. The hospital continued to provide clinical care including surgical and other procedural services to both non-COVID and COVID patients throughout, even during the COVID peak periods. The Government's Health Insurance Policy continues to be a challenge as we are facing marked financial strain due to delayed, limited or non-reimbursement of claimed money for the services we provide.

Following a decision by the Provincial Government, we handed over the historic MCH (Maternal and Child Health) clinic to the government-run Palpa Hospital, after many years of partnership with the Government of Nepal. Now, we have started our own MCH clinic in the hospital premises. Meanwhile a Mental Health Programme to address mental health issues in the community has started. Field activities and training related to this are already

being appreciated in the communities. Several other services have been extended or added this year. Dermatology has re-started and urological surgical services have expanded. The High Dependency Unit (HDU) has been upgraded to 11 beds and we have started a three-bedded neonatal HDU facility.

Physical space availability remains a challenge, especially with increasing numbers of maternity cases. We are planning to extend the maternity ward by creating an annex, using the current admin offices space. For the hospital as a whole, we have started planning for a new building as a long-term solution. Article 25, an architectural organisation from the UK, has started a feasibility study for this.

The hospital's training activities resumed after a long gap due to COVID. The 51st batch of Skilled Birth Attendants and 34th batch of Mid-Level Practitioners completed their training. We are receiving MDGP⁵ residents from three medical colleges for training. We were also able to provide training placements for a few post-graduate medical students who were stranded here in Nepal due to COVID.



Tansen	Figures
Beds	169
Bed Occupancy %	72.9
Outpatients Seen	101,642
Patients Admitted	11,838
Surgeries	6,250
Deliveries	2,465
Emergency Cases	18,782
Total Income (NPR)	575,677,982
Total Expenditure	575,677,982
Total Free Care	15,015,265



⁵ Medical Doctor in General Practice

AT LAST! BABU IS GIVEN A CHANCE TO SURVIVE

Babu*, an 11-year-old boy, was brought to us at United Mission Hospital Tansen by his family after visiting several other health facilities, each of which sent him on. His problem was severe: painful spasms, all over his body every few seconds. His trunk would stiffen suddenly and his back would form an arch with a jerk and his face grimaced strangely with pain, as it too cramped up. Even his jaw clenched tight with every spasm, and eventually he was barely able to open his mouth to sip water. The diagnosis was evident in each facility he visited: tetanus. This disease is rare these days because of effective vaccination. Babu's family felt sure he'd been vaccinated, but it's possible the vaccination was not stored properly before he received it. Either way the deadly disease was obvious. Almost half the patients who get tetanus die - unable to even breathe or swallow safely.

For many weeks he patiently lay in a darkened room at the hospital, receiving infusions - these measures that helped but could not completely stop the painful spasms. With good nursing care, family attention, medical help and great bravery on his part, the disease finally began to lose its grip on him. After nearly two long months he was able to return home with his family.

Babu's experience reminds us that, in a COVID era, there are other diseases we must prevent, if possible, with vaccination. It also reminds us that United Mission Hospital Tansen is often the 'last chance' for patients with problems that are likely to take a long time and that other facilities cannot manage - like those with burn injuries, or complex bone fractures, or Babu's problem.

Steve Pickering
Anaesthetist, UMHT

Posters in United Mission Hospital Tansen promoting childhood vaccinations.



* Name changed

OKHALDHUNGA COMMUNITY HOSPITAL (OCH)
MAJOR HIGHLIGHTS AND ACHIEVEMENTS

The third COVID Omicron strain continued to affect the hospital this year, primarily impacting hospital employees. However, this year we had enough patient oxygen supplies through the new 50-cylinder capacity oxygen plant, (which was installed at OCH for the neighbourhood's and district's oxygen supply) and enough COVID-19 antigen test kits, so the regular running of the hospital was unaffected.

The Maternity Waiting Home, as well as childcare and nutrition education programmes, have resumed. The hospital's pharmacy now operates around the clock. A new Mental Health Project was put into action for the district, with a community-based programme in Khijidemba and Molung Rural Municipalities and OCH opening a new psychiatric unit. With patient navigation, care, and rehabilitation, the Community Based Rehabilitation programme is performing successfully in the disability sector in the rural community of Okhaldhunga.

After successfully training 19 batches of students, OCH has been acknowledged as one of the excellent

training locations for Mid-Level Practicum Government Training in east Nepal. Okhaldhunga School of Health Science had 100% pass results for two batches of nursing students this year.

OCH began the process of hiring new paediatric, orthopaedic, and gynaecological specialists for the hospital. For efficient hospital operations, the local municipality appointed a new chairperson to the Hospital Advisory Committee. At the close of the fiscal year there was a change in hospital directors (see page 19).

Land ownership changes during the year have given the hospital greater security and sustainability. The ownership transfer of the OCH property to UMN MDT was successfully completed. In addition, OCH finally had the opportunity to acquire the remaining 508.74 m² of land needed to meet the minimum total area required by the Nepal Nursing Council to run the Nursing College. Meanwhile the first phase of the hospital information



Table with 2 columns: Okhaldhunga, Figures. Rows include Beds (50), Bed Occupancy % (115), Outpatients Seen (36,147), Patients Admitted (4,923), Surgeries (1,807), Deliveries (1,149), Emergency Cases (4,509), Total Income (NPR) (212,901,932), Total Expenditure (227,702,914), and Total Free Care (44,569,297).

management system was implemented successfully.

After the pandemic subsided this year, OCH opened a new guest house for visitors. (During the COVID pandemic, OCH's previous guest house was used to accommodate nursing college students.) OCH has been recognised as a tourist destination of Okhaldhunga by Siddhicharan Municipality, and the government has expressed gratitude for OCH's excellent contribution towards the 'fully immunised district' declaration for Okhaldhunga District, achieved this year. In May, OCH received the first ever visit from the provincial health minister and health secretary.

THANK YOU FOR
SAVING MY LIFE!

Born in 1955 as the eldest son of a subsistence farming family, from childhood Dal Bahadur Tamang's duty was to earn a living from their land in this mountainous region. He married and had four sons and four daughters. To make ends meet for all his children, he worked as a stone mason. In 2011, a falling stone from a quarry badly fractured his right thigh bone. His friends immediately took him to the 'Mission Hospital' (Okhaldhunga Community Hospital) by stretcher and jeep where he received initial treatment. A few months later he was referred to Anandaban Hospital in the Kathmandu Valley where the fracture was fixed. Unfortunately, the bone had become infected (osteomyelitis) and he spent at least a year confined to his bed. A skin graft at OCH and many courses of antibiotics later, his situation remained the same while his family's economic situation became even more fragile.

It wasn't until the summer of 2020 that, while doing the baseline household survey, the hospital's community-based rehabilitation (CBR) programme found

him. His leg was painful and constantly discharging smelly pus, and he was depressed. Home visits by the CBR field staff and physiotherapist revealed he could walk only short distances with a stick, and didn't have his own toilet. Squatting was impossible. We immediately organised a toilet chair and crutches and later helped his family build a toilet. We referred him back to Anandaban Hospital, but due to an outbreak of COVID he was sent home without treatment. He became more depressed and was so desperate to get rid of the smell and pain in his leg that he was ready to have his leg cut off if it stopped his suffering. Then, in March 2022, the CBR programme arranged for him to be assessed during a visit by orthopaedic surgeon Mr Lars Hübschle from Norway. He underwent radical surgery to remove the dead and infected bone. There was no guarantee that his leg would be saved, but wonderfully, he didn't need it amputated. He received a special knee brace to support his leg and a long course of antibiotics. Surgery and treatment was made free of cost



through OCH fundraising. Six months on, he has no pus discharge and can walk up to two hours, slowly, on crutches. His gratitude towards the CBR programme and Mr Lars is huge. He says, "thank you for saving my life. If you had not come and helped me, my rotting leg would have killed me."

Khila Tamang
Social Mobiliser
Clare Grimble
OCH CBR Advisor & Physiotherapist

COMMUNITY DEVELOPMENT WORK



GENDER

Use of the 'Participatory Action and Reflection' process for gender equality has been continuously emphasised by **64** community groups and partners in clusters (UMN MDT's community development work in six districts). This has helped to raise gender awareness, to identify and address gender inequality situations and harmful practices like gender-based domestic violence, women not getting citizenship certificates, *Chhaupadi* (practice of various restrictions to women during menstruation), child marriage, multiple marriage by men and workload issue of women. Some positive changes have been observed in gender stereotype thinking and behaviours in community groups: some female group members of Doti and Bajhang have started staying at home during menstruation; male partners have started sharing household workload with their female partners; women's group members have started raising their voices and taking action against the violent behaviours of their male partners and more women in the Terai⁶ have started obtaining citizenship certificates.

Awareness-raising on the comprehensive Safeguarding policies of UMN which include 'Child Safeguarding' and 'Prevention of Sexual Exploitation, Abuse and Harassment' was conducted with partners and staff in some clusters. Moreover, we worked with partners to review their existing gender policies and developed action plans for implementation.

CONFLICT SENSITIVITY

- ▶ **Strengthened the capacity of UMN and partner staff:**
175 staff from UMN's clusters and partners including **41** female staff from all six UMN clusters were given the Do No Harm refresher workshop. Now they are applying the Conflict Sensitivity (CS) approach in their regular work.
- ▶ **Reviewed UMN projects:**
18 UMN projects were analysed through CS tools in six UMN clusters. Dividers (sources of tensions or barriers between people, which may be attitudes, systems, values, experiences or symbols) were identified and minimised through a mitigation plan. As a result, all UMN's COVID and non-COVID projects were implemented without any significant conflict.
- ▶ **Reflection with clusters:**
Annual reflection meetings were conducted in four of UMN clusters. The meetings were helpful to analyse the working contexts, approaches, strategies, dynamics of teamwork, and relationships with stakeholders through the CS lens. Dividers (see above) were minimised through a mitigation plan.

DISABILITY INCLUSION

A one-day orientation on UMN's 'Disability Inclusion and Accessibility' Policy was conducted for Rukum and Doti Clusters and there is a plan to conduct similar orientations for the remaining clusters, partners, and UMN central staff. Meanwhile, a three-year project with the goal of strengthening UMN clusters and partners for cross-cutting mainstreaming has started this year, with disability inclusion as a key area.

ENVIRONMENT, CLIMATE CHANGE & DISASTER RISK REDUCTION (DRR)

- 215** vulnerable farmers in Nawalparasi West were given flood-resistant rice varieties.
- 25** households were supported for bamboo plantation to reduce the impact of landslides.
- 75** households were trained on compost making to reduce greenhouse gas emissions and improve plant health.

RESILIENT LIVELIHOODS

The three-year ReLive Project⁷ in six wards of Pratappur, Nawalparasi West began in January 2022. Within this reporting period many activities focussed on setting up and training groups and their members:

- ▶ **577** members (477 women) were organised into **36** groups and received stationery, aluminium boxes, and tarpaulins to facilitate group meetings.
- ▶ **420** participants (373 women) of **27** groups were oriented on their roles and responsibilities to carry out group management. **19** group leaders (9 women) received leadership training,
- ▶ **189** beneficiaries (161 women) from **12** groups received financial literacy training and started monthly savings for groups and individuals.
- ▶ **49** beneficiaries (45 women) from **3** groups received business literacy sessions. Those who are illiterate are learning to write their name and how to do basic calculations.
- ▶ The treasurers of **35** groups (29 women) received training on record-keeping and account-keeping.

Steps towards agricultural resilience included:

- ▶ **700** kg of drought-resistant groundnut seeds (B4 variety) were distributed among **96** beneficiaries (76 women) from **6** groups.
- ▶ **215** beneficiaries (180 women) of **14** groups living in flood-prone areas received flood-resistant rice seeds (Swarna Sub 1 variety). In total **800** kg of rice seeds were distributed and grown across nearly **20** hectares. Among them, **16** beneficiaries (15 women) participated in an 8-session farmers' field school on integrated pest management for rice crops.
- ▶ **16** beneficiaries (all women) of one ward learned the techniques to prepare biopesticide from locally available resources and applied it on their vegetable fields.
- ▶ **48** beneficiaries (all women) from **3** groups learnt about the System of Rice Intensification.

⁶ The flat lowland area of Nepal, bordering India.

⁷ Building resilient livelihoods among vulnerable people living in Pratappur Rural Municipality.



MENTAL HEALTH

► **70** health workers from **24** health facilities in Bajhang and Kapilvastu received training on 'WHO Mental Health Gap' for prescribers and non-prescribers.

► **35** UMN hospital staff were also trained in 'Mental Health Gap' in Okhaldhunga and Tansen.

► Mental health services have been started in OCH with the establishment of a psychiatric ward and a psychiatrist visits outpatients and inpatients for two days of alternate months.

► **20** project staff from Kapilvastu, Bajhang, Rukum and Nawalparsi received 10 days of community psychosocial workers' training, focusing on providing basic psychosocial support to people living with mental illness.

► **288** Female Community Health Volunteers (FCHVs)

were oriented on mental health and identifying mental health disorders to refer cases to the health posts for further services.

► **38** media personnel (7 women) in Kapilvastu and Bajhang from different media (TV, Radio, newspaper) were oriented on sensitive portrayal of mental health news in the media as well as promoting mental health awareness.

► **69** mothers' groups including **1,803** members have been reached in Palpa, Kapilvastu and Bajhang in collaboration with FCHVs to discuss psychosocial problems, causes of mental health and symptoms as well as defying the stigma related to mental health.

► **49** (28 women) stakeholders including government health post staff and health authorities have been oriented in mental health in Okhaldhunga.

► Regular jingles and messages on mental health are being broadcast from local FM/radio stations in Kapilvastu, Bajhang, Okhaldhunga and Palpa.

HEALING FOR HERSELF AND HER PATIENTS

Salimun Nisa's personal life and professional work were transformed this year through a mental health training she received through UMN MDT. Her childhood in Kapilvastu was filled with struggles, deprivation and destitution. One of eight children, when she was just six months old her father died. She grew up in a community with restrictions set by cultural practices and her religion. However, she supported herself through taking on domestic work and succeeded to study and pass Auxiliary Nurse Midwifery (ANM) and the public service commission examination. She since has gained experience working as an ANM in both hilly and the plain regions of Nepal.

But Salimun's struggles in her personal life continued. Soon the marriage proposals started. One man seemed to be a good match: they got to know each other for six months and a date was fixed for their wedding. Then, just 15 days before the event, he wanted to call it off yet somehow the marriage still went ahead. The result was devastating: her husband committed suicide just one and half months after the wedding. Salimun was shattered. She isolated herself from everyone else and even attempted suicide. She was diagnosed with depression and received medication for six months. However, she never got over that incident. Even though she later married again, to her brother-in-law, and had two sons, she still suffered from anxiety attacks and stress.

However, she continued to work as an ANM and this year, while working at Pakadi Health Post in Mayadevi, she had an opportunity to participate in mental health training

for ANM and staff nurses, conducted by DSDC⁸ through the new mental health project of UMN MDT. The six-day training on mental health was a turning point in her life after all these years of anxiety and depression. It gave her the opportunity to share all the agonies that she had been silently suffering alone. The examples and case stories greatly helped Salimun, causing her to reflect deeply. During the training she also learnt what would help her whenever facing stress and panic, including many self-care practices and grounding exercises. Despite being a health professional, until this training, she had never had the chance to learn about psychosocial and mental health, including causes, symptoms and self-care practices.

Beyond the benefit to herself, following the training Salimun was certified by the NHTC⁹ to provide mental health services (as a non-prescriber) and is now supporting those presenting with symptoms of mental ill health. She has great contentment in being able to use her learning and provide these services at the community level from Pakadi Health Post. "I am now teaching self-care and grounding exercises," she stated. "This wouldn't have been possible without the training." Furthermore, she is giving counselling and assisting in identifying people with mental illness. This year's training brought greater fullness of life through improving and promoting mental health and well-being for Salimun, her patients and their community.

Sabina Lakha
Project Manager – Mental Health

⁸ Dalit Social Development Centre

⁹ National Health Training Centre



◀ Salimun counselling a woman with mental health issues at Pakadi Health Post, Kapilvastu.

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Integral Development



INTEGRAL DEVELOPMENT

- ▶ During the last wave of the pandemic, **11** local faith-based institutions from Bajhang, Kapilvastu, Nawalparasi West and Doti took initiative to address urgent community needs. They cared for COVID positive people, providing food and health and safety items.
- ▶ **45** facilitators in Rukum, Kapilvastu and Nawalparasi West have been trained in the *Sangsangai*¹⁰ process. They formed study groups and started discussing common needs and local resources which they could use to improve community life.
- ▶ A total of **84** people from four of our clusters were trained on stewardship and financial management. They now have a greater level of openness and accountability to their members and community.
- ▶ **32** faith-based institutions were trained in disaster management and preparedness (Mugu 10, Nawalparasi West 4, Kapilvastu 4, Bajhang 6, Doti 8). They have formed disaster management committees, raised funds and formed volunteer groups. This has built their capacity and made it possible to mobilise for disaster relief work.
- ▶ **13** leaders participated in an exposure visit to Dhading to observe the impact of the *Sangsangai* process on the faith-based institutions and communities in this district.
- ▶ The Transforming Family and Community Relationships Project began in Kapilvastu by training **24** gender facilitators who have held community dialogues to discuss healthy family relationships and overcome gender discrimination. Approximately **240** were involved.
- ▶ **76** leaders from all our clusters have been trained in the principles and approaches of Integral Mission. They have learned about practically serving their local

community especially with marginalised, oppressed and excluded groups.

- ▶ Following *Sangsangai* training several faith-based institutions (in Mugu, Bajhang and Kapilvastu) were inspired to respond to needs in their communities - including material assistance for families affected by a fire, financial support to widows and a visually impaired girl and educational materials for children from poor families.
- ▶ Seven teachers and theological writers have been working to produce a facilitation guide for the teaching of Integral Mission to future leaders.
- ▶ An Integral Mission Forum composed of more than **40** members from faith-based groups and NGOs has resumed meetings for sharing experiences of Integral Mission around Nepal.



REDUCING DANGER AND DAILY CHORES

The village of Talitum is found in the District of Mugu in the north west of Nepal. There are about 640 people living there. The nearest source of water is about one hour's walk away, and normally this task is left to the women. As is the case in hilly areas there is also danger of landslides with destruction of roads and housing during the monsoon season.

Dhan Raj Rawal is Pastor of Victory Bethel Church in the village and recently some church members participated in trainings organised by the Integral Development Team. Members were trained in Disaster Risk Reduction (DRR), and the *Sangsangai* process which challenges the church to find ways to serve the wider community.

Knowing the challenges of living in Talitum, the members realised that they could take action to help everyone. A decision was taken to build a tank for the collection of water. Twenty members were mobilised to work for seven days on this project. They purchased the necessary materials and offered their labour, self-funding the project to a total of NPR 95,000. This work has been welcomed by everyone, especially the women who now have easy access to water, saving a great deal of time and effort.

Continuing to reflect upon this success in the *Sangsangai* study group, the members also realised that they could

work to reduce the risk of injury and damage to property in the monsoon season. There was a need to protect part of the village from landslides. Nine people were mobilised to work for three days building a retaining wall 10m long and 2.5m high. Once again, they sourced the materials and offered their labour.

The church has gained the respect of community leaders and has been able to make contact with government officials to network and coordinate with them on other possible community needs. This is always a significant and important positive step.

Pastor Dhan Raj said "This training has reminded us that God is calling us to consider how our church can become salt and light in our community; we are taking community issues seriously and praying to God about them. We have resources and we are mobilising them to make better communities - we also demonstrate the love of God through our action."

The women of Talitum are now relieved of the daily task of an hour's walk to get water, giving them more time for other things. The whole village is at less risk from the dangers of landslides. The congregation has gained greater respect in the community, and the love of God has been demonstrated to everyone in these very practical ways.

◀ Dhan Raj beside the new retaining wall.

Jiwan Rai
Project Officer - Integral Development

¹⁰ This is a process of engaging faith-based institutions with their local communities to demonstrate God's love.

FINANCE

This reporting year that ended on 16 July 2022 is the second financial year of the United Mission to Nepal Medical and Development Trust (UMN MDT) after its incorporation in 2020.

UMN MDT's total consolidated income for the year was NPR 815,578,367 (USD 6,399,202) which is 16.8% higher than last year (2020-21: NPR 698,169,894/USD 5,477,990) and its consolidated expenditure was NPR 830,379,349 (USD 6,515,334) which is 18.9% higher compared to the previous year (2020-21: NPR 698,329,821/USD 5,479,245). The consolidated accounts of UMN MDT include the full accounts of Okhaldhunga Community Hospital (OCH), United Mission Hospital Tansen (UMHT), and clusters (UMN MDT's work in six districts). UMN MDT's accounts have been prepared using guidance from the Accounting Standards Board of Nepal and voluntarily adopting the '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

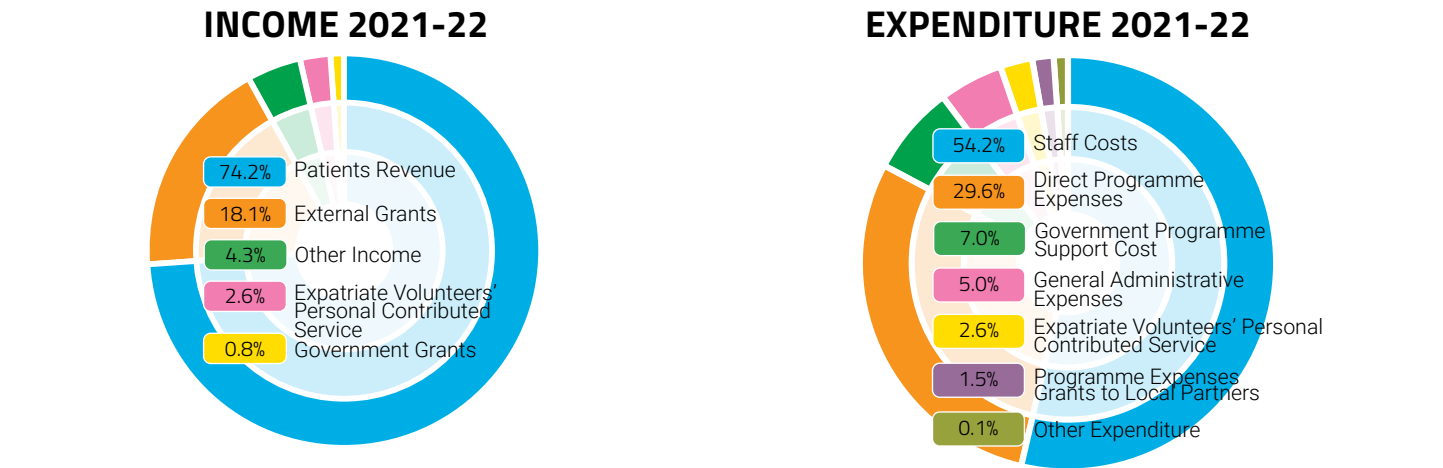
The consolidated income includes NPR 604,879,068 (USD 4,746,011) from the two hospitals' patients' revenue (74.1%). The remainder of the total consolidated income comes from:

- ▶ External grants of NPR 147,653,314 (USD 1,158,520 making up 18.1%,
- ▶ 2.6% from expatriate volunteers' personal contributed service of NPR 21,243,819 (USD 166,684),
- ▶ 4.3% from other local income of NPR 35,436,336 (USD 278,041) and,
- ▶ 0.7% from government grants of NPR 6,365,831 (USD 49,947.67).

Most of the external grant funding received this year was for free care, community health projects and other development projects. NPR 27,301,097 (USD 214,210) in external funding was received for community development.

EXPENDITURE

Consolidated expenditure was NPR 830,379,349 (USD 6,515,334) for the year. Consolidated expenditure includes two hospitals' expenses and development projects for clusters. The highest expenditure (55.2%) was on staff costs of NPR 450,334,420 (USD 3,533,420) (96.9% of which - NPR 436,589,891 (USD 3,425,577) - was hospital staff costs). The second highest (30.1%) was NPR 245,685,790 (USD 1,927,703) for direct programme expenses in hospitals.



TOTAL ASSETS AND PROPERTY OF TRUST

The consolidated financial position of MDT for the financial year consists of non-current assets NPR 558,359,673 (USD 4,381,010), which is 1.4% lower than last year's NPR 566,752,704 (USD 4,446,863). The non-current assets mainly include land and buildings, vehicles, hospital and office equipment of the two hospitals. The current assets of NPR 498,659,924 (USD 3,912,593) increased 7% from last year when it was NPR 465,110,358 (USD 3,649,355), including medical inventories, accounts receivable, cash and cash equivalents. The total of assets for the year was NPR 1,057,019,598 (USD 8,685,716) which is a 2% increase compared to last year's NPR 1,031,863,061 (8,096,219).

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

EXPENDITURE	UNITED MISSION HOSPITAL TANSEN	OKHALDHUNGA COMMUNITY HOSPITAL	KATHMANDU MDT	TOTAL
Hospital/Programmatic Staff	337,470,558	99,119,333	13,744,529	450,334,420
Programme Expenses - Grants to Local Partners	-	-	12,524,330	12,524,330
Direct Programme Expenses Including Community Development Projects	129,904,026	112,023,180	3,758,584	245,685,790
General Administrative Expenses	28,592,371	12,057,277	1,287,949	41,937,597
Government Programme Support Cost	57,731,987	-	-	57,731,987
Other Expenditure	921,406	-	-	921,406
Expatriate Volunteers' Personal Contributed Service	17,958,128	3,285,691	-	21,243,819
Total (NPR)	554,620,348	223,199,791	31,315,392	809,135,531
Total (USD)	4,351,670	1,751,273	245,707	6,348,651

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.

The current trustees are as follows:



Dr David Rodgers
UK



Lalbiakhlui Rokhum
India



Ajay Anand Sharma
Nepal



Heidi Westborg Steel
Norway



Rupa Chhetri
Nepal



Dr Nastu Sharma
Nepal



Samuel Grosz
USA



Dr Arbin Pokharel
Nepal



Caroline Trimble
UK



Malati Rai
Nepal



Dr Mathew Santhosh Thomas
India



Narayan Khadka
Nepal

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

Until November 2021, the Executive Director of UMN MDT and chair of the leadership team was Mr Joel Hafvenstein. From November 2021, these roles were handed over to Ms Dhana Lama.

A significant change in hospital leadership occurred at the close of the fiscal year. Effective from 17 July 2022, upon Dr Olak Jirel's retiral Mr Yub Raj Acharya took over responsibility as the new the Hospital Services Director while Dr Roshan Kharel took over responsibility as the new Hospital Director for Okhaldhunga Community Hospital.



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

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