



Friends of  
**2023** Tansen





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**Produced by** the Communications Team, UMN  
**Editorial Team:** Nancy Joseph, Deborah Dornon,  
Dr Rachel Karrach, Liberty Harris  
**Design:** Ramesh Man Maharjan  
**Cover photo:** Liberty Harris  
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## DEAR Friends of Tansen

The hospital is beginning to emerge from the COVID-19 pandemic. We experienced another wave at the end of the summer but fewer admissions for severe COVID this time. COVID was not the only infectious disease of concern. The last COVID surge coincided with an upturn in dengue cases. Dengue used to be a disease we thought of as only affecting the hotter districts on the plains, but perhaps due to global warming, the mosquitoes which spread this virus are thriving in the mountains now. We have seen significant numbers of cases in our Tansen community and some staff have been infected too. Dengue and COVID, along with the usual scrub typhus and typhoid infections, made for busy medical wards and clinics throughout the monsoon.

This has been a year of transitions. Dr Olak Jirel retired and we have a new Hospital Services Director, Yub Raj Acharya. We are grateful to Dr Olak for nearly 40 years of service to UMN hospitals, starting in Tansen, and wish him God's blessing in retirement. Yub Raj Acharya was director of our sister hospital in Okhaldhunga and has years of experience in hospital management. As he moved to Kathmandu to take up his new responsibility as Hospital Services Director, our donor relations officer, Dr Roshan Kharel, was appointed to be director of Okhaldhunga Community Hospital. So this is the first edition of Friends of Tansen he has not edited. I would like to thank him for his many years of work on this publication and for getting us ready for this year's edition before he left. Another transition in the hospital is that Dr Niranjana Sharma is standing down as medical superintendent

after 18 years, having reached retirement age. However, we are happy he is staying on as an experienced senior doctor and will continue to do clinical work. Dr Tul Pun, our chief surgeon, is our new medical superintendent. It is good to see the next generation of leaders stepping up.

Some infrastructure projects will be completed soon. The wastewater project will start early in 2023, thanks to the funding received from a Rotary Global grant. We also received generous funding for our maternity expansion project from a fundraising TV programme broadcast in Holland by EO Metterdaad and from individual supporters around the world. Maternity will expand into a postnatal ward in the present admin offices, which are adjacent to the maternity building, and the admin offices will move to a new floor to be built on our paediatric and orthopaedic ward block.

The feasibility study for our long-term infrastructure planning was completed and we now have an idea of what building work will be needed in the future to replace our older unsafe buildings. This will be a very large project.

We are grateful for your prayers, financial support and partnership in the work we are doing. I hope you enjoy reading the stories and experiences shared in this edition of friends of Tansen - we could not have done this without you!

**DR RACHEL KARRACH**  
Hospital Director





## FROM THE Hospital Services Director

It is with great pleasure that I share that this year marks the 69th year of service for our hospital! We are proud to have been able to provide high-quality healthcare to our community for so many years.

As the hospital services director, I am constantly amazed by the dedication and compassion of our medical staff. They work tirelessly to deliver the best possible care to our patients, and their commitment to our mission is evident in everything they do.

At Tansen Hospital, we are committed to meeting the highest standards of care. In line with the Nepal government's recent operating standards for 200-bed general hospitals, we are in the process of updating our vision, mission, and values. We also are developing a long-term hospital strategy that focuses on expanding and improving our services, with a particular emphasis on building new infrastructure. This will create new facilities for service and allow for clinical academic training for postgraduate courses in the future.

Our hospital offers a wide range of services to meet the needs of our community, including general

medical and surgical care, as well as specialties such as obstetrics and gynaecology, orthopaedics, paediatrics, urology, and psychiatry. We are also committed to staying up-to-date with the latest medical technologies and practices, in order to provide the most advanced care possible.

None of this would be possible without the support of our generous donors and volunteers. I want to express my heartfelt gratitude to all of you who have contributed to United Mission Hospital Tansen over the years. Your generosity has allowed us to make a real difference in the lives of so many people, and we are deeply grateful.

I hope that you will enjoy reading about all of the wonderful work and life changing stories that have been accomplished at Tansen Hospital this year. We look forward to continuing to serve our community with excellence and compassion for many years to come.

**YUB RAJ ACHARYA**  
Hospital Services Director



# A DAY IN THE LIFE



The life of a junior doctor at Tansen Mission Hospital is one that requires efficiency and poise. Even the brightest resident can find themselves running constantly to attend to the many needs of an on-call night in Tansen. Dr Prabesh is no exception, and this day in his life illustrates his tireless work ethic and the many needs faced daily.

- |  |  |   |
|--|--|---|
| <b>05:30</b> Woke up, got ready  | <b>13:10</b> Headed to ward for electrocardiogram review                           | <b>01:19</b> Rested in on-call room   |
| <b>07:00</b> Completed pre rounds starting with a paediatric critical burn case                      | <b>13:20</b> Back to ER for STI case   | <b>02:14</b> Call received from ward for no urine output despite continuous bladder irrigation, suspected bladder rupture, informed senior doctor on call |
| <b>08:00</b> Rounded with seniors and placed a Foley catheter  | <b>13:30</b> Re-flushed Foley catheter   | Reassessed patient and arranged blood cross match, blood transfusion started  |
| <b>10:30</b> Visited ER for a case of possible appendicitis, pre-op investigations ordered           | <b>14:08</b> Headed to OR for appendectomy   | Called anaesthesia for review and preparation for emergency operation   |
| <b>10:45</b> Visited ortho ward for a patient admitted with abdominal pain                           | <b>15:10</b> Completed Foley reinsertion due to urinary leakage                    | <b>05:00</b> Enjoyed coffee and biscuits with seniors while discussing operative plan   |
| <b>11:00</b> Ate breakfast at canteen with colleagues discussing patients, weather and holiday plans | <b>15:30</b> ER injury case - laceration over right ear/local anaesthesia suturing | <b>06:20</b> OR case started  |
| <b>11:25</b> Headed to ward for discharges   | <b>16:40</b> Goals of care discussion with patient party for deteriorating patient | <b>07:45</b> Morning conference... presented 4 cases from overnight: 2 tendon injuries, 2 cases of symptomatic cholelithiasis (gallstones)                |
| <b>11:50</b> Case of appendicitis at ER, informed on-call doctor                                     | <b>17:00</b> Updated lab reports and informed team                                 | <b>08:10</b> Rounds started   |
| <b>12:00</b> Received call for urine retention post catheter placement, irrigation done              | <b>17:20</b> 20% paediatric burn case post dressing under IV ketamine reassessed   | <b>10:20</b> To ER for another appendicitis case  |
| <b>12:20</b> Call from ward to review chest X-ray of patient with emphysema                          | <b>17:50</b> Late lunch of egg and beaten rice                                     | <b>10:30</b> Stopped at canteen for breakfast   |
| <b>12:23</b> Back to ER helping with large volume of emergency cases                                 | <b>18:20</b> Checked lab reports again   | <b>10:45</b> Completed post round discharges  |
| <b>12:40</b> Talked with anaesthesia and surgical team regarding emergency appendectomy              | <b>18:50</b> Returned to ER for new cases  | <b>11:20</b> Arrived to on-call room... time for sleep  |
|  | <b>19:19</b> Returned to ward to check on post op                                  |   |
|  | <b>22:00</b> Tea break   |   |
|  | <b>22:10</b> Call received for bladder obstruction                                 |   |
|  | <b>22:40</b> Back to ER to see multiple traumatic fall cases                       |   |

Dr. Prabesh has been a house officer since April 2022. He is from Kathmandu. He joined UMHT because of the care provided to all, especially the underprivileged. In his own words, "I feel it gives us a kind of peace of mind (serving the poor), and helps us give the best possible care (not limited by what patients can or cannot pay)."

**PRABESH RAJ JAMKATEL**  
Junior Doctor



# A GLIMPSE INTO *the emergency room*

My first steps into the Emergency Room (ER) at 8am spark excitement as well as nervousness as I see all the patients who have been waiting to see the doctor. One of the unique things about working in United Mission Hospital Tansen is that even before entering, I have had my heart prepped with the Word of God and prayer multiple times. From my personal devotions to a prayer time with a few other Christian physicians, to the official prayers in our morning report with all the other doctors, I can orient myself and thank God for the opportunity to serve. These prayers help sustain me through the challenges I face during the day.

In the ER, I greet the medical assistants and junior doctors and quickly scan to see who appears most sick. Since we do not have a formal triage system, I often find myself doing mental triage throughout the day.

I start looking through charts when I hear a commotion. A man is walking in, shouting threats at anyone who dares to make eye contact with him. He is surrounded by four friends who are trying to calm him down. His booming voice and slurred threats have gotten everyone's attention at this point. As the medical assistants get him onto a stretcher, I say a short prayer for him and our staff. The patient seems to be experiencing some sort of psychosis. Getting a proper history from him appears impossible, but we somehow manage and are able to calm him down with medication.

Soon after, a woman is brought in. Her family member tells us that she went into labour on the way and delivered the baby in a jeep. We rush the baby up to the paediatric High Dependency Unit as the mother has delivered around 5 weeks prematurely. I start working on writing and processing the mother's admission for postpartum care.

In between these urgent cases, I find the lab results have arrived for some of the children lying on



stretchers. I look them over and see these patients as soon as possible and write their notes after addressing the concerns of the parents.

Another patient is brought in with a snake bite. It is important to identify if the snake was poisonous, and if the patient shows signs of envenomation. This helps us decide if we need to give antivenom. Thankfully, at UMHT, antivenom is usually available. Fortunately, a family member has brought the live snake (not poisonous!) into the ER in a bucket. The patient just needed first aid and monitoring.

In the afternoon, a poultry farmer living three hours away is brought in after being attacked by a leopard. The farmer went to the chicken coop and found the leopard had killed around 40 of his chickens. Thankfully, the man had no serious injuries and was treated and released.

Apart from these unique cases, we manage many patients in the ER with COPD, heart attacks, strokes, severe infections, and fractures daily. We hope to soon add a triage nurse to help us serve them better! Please pray for that.

**DR DANNY JOSEPH**  
Family Medicine Physician





## A STORY OF *loss and healing*

*Some of the pastoral care team*

Dhan Bahadur Kami, 42, lives with his wife, son, two daughters and a daughter-in-law in a small village near Tansen. He used to work in India cooking and cleaning at a hotel, but after he developed diabetes several years ago he had to return to Nepal and has not been able to return to work. His wife works at any day labour job she can find in the village, and his son is an apprentice in a goldsmith shop in Tansen. His two daughters attend a government school, and his daughter-in-law helps keep the house running. The family has a small area around the house where they grow some vegetables, but have no other land, so all the money they are able to earn goes to purchasing the food needed for the family.

One day, Dhan got a thorn in his finger while cleaning outside. The finger became swollen and started to look infected. He tried to treat it at home but it got worse, and by the time he came to the hospital a week later, the wound was badly infected. He was sent from ER to the outpatient department, but when the test results came back, he was advised to be admitted.

The patient and his wife at first refused admission, as they could not afford the treatment. Since they had not been able to get a referral letter from the district hospital, the insurance was not going to help cover the costs. When they explained this to the doctor, they were referred to the pastoral care department. Pastoral care staff encouraged Dhan to be admitted, and they visited each day and listened to his emotional

hurts and suffering. They were able to encourage him.

Dhan's home village included people of every caste, but most were poor and couldn't offer to help. The pastoral care team did a home visit to see the reality of their situation and found that the family really was in great need. It is important often for pastoral care to actually travel to the patient's home and village to determine if there would be help available locally - and to discern if what they hear from other people is actually true or just a rumour.

Dhan was initially in the surgical ward, but as he became weaker he was shifted to the High Dependency Unit for several days. Even though his general condition improved, his infected finger worsened and the doctors told him they would need to amputate. It is hard for anyone to lose a body part, and much counselling was needed to help him come to terms with the thought of losing his finger. Eventually, he consented to the operation. His hope for recovery grew daily with the ongoing visits of the pastoral care team, and Dhan started to come to the chapel each day and to ask for prayers.

In the end, Dhan recovered fully and left with thankfulness in his heart for the doctors, nurses, and other staff who had cared for him and enabled him to return home healed.

**PADAM BHADUR DC**  
Pastoral Care Department

# Hari's STORY

Hari's life story is one filled with troubles but lined with God's grace. Hari Saru Magar is 32 years old and works in the maintenance department at the hospital. He lives in Tansen with his wife, daughter, his mother and older sister.

The first tragedy in Hari's life occurred when he was four and his father died of mushroom poisoning. His mother moved the family to Tansen for work. She wove dhaka fabric, and the children helped her before and after school. It was a difficult time, but the family came to faith in the Lord thanks to members of Tansen Church.

Hari moved to New Delhi when he was 16 and worked there for two years. Then he moved to Kathmandu and worked as a waiter. At age 20, the most painful part of Hari's story took place. He got a call from his sister, saying their younger brother, aged 16, had been bitten by a poisonous snake and was in the ICU. Hari got the first bus available but when he arrived in Tansen, he was devastated to learn that his brother had died. "It is hard to think about; sometimes I still dream about it." Hari says. "He had so much of his life before him."

In his grief, Hari remembers "I loved my mother too much to leave her and return to Kathmandu." The pastoral care team showed the family immense support, and Hari was offered a daily wage job at the hospital. He worked hard and after four years, he got a permanent position for which he was grateful. However two years later, because of different circumstances, he started to drink alcohol. That was the beginning of five years of struggling with alcoholism and depression. The turning point came when he was in the ICU, severely sick with liver problems. Hari has a vivid memory from the ICU that deeply influenced him. He saw an older woman in the next bed having her oxygen withdrawn because of a lack of oxygen, and then dying. He thought, "If I had been well, I could have worked on the oxygen plant,



and she could have had oxygen and survived." After he recovered, it was arranged for Hari to enter a Christian rehab centre. "I am so grateful for how Dr Rachel, the pastoral care team and other believing staff kept loving me and praying for me. I was close to death, but they didn't give up."

The three months at the centre profoundly changed Hari's life. "The Lord did a great work in my heart. We read the Bible and prayed together and the Lord gave me strength to quit alcohol. I was so refreshed there, spiritually and physically." Today Hari shares the dangers of alcohol with patients weekly. In this way, the Lord is using his experiences to help others. "Life is so much better than it used to be, and I place all the difficult things in my life in prayer", Hari says. "I believe everything good is because of prayer!"

**IDA ARDEBY**  
University Student





## PRIVILEGED TO BE WORKING *in the community*

Kalpana (centre) with  
a patient at a monthly  
community clinic

I consider it a privilege to have served in community health with United Mission Hospital Tansen (UMHT) for the past 23 years. I am an Auxiliary Nurse Midwife (ANM) but I have had opportunities to work with several experienced staff which have built me up as a community worker. I began my professional career in a Community Health Project run by UMN where I worked not only in health care, but also in development, education and agriculture. This allowed me to visit several health posts around Palpa District as part of the health post strengthening programme. After this project was closed, I was transferred to UMHT's Community Health Department.

My work was then based in the Maternal and Child Health (MCH) clinic (historically called the Town Clinic, started by Sister Ingeborg from Norway). Thanks to support from the Finnish Evangelical Lutheran Mission, the UMHT Community Health Department started a safe motherhood programme. My role was mostly to raise awareness of maternal health, through school health programmes, by teaching women's health, personal hygiene and sanitation. I also shared the dangers of child marriage and climate change. I enjoyed this as I could relate when I spoke to mothers and young girls. Along with my team, we covered two districts. Later, this project was also phased out and gradually the government took over.

UMHT decided to continue the MCH clinic in the hospital and I was asked to serve. Later, I was given the opportunity to work for a mental health project as well,

which is ongoing. This involves raising mental health awareness among school children and the community, in coordination with rural municipalities and Tansen Municipality. Since the mental health project is directly connected with UMHT, I can refer patients to the hospital when they need psychiatric support. I have benefitted too, as over the past few months I have had training in gender-based violence and other mental health-related issues.

One of the challenges in working in a community is coordinating with the government and its programmes. Sometimes following the timetable of the government is challenging and other times completing the tasks assigned by UMHT Community Health Department in the assigned time frame can be difficult. However, it gives me joy when we together meet the needs of the community in the area of mental health. I feel proud when people trust me and my team members as staff of UMHT. This energises us to meet the goal of the project. They love us and fondly refer to us as the 'Mission Staff'. Love for people is a driving force not only for me but possibly for all the staff of UMHT.

I am thankful to the UMHT management team, my colleagues, Nepal government staff and friends from abroad with whom I am able to contribute a service among people in need and bring transformation in their lives.

**KALPANA DHAKAL**  
Community Health Department



## EDUCATING STUDENTS TODAY FOR *Tomorrow's Care*

Shakuntala Thanju has been serving as the principal of Tansen School of Health Science (TSHS) since it reopened in 1999. Prior to that, she was working at Lalitpur Nursing Campus after completing her Master's degree in nursing in the Philippines.

Shakuntala recalls how her journey towards becoming principal started with an article that she had written about the role of a nurse. As Dr Dick Harding read the article, he felt that Shakuntala was the person UMN was searching for to head the TSHS and reached out to her. Moving from Kathmandu to Tansen was not an altogether easy decision. Over the years however, Shakuntala has seen it confirmed in different ways that she is in the right place. "I feel that God wants me here!"

During the 23 years Shakuntala has been serving as principal, the school has expanded significantly. In 1999 TSHS had one programme: the Proficiency Certificate Level in Nursing. Today there are two more long-term programmes: Certificate in Medical Lab Technology and a government-run nursing training for marginalised students. In addition to this, there are short-term trainings offered occasionally, such as caregiver, cook and carpentry.

Another positive change Shakuntala mentions is that in the beginning there were only female nursing students, but today 15% of the nursing students are male. The stigma that used to be attached to male nurses has decreased in recent years.

A specific memory that greatly encourages Shakuntala is that in 2019, the Ministry of Education of Nepal awarded TSHS the 'Best Partnership School' between the Council on Technical Education and Vocational Training and the United Mission Hospital Tansen. "This

established the school as the top model school in the country," Shakuntala says. "It was the pinnacle of our achievement in addition to the previous years when we had already received awards for the 'Best School' as well as the 'Principal of the Year'. I am very thankful to the school stakeholders for their genuine love and support!"

Shakuntala's vision for the graduates of TSHS is precisely what she wrote about in the article that started her journey. She hopes that they will be able to conduct multiple roles as professionals including:

- A clinician role providing direct client care.
- A developmental role improving the capacity of individuals, families and communities to cope with their health problems and ultimately attain self-reliance in health.
- A facilitative role while serving in their designated fields, making the health services available, feasible, acceptable and accessible to the patient.
- A supportive role providing a support system and provision of safe and appropriate health services through supervision, teaching and managerial roles.

Looking to the future, Shakuntala hopes to see continued growth of the school. A pharmacy faculty is planned to begin operating next year. She dreams of the school expanding into other disciplines as well, such as physiotherapy, midwifery or dental care. Looking back on how TSHS has grown and prospered during Shakuntala's 23 years of dedicated service, it will surely continue to do so in the future!

### SHAKUNTALA THANJU

Principal of Tansen School of Health Science





## THE LURE OF *Tansen*

In 1997-98 we spent 15 months in Tansen while Jim worked at the Mission Hospital. We lived in Meheldhara with our three children, aged 4 to 11. Our home was surrounded by Nepali families and the nearby temple where bells woke us up much too early each morning. We enjoyed the flights and activities of the huge fruit bats who lived in the trees nearby. We experienced the difficult yet rewarding work at the hospital as well as the joy of making wonderful friends. We saw why people seek care at the hospital: the professionalism and unique compassion formed by the faith community of workers and staff, also modelled by the non-Christian staff. We assumed that we would return to serve again – but life guided us on a different path and prevented that.

We have returned to Tansen four times for visits since then and hope that will continue. It has been a joy to continue to support the hospital, both with prayers and giving. Why? How could 15 short months affect us so strongly?

- 1) We have many friends to see – even though the expat community changes, friends in Tansen draw us back.
- 2) That short time of living/serving in Tansen changed us – providing a broader global view. It helped form our children's lives, too. We often refer to our lives as 'Before Nepal' and 'After Nepal'.
- 3) Our hearts remain with the mission of the hospital and we love seeing progress and the growing Nepali doctor staff.

- 4) Nepal will be our 'second home' for the rest of our lives. We feel so comfortable there.
- 5) Attending 'our church' in Tansen is always a great blessing.
- 6) We want to continue to encourage with our visits. Tansen has changed much – and yet not much. The hospital has grown, specialised, and has more Nepali medical staff which allows senior doctors more time to teach and get more rest at night when on call. While Jim once carried his *jhola* (bag) with books and the 'Tansen protocols', now doctors carry smart phones with info on apps. Many medical problems have largely remained the same, even though treatments have improved in many ways. Tansen has lost much of its quiet centre with vehicles now driving on roads that were once footpaths. It continues to spread out over the hillside with many new houses, businesses and hotels. Yet, it feels much the same when you visit with new and old friends. The warmth and welcome remain.

Our time in Nepal changed our lives. Did you know that service on the other side of the world can prepare one for service at home? Ten years after we returned from Tansen, a large group of Bhutanese/Nepali refugees began resettling in our town. We were uniquely prepared to help them assimilate and became friends with many. When we left Nepal, we never dreamed that one day we would drink *chiya* (tea), speak Nepali, have Nepali food stores and friends right in our own town. Who would have known but God!

**DR JIM & CAROL HERR**  
From Pennsylvania, USA



## Training at TANSEN

It can feel overwhelming when you are responsible for the care of a very sick patient. Twenty years ago I was the doctor on duty in the paediatric ward at United Mission Hospital, Tansen. I was responsible for caring for Radha, an 8-year-old girl who had been bitten by a snake. The snake venom resulted in paralysis of her muscles and she was unable to breathe on her own. At that time, when a patient stopped breathing, the staff and family members would take turns squeezing a resuscitation bag to breathe for them. It was very difficult. We prayed to the Lord for help for situations like this. He graciously provided a donated ventilator and respiratory supplies for the hospital. Although the equipment was then available for use, very few of the staff were familiar with how to properly care for a patient receiving mechanical ventilation. However, just when Radha was admitted, an anaesthetist (anaesthesiologist) from New Zealand was in Tansen and set up the ventilator for her. As we watched Radha through the night the ventilator completely supported her breathing. In the morning, she started to take some breaths on her own. By God's grace, she recovered completely and went home the following day.

This incident prompted me to look for ways that we could train our nursing and medical staff in how to care for these patients. The Lord provided a number of visiting nurses, doctors and respiratory therapists who were able to contribute their collective expertise to help train our staff. This culminated in the development of a short training course in intensive care by an ICU nurse from Australia. I have had the

privilege of modifying and teaching this course over the past several years. In the past two years, my son Daniel was able to join me to help with training and resuscitation simulations. Several nurses and doctors at the hospital have received training in intensive care. This year, we also developed a training course for neonatal intensive care.

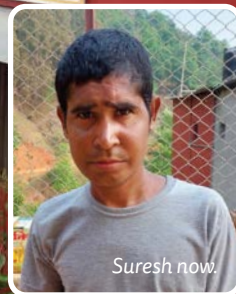
Each course utilises a combination of lectures, case studies, and hands-on skills training. The participants are able to learn using equipment such as cardiac monitors and ventilators on mannequins. By practising in the simulation centre, they are able to develop confidence and skill before dealing with the same situations for critically ill patients. At the completion of training, the participants have the opportunity to demonstrate their skills and knowledge through practical tests and written examinations. I was encouraged to see our staff quickly and confidently set up ventilator circuits. However, the real test of their mastery occurs back in the hospital when they are taking care of very sick patients. It has been a joy to have a small part in helping our staff to learn better patient care. Instead of feeling overwhelmed, they are now able to work effectively. Working closely with our pastoral care staff who help minister to the patient and their family's emotional, financial and spiritual needs, the team is able to provide excellent holistic care to the patient.

**DR SUNIL JOHN**  
Paediatric Cardiologist





## *Health, hope, and healing...* Through NLPRC's strong partnership with UMHT



Suresh now

We seek to serve the sick and suffering, the chronically ill, those who have no voice, the hungry, the homeless, those who are afraid and those in need of a human/divine touch.

The New Life Psychiatric Rehab Centre (NLPRC) is a place for those who have no hope and nowhere to go after discharge from the hospital. The vision of NLPRC is to provide holistic care, believing that every person is God's creation. All the residents are encouraged to develop skills, and where possible to rejoin the wider community after rehabilitation. Over the past 7 years, many have returned to live in their own communities again. Those for whom this is not possible stay long term. Our residents face many difficult issues including depression, mental illness, financial loss and broken relationships.

In spite of this, our clients' lives are changed!

Suresh is an example of this. He was brought to the Emergency Room by the police. He was found on the side of the road, curled in a fetal position, covering his face which was quite swollen. He was taken first to the district hospital and they referred him to the United Mission Hospital Tansen. The pastoral care department was called in to help. Suresh was diagnosed with a right-sided pleural effusion and tuberculosis. As he had no money the NPR 90,404 (USD 690) for his treatment was covered by our Medical Assistance Fund.

The pastoral care staff sought to learn more about him. We bathed him, cut his hair, gave him new clothes, and provided food from the hospital canteen. We also gave him a toothbrush, soap, and other toiletries. He needed someone with him 24 hours a day, so we hired a person to be his carer. For a long time - almost two months - he received treatment for his pleural effusion. He also received occupational therapy and physiotherapy support, because he was very weak and could not move or walk. In the meantime, the pastoral care department spent more time with him and tried to encourage him to talk. After some time, he was able to write his name - Suresh.

Slowly, Suresh started to walk and eat independently. He was calmer and began to speak in short sentences. There were still problems, but he had greatly improved. Once his hospital treatment was complete, he was sent to the New Life Psychiatric Rehab Centre - 39 days after he had first come to the hospital. As he left, he smiled and waved to the hospital staff. Now, he continues to take his medicines and lives at the rehab centre, in a much better condition than before. While the search for his family continues, the rehab centre has become his home.

**PUN NARAYAN SHRESTHA**  
UMHT Pastoral Care Department

# Facts and Figures

The hospital had a busy year as we slowly emerged from the pandemic.

Statistics	Previous year 2020-2021	This last year 2021-2022*
Admissions	11,116	11,838
Outpatients seen	88,913	101,642
Emergency cases	15,971	18,782
Bed occupancy (169 beds)	69.8%	72.9%
Deliveries	2,566	2,465
Town Clinic: Maternal and Child Health	7,146	6,231
Total surgeries	6,159	7,113

\*July 2021 - July 2022

During the year, we treated 383 COVID in-patients including 16 maternity cases. We administered over 3,000 doses of COVID vaccine.

## Thanks! With your donations we were able to:

- Give free care to patients totalling NPR 15,015,265. (USD 115,032)
- Provide many free orthopaedic implants to patients.
- Receive the following donated equipment:
  - 5 (10 litre) oxygen concentrators
  - PPE
  - A biochemistry analyser and CBC machine
  - A butterfly USG IQ with Phone
- Buy the following equipment:
  - A large washing machine
  - Printers
  - A portable colour Doppler ultrasound machine
  - A dental chair with suction
  - An infant incubator
  - A portable x-ray machine
  - An ECG machine
  - A pharmaceutical refrigerator
- 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.
2. We need to purchase an anaesthesia machine, dermatome for skin grafting, an on line UPS, a microscope, an automatic biochemistry analyser, a cautery machine, ventilators and syringe drivers (for the expanded high dependency unit), along with other vital equipment.
3. There are big projects such as the long term building plan, wastewater project phase 3, and a CT scanner.
4. The New Life Psychiatric Rehab Centre needs on-going support for running costs.
5. We are still in need of long term personnel, particularly an IT consultant, a fundraising manager (for both UMN MDT hospitals), and a gynaecologist. General surgeons and GPs/ Family medicine doctors are also needed. If you feel that God may be leading you to serve here please get in touch. Our website has more details.

See [www.umn.org.np/page/opportunities-expat](http://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.



TO  
give

When donating to **United Mission Hospital Tansen**, please send us a letter or email [ma@tansenhospital.org.np](mailto:ma@tansenhospital.org.np) (and copy to [fin@umn.org.np](mailto: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** (for NPR)

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

### MAIL DONATIONS

Please see [www.umn.org.np/give](http://www.umn.org.np/give) for options from your country.

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

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

### 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](http://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 [www.umn.org.np/give](http://www.umn.org.np/give)  
Some templates for bequests are also available.

### DONATE ONLINE

[www.umn.org.np/give](http://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  
MEDICAL & DEVELOPMENT TRUST**

PO Box 126, Kathmandu, Nepal  
Phone: +977 75 520489  
tansen@umn.org.np  
www.tansenhospital.org.np  
www.umn.org.np