



Friends of 2021 Tansen





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Dear Friends of Tansen

Welcome to another edition of *Friends of Tansen*. This year has been dominated by the COVID-19 pandemic. I am sure it has been for all of you too. Nepal went into a strict lockdown on 24 March, 2020 and patient numbers dropped dramatically for a few weeks. Some staff were furloughed on 50% salary turn by turn, but we continued to care for many patients needing emergency surgery, and mothers still came in increased numbers to deliver their babies. As travel restrictions eased the hospital became busy again and our problem was not lack of patients but how to keep physical distancing! In the summer many migrant workers returned from India and further abroad and many were found to have contracted the COVID-19 virus. At that point the policy was to keep these people in supervised isolation, even without symptoms. The hospital was given the use of a vacant building near the forest about 5 minutes' walk from the hospital and we turned this old people's home into an isolation unit and cared for 35 people there over the summer. Most were asymptomatic but sadly at the beginning of June one returnee arrived in a critical condition and died in the next few hours, becoming the first COVID death in our district and the tenth for Nepal. During this period many people were suffering more from not being able to access healthcare or being too scared to come to hospital until it was too late. I recently attended a province reporting meeting and we heard how during lockdown there was a rise in immunisation-preventable diseases and maternal mortality. We were hoping that our main role could be continuing to give general care and referring COVID patients but later in the year community spread became a reality in Tansen and the

DR HERBERT A. KARRACH

Dr Rachel's beloved father passed away in Tansen on 10 January 2021 after spending 16 winters here and the whole of 2020. He loved Tansen and his encouragement, friendliness and Godly walk will be missed by all who had been touched by his life.

Photo from 2019, presenting Dr Rachel's 25-year service certificate.



provincial hospitals were full, so in October we turned our medical ward into an isolation ward and have had between 10-20 patients admitted at any time, all moderately or severely unwell and requiring high flow oxygen. We have also seen staff and their families falling ill and so now our challenge is to maintain staffing levels.

One thing that has touched us is the help we have received from friends all over the world through UMN's Save our Hospitals Appeal and we appreciate that that support was sacrificial as help came from countries which, at the time, had much higher numbers of COVID cases than Nepal. Thank you!

At the time of writing this we have been processing the hospital registration at the province level. Now Nepal has a federal system, the latest hospital agreement is made at the province level. One good thing about this is that officials in provincial government are well aware of the good work we have been doing. The relevant minister has even been to the hospital as a patient in the past.

During the pandemic we can see even more clearly how important the work of the hospital is to our community, especially as many people are struggling financially due to losing jobs and many more people are needing financial support when they fall ill. So we are grateful for your on-going prayer and support for us.

DR RACHEL KARRACH
Hospital Director



CARING for LITTLE ONES in need

As a pediatrician, it has been a blessing to be a part of the work of United Mission Hospital Tansen over the past six years. My wife, a dentist, and I have been happy to be able to serve together. Adding some bricks on the foundation laid by past hospital workers has given us the feeling of being part of a larger plan. It is a joy when patients and their families go home feeling satisfied and with better health. I have been privileged to be part of the joys and sorrows of the patients.

Newborn care is challenging in resource-limited settings. It's expensive and requires dedicated staff and equipment but it's a rewarding area as newborns usually do well with appropriate care. As we face many challenges with newborn care, we have a lot of stories to be encouraged by. We hope that this gives you a glimpse of some of the work of the Mission Hospital.

Recently, a baby was born in another hospital in our district at just 29 weeks gestation. This baby weighed less than 1,000 grams. Because the family couldn't afford to pay for neonatal care in that hospital, they took their tiny baby and returned home. After a week, they came to our Emergency Room as the baby was severely dehydrated. Babies born that early are not yet able to suck on their own, so the baby was unable to get enough milk. The baby also was unable to breathe completely on his own and occasionally needed resuscitation. Another difficulty with premature babies is that their brains are not yet developed enough to coordinate regular breathing.

The child was admitted with antibiotics, kept warm in an incubator and received respiratory support with Continuous Positive Airway Pressure in our nursery. He was slowly started on tube feeding and began to show improvement. However, his stay in the hospital was complicated with severe infections. He was also given micronutrients and vitamins. He slowly gained weight and was taken off the incubator after a few weeks and started on kangaroo mother care. In this technique, the baby is kept on the mother's chest (skin to skin) and wrapped inside the mother's clothes - like a kangaroo keeps the baby in its pouch to give warmth.

After staying in the hospital for 50 days, this precious little boy was discharged. He had a discharge weight of 2,020 grams and a gestational age of 37 weeks, still three weeks before his due date. The mum was happy and all the staff in the pediatric ward were happy to be able to help this child. Because of the generous giving of many friends around the world, we were able to provide free care for this patient. This boy's family would never have been able to afford the care but were supported by the social service department through the Medical Assistance Fund. A child's life was saved, and his family was forever changed.

DR BIKASH ADHIKARI
Paediatrician



PREPARING to FIGHT COVID-19

Helping the Hospital and the Community

I came to Nepal in 2006 and spent about seven years teaching at the nursing school. After returning to Korea to complete my PhD, I came back to Tansen in April 2017. My PhD was in infection control which, although not my first choice, I now see was God's preparation for my present role. Since returning, my work has been based in the Hospital. I am also still involved in teaching Paediatric nursing at the Tansen School of Health Science (TSHS). In the hospital, we have an infection prevention (IP) committee. This committee focuses on training staff about infection prevention and assists in developing and reviewing infection control policies for the hospital. We are involved in teaching nurses, doctors, housekeeping staff, security guards and others about general rules of infection prevention. It is my joy to also give the same training at TSHS.

After the COVID-19 lockdown began in Tansen, all the trainings provided by the IP committee were concentrated on this new pandemic. I believe that God had been preparing my team to be able to handle COVID-19. My team and I started educating staff about the proper wearing, use and removal of Personal Protective Equipment (PPE), as well as teaching prevention strategies and hand hygiene. For a few months, TSHS operated isolation rooms for patients diagnosed with COVID-19. Like Hospital staff, the nursing tutors and other staff were involved in taking care of patients. The tutors who were trained for this later became trainers for other staff and students.

With the support of the hospital director, Dr Rachel Karrach, the IP team participated in training local army personnel in the isolation centres, and we trained doctors and staff at the government hospital in Tansen. We also went into the community and surrounding villages to train medical staff in health posts. Our team was available to go wherever there was a need for training.

From my observations, it seemed that many people were panicking at the beginning of the pandemic as we did not have enough information about this virus. At the same time, we also did not have enough PPE, which led to greater fears. Training helped us to quickly learn and adapt. Currently, we are in the stage of community transmission, so our work is not yet finished.

Some other challenges we faced were the lack of space in the hospital. It was hard to make decisions about the location of the isolation unit, to determine a safe path for patients, and to clarify contaminated zones as well as clean zones. However, after much discussion, the hospital converted our medical ward into an isolation (COVID) ward.

I would like to thank the hospital management team and IP team for their hard work and support to protect our staff and the community. Thank you, friends of Tansen, for all the support that you have given towards the purchase of necessary PPE and other supplies.

DR ESTHER KIM
Clinical Consultant



A brief look at COVID-19 at TANSEN HOSPITAL

When I first was assigned to work in the isolation ward, I felt glad to finally help with the current situation. Due to the lockdown, we had been much less busy, and I had been using the extra time doing administrative work. However, I had been missing serving patients clinically. With many staff feeling anxious about the pandemic as well as about the hospital's future, everyone's nerves were on edge. I did not feel fear, as I felt like we were fairly well prepared. Also, knowing that God was in control of the situation as well as of my future and my health, I was quite peaceful about working with COVID-19 patients.

When I entered the ward for the first time with my personal protection equipment (PPE) all in place, there was very little anxiety, as the patients were actually not critically ill. In both cases that I cared for in those first few weeks, the patients were improving even before we found out that their swab tests were negative for COVID-19, so there was no concern that patients would need more care than we could give. In both cases the patient and families were thankful for the care given and for the concern shown to them. I also worked to make sure that the staff were supported, encouraged, and made aware that with use of their PPE, they were not in significant danger of infection.

Now we are 9 months into the pandemic. We have run a facility for asymptomatic infected people to live in quarantine under the direction of the government. We have kept a ward running for suspected COVID-19 cases, isolated from other patients and from each other, treating them for whatever other infections

they may have, like pneumonia, while waiting for the swab test result. We have had several patients who were seriously ill who were referred to the government COVID hospital in Butwal. Only a few COVID positive patients have died under our care. Many people with mild symptoms are sent home to self-isolate, with instructions to return if they get sicker. The tension level in staff and in the community goes up and down.

I have observed that the anxiety surrounding the pandemic and the decrease in patient numbers in general was much more disruptive to our work and mental outlook than the few possible infected patients whom we cared for. Nationwide, patients with other illnesses, who should have been coming for care, stayed home until they were critically ill or until it was too late, because they were afraid of getting infected at the hospital and because travel has been tightly restricted. Maternal mortality in Nepal rose three-fold, and depression, suicide, alcohol abuse, and domestic violence have all increased. The economic slowdown meant no income for day laborers and financial hardship for their families, who do not have government programs to help them like in other countries.

Our hospital has struggled financially during this time. We are grateful for the people who continue to pray for the ministry in the hospital, and who help keep our doors open and our staff paid by giving additional financial support during this time.

DR LES DORNON

Family Physician and Training Coordinator

VITAL ORTHOPEDIC services in Tansen

It is a blessing and honor for me and my family to be in Tansen. We believe God has a purpose for us to be here. Our energetic and committed orthopedic 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



Meet our surgical team in our Operation Tansen video!
www.umn.org.np/videos/870

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 by Friends of Tansen and paying patients. I am thankful to God for using me and my team as His instruments to reach out to the needs of the people. I am grateful 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



EPIDURAL at 100!

I have been working at the United Mission Hospital Tansen as an anesthesiologist for the past three years. I am currently the only anesthetist here, but I am not worried as we have eight experienced Anesthesia Assistants as well as three students training with us each year. I love working here with a great group of friendly and enthusiastic staff.

We treat cases from all over Nepal, and some from India. Patients who are poor and cannot afford treatment in other places often come to UMHT seeking help. I have seen miraculous outcomes here for desperately ill patients which makes me really happy! Because I am the only senior anesthetist here, making all the final decisions has challenged me and made me stronger in my work. I have so many interesting stories to share, but I have chosen one to write about.

Recently, a gentleman aged 100 was admitted to UMHT with an Intertrochanteric (thigh bone) fracture. This was a very challenging case for me due to his age and other health conditions. I explained that doing an operation was very risky, but he and his family decided to go ahead as he was not able to receive help at any other hospital. Also, living in Nepal without being able to walk is terribly difficult.

While doing his pre-anesthesia checkup, I found that he didn't have any significant surgical or medical history except that he had a history of hypertension. I asked the lab for many blood tests and was pleased when the patient asked, if possible, to undergo surgery without general anesthesia. After his lab reports came

back all normal, I opted for epidural anesthesia which was probably safer for him. The epidural anesthesia worked so well that no other sedation or anesthesia method was required during the surgery, and it continued to work well during recovery. The duration of the surgery was around two hours. The vitals remained stable throughout the operation. We needed to top up the dose of epidural accordingly. He didn't complain of pain and maintained spontaneous respiration and no opioids were required.

In the recovery room, the patient showed a normal heart rate, blood pressure, oxygen saturation and respiratory rate and pattern. His pain never exceeded more than two on the Numerical Rating Scale. No post-operative nausea or vomiting was reported.

It makes me feel so happy to see the smiling faces of patients as they recover. This old grandpa thanked me with his tearful eyes. I asked myself "What could I be doing with my life that is better than this?" The opportunity to serve the patient and to get blessings from them has changed my life and made me feel more completely human. I am always glad when epidural anesthesia can be used for a good outcome as it was in this case. It felt great to see him again standing on his feet and to know that he would be able to continue to walk around and be active even at age 100!

DR ROHIT MAN SINGH
Anesthesiologist



MANY YEARS of MEMORIES and SERVICE at UMHT

When I returned to Tansen almost nine years ago, I was asked to take over the Expatriate Services Officer role. I had done the same work previously, but during the ten years I was in the U.S., it had turned into a bigger job, and even had an office in the hospital! I shared that office with a very special man named Gajendra Nepali. He had worked at United Mission Hospital Tansen for over 35 years at that time.

Gajendra was born and raised in Tansen. After he completed his schooling, he was doing odd jobs like carrying manure in the fields. A friend who worked at UMHT invited Gajendra to come and apply to work there, but he wasn't interested. However, he was finally convinced and started work as a 'caller'. Not long after he started work, another friend said, "You have to come to my wedding!" That didn't mean just a Saturday afternoon – Gajendra was gone for almost two weeks! In spite of his disappearance, he was invited back to work again – this time in the registration area of the hospital.

Not only was Gajendra one of the longest working staff at UMHT, he probably held the biggest variety of jobs! He mixed saline solution, drew blood in the lab, did medical records, and served as staff association president for three years. Gajendra married a Tansen girl who studied to become a nurse and who still works at UMHT. They have two sons and a daughter. One son is a dentist and living with his wife in Canada. The other is studying IT online. Their daughter is married and in Pokhara with their granddaughter.

Gajendra retired recently after 44 years of service at UMHT. He remembers back when the hospital started that there were no cars and no roads in Tansen. There was only a walking path from the bazaar to the hospital. There was no electricity, water only from the springs and a few pipes from a nearby river, and few Christians. There were no houses outside the hospital, except for a poor widow who set up a tea shop outside the gate.

Gajendra remembers the care shown to him by the early missionaries, and the opportunities for training that were given to him. He was able to study both in India and in Kathmandu. He is also thankful for the health care he received here at the hospital – he especially remembers suffering from a ureteral stone, but after an Ultrasound he drank lots of water and passed the stone.

Interestingly, in the early days, many Nepalis didn't want to work at the hospital – but now there are often hundreds of applicants for a single open job. There was a much more 'laid back' attitude towards work 40 years ago – people would find a job for a couple of days when they needed money, and then would stop when they had what they needed. The culture has become more western now.

We are thankful for Gajendra – for his many years of faithful service, and especially for his ready laugh and his willing friendship.

DEBORAH DORNON
Expatriate Services Officer



UNITED MISSION HOSPITAL TANSEN

Community Health Department

Bhawana (daughter of Tika Sara), a 15-month-old girl, was brought to our Child Nutrition Rehabilitation Centre by an NGO worker from her remote village because she was malnourished. After assessment, we found she also had a 4% deep burn with secondary infection, so community health staff referred her to the United Mission Hospital for burn management.

She was hospitalised for 22 days and received burn treatment and skin grafting. When her burn treatment was completed, she returned back to the nutrition centre for nutrition rehabilitation. Our pastoral care department supported her admission because this large family was assessed as being extremely poor and apart from her initial Emergency Room ticket her treatment was funded from the Medical Assistance Fund. Her burn, which she sustained by rolling into the communal kitchen fire, was 39 days old and the family had not taken her for treatment as they were embarrassed and initially hid her. As a result, she lost three toes.

Our staff take a holistic approach to each family and take the opportunity to work with mothers, teaching them how to prepare nutritious meals with readily available food stuffs that they can find in their village. The mothers help prepare food, grow vegetables

and also receive general health education. This was important for the family because little Bhawana had not received any of her regular vaccinations so our staff arranged to start bringing her up to date with these immunizations, and her vaccine information was given to the local health post where she can complete the courses. She stayed in the nutrition rehabilitation centre for 49 days and recovered in weight and health. Tika Sara already has four daughters and was not using any kind of family planning (there are in total 11 people in the family as the father is married to two sisters, one of whom is profoundly deaf). While she was with us, she learnt about the possibilities and opted for an implant after proper counselling from our Maternal Child Health Clinic and they suggested follow up in her local health post.

So Bhawana and her mother returned home with the hope that their whole family's health will be improved because of the things Tika Sara has learnt. While little Bhawana was recovering from her burn and malnutrition, the preventative measures they received (immunizations and family planning) will also help to keep them well in the future.

Compiled from information given by the Pastoral Care and Community Health Departments by Dr Rachel Karrach.

Help for the HELPLESS

Twenty-five years ago I started working at the United Mission Hospital Tansen (UMHT) and eighteen years ago I began my journey in the Pastoral Care Department (PCD). PCD is commonly called Social Services, and, until 2002, was known as the Charity Care Unit. UMHT aims to provide a holistic environment for healing of the whole person – body, mind, and spirit. We follow the model of our Lord, Jesus Christ. PCD plays a key role in improving the health and well being of patients, their families and sometimes their communities. We have had strong predecessors in our department, and we are thankful to have that firm foundation on which to continue to build. We perform many services including counselling, financial support, toy ministry, education, chapel services, rehabilitation, and spiritual care, along with bedside counselling and emotional support for patients and visitors. Care and counselling is also provided for UMHT staff as well.

We are all aware of the difficulties the ongoing pandemic is causing in the lives of people. We are happy to be able to serve people through counselling and with financial support which is needed more than



ever now. Recently, a woman was found on the side of the road by police. Even though she was injured, she was turned away from two hospitals before the police brought her to us. She was examined in our ER and admitted for treatment of multiple rib fractures, a femur fracture, schizophrenia and Hepatitis B. PCD was involved with her case from the beginning. One day early in her stay, she caught my eye while I was on my ward rounds. All around her, other patients were being fed by their family members. Her food was sitting on a plate on the floor. The nurses were all busy, so even though her appearance was quite fearful, I slowly offered her some food and helped her to eat. I then helped her to get cleaned up and brushed and put up her hair. At that time, she was unable to move to help herself. Surgery was not an option for her, so the Physiotherapy department worked with her to help her walk and learn to do craft work with her hands. PCD spent time with her daily – listening to her and teaching her to do small jobs like changing her sheet, washing her face, brushing her teeth, and combing her hair. We taught her to wear a mask, how to interact with people and to eat on her own. As she slowly improved, we looked for a place for her to live safely. It was difficult, but we were able to find a care home where she is safe and happy.

Without UMHT, this woman would probably still be homeless and suffering, or perhaps would not have survived. We are thankful to God for people who support us so that we can be channels to provide holistic care to people like this young woman.

Thank you.

DHANA MAYA THAPA
Pastoral Care Department



FROM the EXECUTIVE DIRECTOR

Last year I wrote about the challenges of renewing UMN's five-year hospital agreement with the government. Little did we know that the much greater challenge of the coronavirus pandemic was just around the corner. The year 2020 has been profoundly shaped by these two struggles.

We have communicated throughout the year by email and social media about Tansen's response to COVID-19, and this magazine contains more stories about this vital work. One of the greatest threats to the hospital involved the sharp drop in our income caused by lockdowns and patients staying away for fear of contagion. Thankfully, UMN's supporters around the world rallied to provide extraordinary donations to save our hospitals. I am confident that following our Christmas appeal we will have the resources we need to keep going. Praise the Lord and thanks to all who prayed and gave to support our work!

Meanwhile, the Ministry of Health and Population decided (in a rather abrupt reversal of its previous policy) that it will no longer sign hospital agreements with foreign-registered missions. The Ministry instructed UMN instead to establish a Nepal-registered entity to manage the hospitals. Until very recently, this would have meant handing over the hospitals from UMN to a new Nepali-governed entity. UMN would have been ready to carry out this kind of handover, given enough time to do it well; but we know from experience that it would really require years, and being forced to do it on a few months' notice was a dismaying idea!

Happily, three years ago Nepal's revised Civil Code made it possible for foreigners to register a new kind of charitable entity: the public trust, or *sarvajanik*

guthi. This can be governed by a mixed foreign-Nepali board, like UMN's own Board. We are now registering the hospitals in the name of the UMN Medical and Development Trust, a new *guthi* which will have an identical board to UMN's own and will thus continue with the same governance framework and leadership structures that the hospitals have today.

Once this process is complete, the hospitals will be more legally stable and secure than they have been in their 66-year history. UMN works in Nepal as an international NGO, which could at any point be denied permission to continue operations here; but UMN's *guthi* is a permanent Nepali legal entity. Our permission to operate Tansen Hospital will from now on also be managed by the provincial government of Lumbini Province, rather than the central government in Kathmandu. This seems another positive step, since provincial officials are better aware of the benefits of Tansen Hospital's work and have so far been very supportive.

There are still obstacles on the journey, however. As I write, our expatriate hospital team members are temporarily unable to work, because the province and central government are still working out their new process for approving hospital work visas*. Please pray for a quick and smooth resolution to all these difficulties, for peace of mind for those affected, and for a secure future for Tansen Hospital!

JOEL HAFVENSTEIN
Executive Director, UMN

* After a 5-week gap, hospital expats were granted work visas at the very end of 2020.

My **EXPERIENCE** with a **COVID-19** patient

United Mission Hospital Tansen could not be untouched by the effects of COVID-19. In my 20 years of experience working as a nurse, I had never before gone through such a fearful moment working as a nurse in this hospital. Most of my colleagues went through similar experiences. Not only the hospital staff, but the community of Tansen as well, feared the 'unknown' of COVID-19. We could see that effect on the hospital as the flow of patients towards the months of April-May went significantly down.

Working in a maternity ward was equally challenging. As a nurse, I knew that I needed to take all the safety measures and continue to give treatment to the mothers and babies. This is the reason why I chose to be a nurse. Having said this, I must acknowledge that the fear of being infected with COVID-19 was always with me. With all this going on in my head, one fine evening I got information about the arrival of a pregnant lady nearly ready to deliver. She had tested positive at the centre from where she was referred.

The Hospital had provided us with the necessary Personal Protective Equipment (PPE). So, upon her arrival, I put on my PPE and examined her. As planned, despite challenges with space, she was kept in a separate area of our ward. I knew my limitations for contact with her, while the PPE made communication difficult. I was in constant touch with the doctor on duty about this patient. At around midnight, I put on my PPE and checked the patient. I then saw meconium. That was not a good sign. My fear started escalating even more, not because I might catch the virus from this patient, but since the meconium seen

could lead to a complication which could cost the baby its life. All the possible negative thoughts started troubling my mind. What if something goes wrong with the mother or baby? Will the community blame me because I did not give proper care due to my fear of COVID-19? Then I realised that I needed to do all that I could, just as I would do for any other non-COVID patient.

Finally, early in the morning at about 5 am, the doctor on duty and I, with full protection, delivered a lovely baby girl. Both the baby and mother were safe and the delivery was without any complications. Furthermore, it seemed I too was relieved from my fear and anxiety. I am so thankful to be part of this hospital. This hospital not only cares for the patients but the staff as well. I am grateful to all the donors who generously supported us to purchase PPE. Thank you!



PABITRA KHANAL
Senior Nurse Midwife

Facts and Figures

While we saw fewer patients due to COVID-19 and lockdowns, it still turned out to be a busy year at the hospital as you can see from the figures below:

	This year	Previous year
Patients seen in our clinics	103,688	113,246
Emergency cases treated	17,071	17,381
Babies delivered	1,973	1,952
Patients admitted	12,235	12,721
Surgeries performed	6,070	6,265
Bed occupancy rate	78.72%	79.48%
Town clinic visits made	8,053	8,522

Thanks to your donations we were able to:

- ➔ Give free patient care to patients totalling NRP 17,045,328 (USD 144,334),
- ➔ Provide many free orthopaedic implants, to patients,
- ➔ Continue to treat patients, both COVID and non COVID during the pandemic ,
- ➔ Receive the following donated equipment:
 - ➔ 2 colonoscopes
- ➔ Buy the following equipment:
 - ➔ laparoscope insufflator unit,
 - ➔ additional CCTV cameras,
 - ➔ phototherapy machine and patient monitors,
 - ➔ a mobile x-ray machine,
 - ➔ urology equipment,
 - ➔ orthopaedic drill, flexible reamer, POP cutter,
 - ➔ ER and ward beds,
 - ➔ ECG machine, cautery machine,
 - ➔ portable ultrasound machine,
 - ➔ air conditioning unit
- ➔ Continue our training focus, offering courses for internal and external medical staff.

Future projects- can you help?

1. The Medical Assistance Fund (MAF) provides charity to the poorest patients. Each year we are seeing more and more patients in need of assistance, so donations to this are always welcome.
2. We hope that the waste water system using Moving Bed Biofilm Reactor technology to treat the hospital waste (and our immediate neighbours') will be made this year. It was delayed again by the lockdown.
3. Planning a new OPD and ward block.
4. The New Life Psychiatric Rehab Centre needs on-going support for the running costs.
5. We hope to purchase the following needed items of equipment:
 - Fixed x-ray machine, Motherboard for Hitachi mobile X-ray, Autoclave, CLIA machine for lab, Multimedia Projector, PABX (internal phone) service, Soldering Iron, Oscilloscope diagnostic Machine, Mini Lathe machine.
6. We are still in need of long term medical personnel, particularly a gynaecologist and a tutorial group teacher for our expat children. If you feel that God may be leading you to serve here please get in touch. Our website has more details.

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



TO give

When donating to **United Mission Hospital Tansen**, please send us a letter or email ma@tansenhospital.org.np (and copy to fin@umn.org.np) giving the following details:

1. Your name, address, and the amount.
2. The date of the transaction.
3. The account number it was paid into (if by money transfer).
4. Please state clearly that the funds are for United Mission Hospital Tansen. All undesignated gifts will be used as needed.

INTERNET BANKING & MONEY TRANSFER

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

EUROPEAN CURRENCIES

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

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

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

IBAN Code:

GB65LOYD30919986545584 (EURO)

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

Bank: **Lloyds Bank
Chippenham, UK**

US & NEPAL CURRENCIES

Transfer or wire to:

Standard Chartered Bank Nepal Ltd.

**PO Box 3990, Nayabaneswar,
Kathmandu, Nepal**

Account Name: **United Mission Hospital
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