



Friends of
2019 Tansen

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WELCOME TO Friends of Tansen

This last year has been one of the busiest years for the hospital; we have had record numbers of outpatients – exceeding 100,000 for the first time - and the highest number of delivery cases too.

One of our biggest challenges again this year has been running the government health insurance scheme. This has proved really popular and is one of the reasons we have treated record numbers of patients this year. On the positive side, it has helped local people with chronic problems attend for follow-up more regularly. It is also good to see how we can support a useful government health initiative. On the downside, we have reached our capacity in terms of space and cannot make the outpatient department work any more efficiently in the present building. The wards are also overflowing at times and that can compromise care. In addition, we also have a mountain of paperwork to complete and we have added two more clinical staff and two clerical staff to try to keep up.

We were happy to welcome a psychiatrist into our medical team recently. Bina Sing Gurung completed her internship with us several years ago and now joins us as



a senior colleague after sponsorship for her training by Bethesda Centre.

Part of my job is to approve the higher expense free-care cases. Most of these patients' stories are of very poor families who have no way of managing when a family member is faced with serious illness. I am so glad that with your help we can provide the medical care free of cost which helps these families survive. Some recent examples are: A young woman who suffered severe burns as a result of epilepsy, she had a seizure while cooking over an open fire; a man with quadriplegia following an accident sustained as he returned from India where he was a migrant worker and two men from distant districts who required complicated surgery for neglected hip fractures and whose stories were similar as neither sought immediate treatment because they were poor. I am so grateful that we can provide treatment for these people due to your generosity. Last year I attended a conference for Faith Based Health Care Institutions. One of the speakers reminded us that what should make our hospitals different is that like Jesus we "notice the unnoticed" and I pray that we continue to do this.

We are grateful for your prayers and support that enables us to fulfil our mission of serving the poor. We could not do without you.

DR RACHEL KARRACH
Hospital Director



A busy day in the Outpatient Department



I was born in the lap of United Mission Hospital Tansen in a village called "Gorkhekot" and I grew up around the hospital. Because I lived close by, I had the privilege of knowing many Nepali and expat healthcare workers and of seeing their dedicated service to the patients who came to the hospital. This inspired me to become a nurse. Therefore, after I completed my local schooling, I went to nursing school in the western part of Nepal. After becoming a registered nurse, I was again privileged to be selected to work in United Mission Hospital Tansen. This was what I had been hoping for since childhood.

While at the hospital, I have had opportunities to serve patients in various wards. After a few years of service, I was sponsored by the hospital to study for a Bachelor's in Nursing Degree. Eight years ago, I completed that degree and I am now working in the Operating Room as the nurse-in-charge. The responsibilities in the wards are different from those in the Operating Room. In the OR, I am involved with the day-to-day management along with patient care. I get to help with the training programs for participants who come to our department from government hospitals or other mission hospitals.

Being part of this hospital has enabled me to understand

patients' feelings better and I am learning to empathise with them daily. It drains me sometimes, and at other times fills me with joy when I see them happy and content. What attracts me the most is seeing the needs of poor and marginalised patients met. During my 20 years of service in this hospital, I have never seen a patient who has gone out untreated due to lack of money. As a nurse, I get to see the joy and happiness in the patients' and their family's faces. This is very fulfilling. I share these stories and feelings with my family and friends. I always feel proud to be a nurse at UMHT as I get to gently open the eyes of the newborn babies and gently close the eyes of the dying elderly. My daughter has been observing me and listening to my stories from work, and she became very interested. Recently she joined the nursing school here in Tansen to study to become a nurse, too!

Thank you to all who serve the needs of our patients – both Nepalis and Expats. And thank you to all who give financial assistance to the patients we take care of here in UMHT. We appreciate you!

SABITRI SHRESTHA

Operation Room Nurse In-charge



KHUSI's Story

Khusi (whose name means happy) was born in Nepalgunj, about six hours drive from Tansen. Sadly, she was born with a heart problem so she was unwell from birth and was admitted for her first month of life in Nepalgunj Hospital. She had been referred from there to the National Heart Hospital in Kathmandu but returned after a brief stay to Nepalgunj. Here they met Bishnu Bhattarai, a patient advocate working in the government hospital in Nepalgunj, who had graduated from the first Diploma of Pastoral Healing Ministry Course in Tansen. She remembered that the United Mission Hospital Tansen has a Child Heart Fund, set up by Samaritan's Purse Canada, to send poor children with heart problems to Kathmandu for treatment. They had run out of options for Khusi's treatment in Nepalgunj and run out of money for treatment too. So, on Bishnu's recommendation, Khusi and her mother made the journey to Tansen.

Khusi's family are quite poor and live with their grandmother in a tin-roofed house. They own a field but with the men, including Khusi's father, working abroad there is no one to farm the land. Khusi's Father, who had left for Saudi Arabia eight months before her birth, had sent money for his wife's delivery and Khusi's treatment at the Nepalgunj hospital. This money was not only from his salary, but also in their desperation, from loans collected from his friends. Khusi's mother's family was able to provide a little money for the medicine and transportation costs from Nepalgunj to Tansen but no more. The family could not turn to the baby's grandfather as, despite his working in India as a security guard, he spent most of his earnings on alcohol so could contribute nothing. Therefore, by the time the baby reached our hospital in Tansen the family had no more money to pay for Khusi's care.

Khusi did not cope well with the journey to Tansen without oxygen and arrived in a bad state. She was quickly admitted into our paediatric ward for 41 days where she was treated for a chest infection. It became clear that she needed to be transferred to Kathmandu. This required arranging an ambulance with oxygen for her journey and linking the family to appropriate support when they arrived. Once they reached Kanthi Children's Hospital in Kathmandu Khusi and her mother were supported by Sathi Sewa or "friendship service" which runs a patient-guiding and advocacy service to patients referred from rural mission hospitals. Khusi then endured another transfer to Ganga Lal Heart Hospital.

Due to their difficult financial situation, we were able to give a large amount of free care to Khusi including treatment, food for her mother and transfer by ambulance to Kathmandu (costing in total 101,922 rupees, just under USD 1000). However, for patients like Khusi and her family it is vital that they not only receive physical care but also emotional care. Khusi's mother was only 20 years old and had struggled to cope with providing care for her sick baby while all alone and far from home. Our pastoral care staff endeavoured to give Khusi's mother as much emotional support as we could. Very sadly, Khusi passed away in Kathmandu. Her mother, despite her grief, expressed how grateful and thankful she was for the support that we had provided to her and her family in their time of need. Khusi's story illustrates the struggles which so many poorer families experience when there is a medical emergency. We are so thankful that our hospital is known as a place where help is available for those who have nowhere else to go.

PUN NARAYAN SHRESTHA
Pastoral Care In-charge

Feeding the Hungry Children

About twenty minutes walk from the hospital is a one storey building which is the Child Nutrition Rehab Centre (CNRC) run by the hospital's Community Health Department. The building is modelled on a village home and can house up to six malnourished children with their mothers and/or other family members. This program was started in 2006 after studies showed that up to 40-50% of paediatric patients admitted to the United Mission Hospital at that time were underweight for their age. We found that parents of malnourished children were reluctant to stay in hospital for more than a few days on the acute ward when all the "treatment" they received was food and health education. We realised that we needed a nutrition rehab centre away from the hospital. Land was provided by the municipality at the edge of the town. In the last 12 years we have treated 487 malnourished children: 262 boys and 225 girls. The majority come from our own Palpa district but many come from the 18 surrounding districts and four children have even come from across the border in India.

Malnourished children are referred from the hospital, from government health posts and the monitoring centres in our community health working area. One such baby was Subash who was referred by a nutrition project in his village. His mother, Man Kumari, was struggling to manage as the family is very poor. Her husband is away in India working to supplement the family income from their small farm. This leaves Man Kumari to care for both the farm and their four small children. Subash was seven months old and weighed a tiny 3.3 kg when he arrived, just 300 gm more than his birth weight. As often happens, he had been left in the care of his older brother or sister during the day, allowing his mother to work in the fields. As we worked with the family, we found that Man Kumari herself was suffering from severe anaemia.

When a child arrives at the Child Nutrition Rehab Centre a program of nutritional rehabilitation is planned for each child including daily weighing and charting of the child's progress. This 're-feeding' program is tailored to the individual child enabling them to reach his or her



target weight. Health Education plays a key role in the daily activities at the Centre; the mother learns how to prepare nutritious food, which she then cooks using food readily available in her own village. There are daily group sessions where family health, hygiene and nutrition are taught in order to empower the mothers to keep their families healthy in future.

It was really Man Kumari herself that made all the difference in Subash's recovery. She threw herself enthusiastically into all the activities offered by the centre. She learned how to feed her children (and herself) better, how to grow green leafy vegetables and how to prepare 'superflour' porridge from grains and pulses she had in the house. She also learnt how to make 'Jwanoko Jhol', a traditional drink packed with nutrients, which helps nursing mothers produce more milk. She even volunteered to help in the kitchen garden and to cut firewood. After one month Subash had gained an encouraging 300 gm and continues to put on weight and thrive at home. At his last follow up visit it was a joy to see him grown into a healthy chubby toddler of 14 months.

PARBATI GAUTAM

Community Health Department In-charge



Jivan joins the UMHT Family

I grew up in the foothills of the Himalayas and from an early age I enjoyed serving and coordinating people for the good of society and the environment. Of course, we all know that life is full of challenges and obstacles. So I tackled the challenges and overcame the obstacles. I started my career in February 1996 after finishing school. My first job was as a cashier manager in a furniture manufacturing company. After this, I worked in many different fields ranging from business to teaching and from tourism to NGO, hospital and pharmaceutical work. From there I joined the team at United Mission Hospital Tansen (UMHT) as Hospital Administrative Officer.

From an ordinary family myself, I understand the struggles of poverty and lack of resources. I really enjoy helping people in need physically, emotionally and morally. In observing the work of UMHT, I found that my personal mission fits well into UMN's mission, vision and values. This is what attracted me to be a UMHT family member. I enjoy working behind the scenes to plan, coordinate and supervise the delivery of good healthcare to those who need it most. Doctors see patients and prescribe medicines or perform surgeries and I make sure that our pharmacy has the required medicines.

During my time in hospital administration, I have had the opportunity to experience and understand the importance of health and health facilities and their

impact on society as well the challenges faced by hospitals in providing such facilities.

United Mission Hospital Tansen has fulfilled my hopes and expectations of it as an organisation. All the hospital activities are running smoothly thanks to the prayer and support of people not only in Nepal but also from other countries. Everybody is working well with love and cooperation and without discrimination.

There is equality for every sick person in the care and treatment they receive. This is unique to this hospital. I have discovered that our compassion and positive energy adds to the healing power of the medicines and treatments delivered here. No one gets bored while working here at UMHT! I am confident that our team will continue to develop organisationally and to provide the quality healthcare which our patients need so desperately. This confidence was built by many other people who were in my position in this hospital and who helped place the bricks for the foundation of this hospital. I consider myself fortunate to have the opportunity to add more bricks to this foundation in order to fulfill the mission and vision.

Thank you.

JIVAN BHATTARAI
Hospital Administrative Officer



An Insight into the



Biomedical Department

The Biomedical Department (under the Technology Department), while not talked about as much as the medical departments, is responsible for the large variety of equipment that is crucial to the running of UMHT. Its work not only includes the installation, maintenance and trouble-shooting of key diagnostic and life-saving medical equipment, such as ECGs and ventilators, but also provides a support service for any other appliances and equipment used around the hospital. This year, I have had the privilege of working alongside its five members as the 'Biomedical Engineer and Maintenance Advisor' and together we have been very busy.

For one thing, we have supervised the installation of numerous pieces of new equipment, including: A new fixed x-ray, which has replaced our old system running since 1992 (and now continues to run in Jhapa, East Nepal); an incubator; a defibrillator; a treadmill for heart examinations; a donated pair of surgical scopes and upgrades in the lab including a fully-automated blood analyser and semi-automated urine culture analyser (both of which allow our lab to provide results as rapidly as the most advanced hospitals in Kathmandu).

Personally, I have been supporting the department to improve the physical organisation of the Biomed'

workshop and the scheduling of equipment servicing. We have cleared out much outdated equipment and donated a number of items to Nick Simon's Institute for the training of Biomedical Technicians and Engineers. This has gone some way to freeing up some much-needed space on the site. To support proactive maintenance scheduling, as well as to improve the transparency of Biomed's work to the recipient departments, we have built an online database of all the hospital equipment and assets. This acts as a central repository for all the maintenance logs and displays all the outstanding maintenance actions to be completed against each piece of equipment. It makes it easy for department heads to stay in the loop with progress on machine repairs and to confirm that necessary maintenance has taken place.

I have really enjoyed this first year working at UMHT and have learnt much. The technical ability of the department to repair equipment has been impressive and their welcome and friendship warm. I'm hopeful that we will continue to improve together in effective service of the patients and other staff at the hospital.

RICHARD CUNLIFFE

Biomedical Engineer and Maintenance Advisor



Joy in

Tansen Tutorial Group

My School in Tansen

Chloe, age 8

School in Tansen is different than in America because there are fun topics and activities. The teachers are never the same but are mostly kind. My friends are all in different grades and we don't do the same work. I get to do harder work so I am not bored. Tansen Tutorial Group is a fantastic place to be.

My school in Tansen

Eli, age 6

I like TTG because I can go home for lunch. We have fun teachers. I like where the playground is because we can see the Himalayas.

School in Nepal

Silas, age 11

School here is very different to school in Canada or in other countries. We do an hour and a half less than we do in Canada. There are also different ages of students in our class so that means different levels of work. It's also nice to have different ages so I can see what other people of different ages do. Our subjects are about the same stuff like spelling, math, reading, writing and P.E. There is also new stuff like Nepali and handwriting. But if you put all of that aside, my favorite thing is the experience. So you can say, "I know what it's like in a school in Nepal."

My School in Tansen

Selema, age 8

Sometimes I find school is hard in Tansen because everybody is doing different work, everybody is in different grades and everybody is a different age. In Canada, where I do school when I am not in Nepal, we are all in the same grade but not here. That is what I hate the most here. But I like things too, like how we can see the mountains from the playground. I feel like I have had to adjust a lot because we have had a lot of teachers. The school is going to need another teacher in June 2019. Even if I am not here, I hope that somebody kind will come.

TTG News

Freda, age 6

Tansen Tutorial Group is great because it is never boring. I like our school because it is in a very beautiful place. Also it has so many fun activities to do. I have had my mama teach here and she thought it was hard but it was worth it.

COMPILED BY JOY RANSOM

Teacher



The Light on The Hill

In June 1995, The Presbyterian Church assigned us to Tansen Mission Hospital in rural Nepal. We had no idea where we were going or what life would look like for us. We left our three adult children standing on a street corner in the falling snow, said our teary good-byes, and left for the airport to fly halfway around the world where we would have no phone, TV, computer and emails (Sounds like the dark ages). Our tenure ended in June 2003 when we officially left Tansen to care for our family; we then went to New York City where we worked with international students.

Last month we got to return to Tansen after 10 years since our last visit. Nepal as a country didn't look much different except that there seemed to be double the people and quadruple the dust! More houses, more cars and more shops, but the feel of Nepal was unmistakably the same.

Returning to Tansen, to see it one more time, was a gift from God. We were blessed to hug so many dear friends and to see that each person was growing in the Lord, serving the hospital in leadership positions and fulfilling the great commission in their generation. *Bideshis* (expats) came in the 1950s but Nepalese people have grown up and are now leaders of their own country. It is as it should be.

In America, we may change career paths up to five times. In Nepal, faithfulness is the norm. As we walked the halls, we would catch people's eyes and suddenly we were greeted with joyful smiles, bows and yes, even exuberant hugs. The reunions were so heartfelt. In America, everyone is addicted to Facebook. This was

real "face to face" time and it was an indescribable experience. We had come and we had gone, but they were still there serving the people of Nepal with the heart of Jesus.

The hospital still fulfills its purpose to serve the poorest of the poor with dignity. When I saw the eyes of the patients most were pleading, "Can you help me?" As a wife I had nothing to offer and my husband at 78 years was no longer a physician but I took heart that the people who would touch them were our dear friends who knew pain and suffering of their own but would give what they had to help those with longing eyes.

Oswald Chambers says that at the heart of life is tragedy: "Man is a magnificent ruin of what he was created to be." There is too much tragedy in Nepal but there is also untold, heartfelt goodness in the hearts and minds of those who serve there. Going 'home' to the 'light on the hill' was a cherished look at what God is doing in the midst of our broken world.

I asked a Nepali friend if he would leave Nepal for America if given the chance. Without hesitation he said, "No." When I asked, "Why not?" He said, "The People... I love the people." In spite of the throngs of humanity and piles of dust, there are people there, unique and loved in God's eyes. Tansen stands to serve them all. To have been a small part of its history will always be something I am grateful was part of our journey.

Love

DR. TAD AND JANE GILMORE
Tansen Team 1995-2003



We Serve Jesus Heals

One of my favorite walls in our hospital holds the mural depicting the story of the Good Shepherd (Luke 15:3-7). I had passed by this place many times as I entered through the hospital gate without really noticing the beautiful scene of the Shepherd carrying the one lost sheep back to join the ninety-nine sheep already in the fold.

I hadn't paid attention this mural until after many months of working at our hospital, but I love the Biblical truths it shows. It reminds me of the people that God has brought to our hospital that I have had the privilege of meeting in the last two years of working here; people encountering difficult situations, all coming to our hospital seeking hope in the midst of their difficulties.

A few weeks ago, we were able to discharge a little preterm baby that had stayed in our hospital for 45 days. She was born two and a half months early at home when her mother had gotten up in the middle of the night to go to the toilet. Unfortunately, her twin sibling died at birth. When this little baby was brought to our hospital, at a mere 1.3kg, she was blue and barely breathing. One of our medical residents rushed over and gave her life-saving breaths while we prepared everything to connect her to our pressurized oxygen system (CPAP). Over the course of the first few weeks, because her lungs were underdeveloped, she had to be stimulated every few hours and reminded to take a breath. She went on to develop almost every complication that a preterm

baby could have, from severe infection to bleeding in her gut to jaundice. Most of our initial conversations with the parents were explaining the guarded prognosis. But as the weeks went on, hope began to grow, as did this little one. After countless hours of our dedicated nurses feeding and caring for this baby, our pastoral care staff praying for this child and our speech language pathologist teaching the mother how to feed this little baby, we were finally able to send her home, weighing 1.8kg!

For each patient who comes to our hospital, no matter how young or old, how wealthy or poor, or how sick or healthy they may be, it has been so encouraging to see how each individual patient is cared for with such dignity and compassion. Moreover, it has been a real privilege to be part of this incredible team.

Perhaps it took me almost a year of working here before I really noticed the mural because it was only then that I could comprehend just how much God has been seeking out the hurting and the broken, the discouraged and hopeless, the lonely and lost, and bringing them to our hospital to encounter His love and care. Like the Good Shepherd leaving the ninety-nine sheep to seek the one lost sheep, He has been doing so here in Nepal and continues to do so through our hospital.

DR PEARL LAU
General Practitioner

God Makes it Grow

It was during the last week of March 1982 that I first heard about United Mission Hospital Tansen. I had just returned from India, having completed my medical studies there. In less than a week, I was in Tansen to work at UMHT, more commonly known as the "Mission Hospital". Fresh from medical school, with plenty of book knowledge, but limited clinical experience, I began my work as a medical professional from the first week of April 1982.

Today, almost 37 years later, I am still with UMN and part and parcel of its activities, but in a different role. I still remember the first day of my work at Tansen. Dr. Geoff Pike, hospital director, introduced me to the medical team. Dr. Greg Judkin, an Australian GP, took me on rounds with him and showed me around the different wards of the hospital. He also gave me an orientation and showed me the working schedule. Later, I learned that I was the only Nepali doctor working with two expat volunteers - one pediatrician and one GP. As time went by, I not only learnt new skills in patient management, but I also got the opportunity to grow spiritually. There were challenges and frustrations but there were opportunities and gratifications as well.

When I first went to Tansen, I was not sure how long I would stay there. But I ended up working at Tansen for 23 years before leaving for Kathmandu to take up an administrative role. There are several reasons why I

continued to serve in this organisation. Though it was not that clear in the beginning, the time and circumstances very soon confirmed my calling. The work culture, the caring and sharing attitude of all the staff members, and the system of affordable, compassionate holistic care for those coming to the hospital were a few of the factors that helped me choose to continue with my vocation. After moving to Kathmandu, my role and responsibilities were a bit different. But my attachment to Tansen and the people there remained the same. My colleagues and staff members of the hospital have been a source of inspiration for me even in the most difficult situations.

The Apostle Paul in 1 Corinthians 3:6 said: "I planted the seed, Apollos watered it, but God has been making it grow." The people who established this hospital, those who worked here in the past, those who are working here at present and the supporting organisations are all co-workers in God's service. (1 Corinthians 3:9) I am grateful to God for giving me this opportunity to serve. I received from this organisation much more than what I have contributed to it. With your support this hospital will be able to continue to serve the needy people and fulfill God's mission.

DR. OLAK B. JIREL

Director

UMN Hospital Services



From the Executive Director

Many friends of Tansen will be aware of the challenging and uncertain journey that the staff of Tansen and Okhaldhunga hospitals have undergone for the past fifteen years as UMN pursued opportunities to formally hand over the hospitals to an appropriate Nepali organisation.

The tumultuous journey came to a close late in 2017—not because of any transfer but because UMN's Board recognized it was time to withdraw the "handover mandate." I was delighted when I could finally share the news that Tansen and Okhaldhunga Hospitals would remain part of UMN for the foreseeable future.

The motivation behind the handover mandate was valid. Passing our work to Nepali ownership has been a vital part of UMN's development vision from the beginning. We know UMN will not serve in Nepal forever; the most lasting measure of our success will be how much of our work continues through indigenous Nepali institutions when we're gone.

For decades, however, the rate at which UMN began new initiatives was much faster than the rate at which it handed them over. The UMN in which my parents served in the 1980s was on the verge of becoming one of Nepal's biggest employers, with multiple hospitals, schools, hydropower schemes and rural development projects around the country.

Throughout the 1990s, UMN discussed how it could change from a giant service provider to a much smaller "servant organisation" supporting Nepali institutions. In a sweeping change process in the early 2000s, the vast majority of UMN's work was handed over to NGOs or government institutions. The only things that

UMN retained were our "Cluster teams" building the capacity of Nepali NGOs—and Tansen and Okhaldhunga Hospitals.

UMN was determined that these mission hospitals would only be handed over to a Nepali organisation that shared our Christian ethos and commitment to serve Nepal's poorest people. For years, we worked toward a handover with one such NGO. The government, however, strongly preferred that UMN continue to manage the hospitals and we were never able to reach an agreement on any other course.

The end of the transition mandate now frees me and the hospital leadership from the need to plan for an increasingly unlikely handover. Instead we can spend that time addressing new opportunities and strategic challenges, as well as pursuing shared goals with other Christian health institutions in Nepal.

UMN's cluster teams and hospitals have many things in common, working in community health, nutrition, mental health, mother-child health, disaster risk reduction and other areas. During the years of the handover mandate, shaped by the expectation that we'd end up being separate institutions, we didn't always take the time to learn from and with each other. I'm excited about the opportunities to build on those synergies now.

And I'm delighted that I'll get to keep writing letters once a year to the friends of Tansen. Thank you once again for your prayer and faithful support – you continue to make our service possible.

JOEL HAFVENSTEIN
UMN Executive Director

Facts and Figures

It has been a busy year in the hospital as you can see from the figures below:

	Last year	This Year
Patients seen in our clinics	98,390	112,071
Emergency cases treated	15,350	17,864
Babies delivered	2,337	2,571
Patients admitted	12,774	13,631
Surgeries performed	7,198	7,206
Bed occupancy rate	80.75%	83.12%
Town clinic visits made	8,792	8,267

Thanks to your donations we were able to:

- give free care to needy (or poor) patients
- provide many free orthopaedic implants to patients
- receive the following donated equipment:
 - laparoscope,
 - cystoscope,
 - portable ultrasound machine,
 - dental digital xray scanner,
 - laptop computer and printer,
 - ford motor and Yamaha bike
- buy the following equipment:
 - mortuary fridge,
 - operating table,
 - c-arm x-ray machine, fixed x-ray machine, CR system,
 - infant incubator,
 - treadmill test machine,
 - five part coulter counter,
 - orthopaedic saw and orthopaedic Drill,
 - a server, computers, moneyworks accounting software,
 - air conditioner.
- 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 to treat the hospital waste, and our immediate neighbour's waste, will be made by this year.
3. The New Life Psychiatric Rehab Centre needs on-going support for the running costs.
4. We hope to purchase the following needed items of equipment: Infant incubator, patient monitors, more urology equipment, extend our central oxygen system, and a CT scanner.
5. We are still in need of long-term medical personnel, particularly a pathologist, a radiologist, a gynaecologist, GP/FPs and general surgeons. If you feel that God may be leading you to serve here please get in touch. Our website has more details.
www.tansenhospital.org.np

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





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

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

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

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

IBAN Code:

GB65LOYD30919986545584 (EURO)

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

Bank: **Lloyds Bank
Chippenham, UK**

US & NEPAL CURRENCIES

Transfer or wire to:

Standard Chartered Bank Nepal Ltd.

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

Account Name: **United Mission Hospital Tansen, Palpa**

Account Number: **01156528101**

Swift Code: **SCBLNPKA**

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**97 Eastern Ave
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Pay to: **UMN Support Trust**

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If you are a UK tax payer, include a **Gift Aid** form with your first donation.

Download the Gift Aid form from
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Send a cheque made payable to **United Mission Hospital Tansen** and post to:

United Mission Hospital Tansen

c/o United Mission to Nepal

P.O. Box 126, Kathmandu, Nepal

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

OTHER OPTIONS

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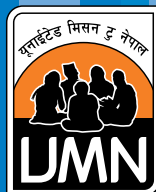
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