

FRIENDS OF TANSEN

2008



WE SERVE, JESUS HEALS

Hospital Activities



The Cashiers' Section Staff busy at work



Preparing a patient for an X-ray



A Patient undergoing an ultrasound



Maintenance and repair



The Sterilisation Department



A young mother toilet-training her daughter

Greetings From Tansen Mission Hospital



Dear Friends,

We are now enjoying a relatively peaceful period in the country, although the situation on the plains to the south is still volatile. We are also hoping that our new emergency department building (currently under construction) will be operational by early May 2008- thank you for your help in this.

Our transition to *Human Development and Community Services (HDCS)* came very close to happening but then the process stalled again. Despite all the work put in by HDCS and UMN to achieve this, the transition has not been possible.

In view of the very long delay and the continued uncertainty in the

country, it was decided that God was closing this door for now and thus, the Memorandum of Understanding (MOU) with HDCS will not be renewed after July 2008. A separate support office for both Tansen and Okhaldunga Hospitals is needed now in Kathmandu.

In the coming months, we will be exploring other options for transitioning from UMN by 2010- please pray for this process.

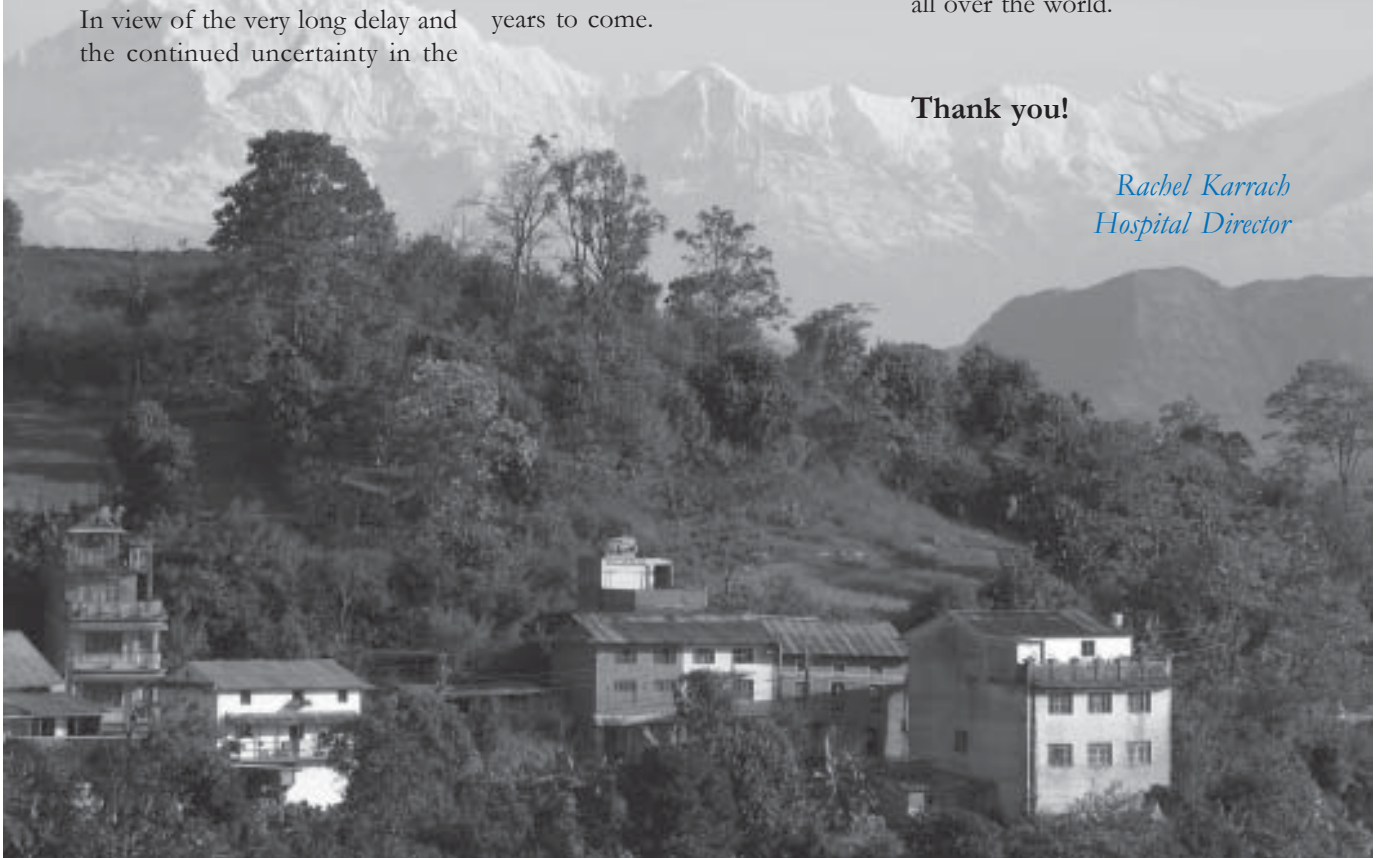
Despite the continuing uncertainty, we are working on our next five-year Strategic Plan and we are confident that this hospital still has an important role to play for many years to come.

Our vision is to be giving witnesses of God's love as we aim to provide holistic, quality health services with compassionate care and appropriate training.

We are grateful to all the friends of Tansen who have written to us, prayed for us, knitted blankets and baby clothes, and helped us financially. It is so encouraging to see the support we receive from all over the world.

Thank you!

*Rachel Karrach
Hospital Director*



An Update on Hospital Transition



It is my privilege to be able to write to you-the Friends of Tansen. Your continued prayers and support have enabled the hospital to minister to the people of the surrounding areas.

This past year has been a difficult one for all concerned in the transition process. In March 2007, agreements for HDCS to operate the Tansen, Okhaldhunga, Dadeldhura, and Lamjung Hospitals were presented to the cabinet of the interim government. To our delight, the agreements were approved and sent back to the Ministry of Health and Population for signing. Since then, agreements for Lamjung and Dadeldhura hospitals have been signed thereby allowing HDCS to continue to operate these hospitals.

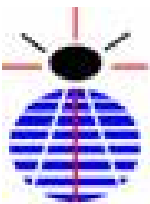
But agreements of Tansen and Okhaldhunga hospitals have not been signed till date, causing concern to staff members and other stakeholders.

After amicable consultations between the Leadership Teams of Tansen and Okhaldhunga Hospitals and UMN, it was mutually decided that UMN would not renew its MOU with HDCS regarding the management of the two hospitals, which will expire in mid-July 2008. The central support being provided till date to both hospitals by the Health Services Directorate (HSD) of HDCS will thus cease from this date.

While UMN will still continue to support expatriate personnel, both Tansen and Okhaldhunga hospitals will form a central support unit in Kathmandu to take over some of the functions of the present HSD.

None of us knows what will happen in the future. Our prayer is that these hospitals will continue to serve the needy people in a holistic manner whilst still maintaining the values of UMN which established Tansen Mission Hospital in 1954.

*We commit ourselves to the One who holds the future in
His hands and whose plans are perfect*



*Dr Olak Jirel
Director
Health Services Directorate
Human Development and Community Services*

In Him, All Things are Possible



*Serious and Intensive at Work-
Dr. Ed Tegenfeldt and his Team*

It all started one morning in September 2007 in a small village room in nearby Tansen where a tiny six-week-old baby lay asleep.

Two monkeys suddenly jumped in and prowled menacingly around her. When the baby's aunt chased them away, one of the monkeys doubled back behind her and bit the sleeping baby on the head, causing a hole in her skull. She was then rushed to Tansen Mission Hospital by her mother and aunt via a long journey by foot.

Barely occupying a quarter of the table's length, the tiny infant now lay quietly on the operating table. Blood oozing out of an ugly head wound denoted significant blood loss, as did her passive lack of response that suggested possible brain damage.

We were heartened when she awoke from her stupor, cried with some vigour, and waved her tiny arms and legs about. The bleeding was slow so we decided to organise a blood transfusion and delay surgery.

With the blood transfusion running, the baby anaesthetised, and her head wound cleaned up, a piece of skull bone came away immediately. Some delicate inspection only confirmed our worst fears-the wound *was* deep and dirty.

*This led me to wonder,
"Just where in the world would
they find a monkey-bite expert
surgeon than in Tansen?"*

Dr. Ed Tegenfeldt, the surgeon, then carefully cleaned the wound and made some hard decisions.

From the child's leg, he removed some tissue lining from the thigh muscle and fashioned a patch that would repair the defect caused by the monkey's bite. Into the same hole he had created to remove this potential patch, he placed the cleaned-up skull bone piece *to keep it alive*. Some more intensive minutes later, the muscle-lining patch was finally sewn over the hole.

Finally, the baby's head was swathed in bandages and she was slowly allowed to recover consciousness from the anaesthesia. Much to everyone's delight, she awoke with vigour, cried, moved, and put up a good fight. Any child that tries to remove its bandages after surgery is definitely fine!

Later on, Dr. Ed was to make use of a handy piece of technology (where advice is sought from experts worldwide via the internet) as he searched for tips on how to proceed with the operation. He then removed the skull piece from its hiding place in the thigh and replaced it in its original place.

This led me to wonder, "Just where in the world would they find a monkey-bite expert surgeon than in Tansen?"

Indeed, with God, all things are possible.

*Steve Pickering
Anaesthetist*

Helping Hands for Tansen's Women

A child's faint cries can be heard as we enter the house.

We leave our sandals outside and duck low to enter the hallway. A newly-turned mother sits on a bed nursing her three-day-old son in the corner of a small, dark room. She smiles shyly and covers herself as we enter the room.

“Children are a blessing from the Lord: Proverbs 17:6”



A Tansen Staff teaching a volunteer

Annual government statistics reveal that almost 700 women in the township of Tansen deliver children and that over half of these women do so at home, many of them in the absence of a skilled birth attendant.

Monitoring these women and newborns during this precarious time, when mother and child both undergo drastic physical changes, is thus the focus of the *Community Health Department's (CHD) Postpartum Programme (PPP)*, a project that began two years ago in four neighbourhood areas of Tansen and has now expanded to 15 Tansen neighbourhoods where over 26,000 people live.

Naturally, we could not run this programme alone, thus, we currently have 30 local Female Community Health Volunteers as

well as 30 other women volunteers. In the last six months alone, this team of 60 professionals has conducted 331 visits to 184 new mothers and infants and identified 124 women and babies with health issues-seven of whom needed hospitalisation and special attention.

We are truly grateful to have such a committed and willing group of women to work with us.

From the beginning, it has been the CHD's desire to have volunteers assuming control and direction of the programme in the future. They will soon be the ones responsible for visiting and evaluating mothers and infants.

In the next year, we will begin the process of handing the programme over to the volunteers who help us in running it. Our new role will be to act as the coach on the sidelines

and encourage and guide them when and if the need arises.

The future of this programme lies in these very women that we have trained to take control. We are excited as we ponder upon the future of mothers and infants as they are monitored and cared for by the volunteers who live close to them.

Please remember to pray for the staff of the CHD as they seek to identify groups and communities that want to address their health needs.

Indeed, there is still much work to be done here in Palpa.

*Glen Anderson
Chief of Community
Health*



Memories of Tansen



I first arrived in Tansen in April 2007 as a practicing General Surgeon from Kamloops, British Columbia, Canada, and was immediately struck by the remarkable similarities between my previous medical experiences in India and Guatemala.

I suspect those of you who have spent time in the developing world will feel the same. I have lived in Tansen twice in 2007, once for six weeks and a second time for eight weeks, and have been touched by its wonderful uniqueness. The following is a personal perspective during my time in Tansen:

Working with the Nepali staff is no less fun and pleasant for they are happy, capable, and committed to taking good care of patients.

I arrived at the Mission Hospital and was greeted by the guest house manager and felt welcome by everyone—the hospital staff, physicians (both local and foreign), and the people in general. One gets a real sense of community here and the expatriate community is warm and welcoming too. I enjoyed our many evening meals out which helped us to know each other better.

Working with the Nepali staff is no less fun and pleasant for they are happy, capable, and committed to taking good care of patients. I, thus, quickly adjusted to my new circumstances for the people here made this transition easy and care-free.

I did not immediately start studying Nepali but spent my spare time reading surgical textbooks, particularly older ones, to learn procedures I had never seen or rarely practiced before! Doing such surgeries can be quite stressful but also very rewarding when one sees patients recovering and doing well. It also reminds one of the remarkable ability of this god-given human body to heal, even from some devastating insults.

Working with the interns, residents, and junior surgeons is challenging, rewarding, and occasionally frustrating when they seem reluctant to adopt things that seem self-evident to our way of thinking. It is also a positive experience as one sees them learning and absorbing information, improving upon their skills, and progressively becoming more independent.

Early morning, all physicians meet for a short devotional, which follows a review of the cases admitted after 5 p.m. the night before. An intern reviews medical and paediatric admissions and the other, the surgical and obstetric cases. Initially, the often rapid-fire patient reviews can be difficult to understand until your ear adjusts to the *Nepanglish* flow of language!

Ward rounds also allow for collegiality between junior medical staff and medical colleagues.

As one proceeds with morning rounds of Surgery, one is witness to a vast number of patients and problems. I initially found the interns to be a bit timid and only gradually understood why-our approaches to learning were just so different. Fortunately, we soon found our rounds growing to be a very useful interaction: an opportunity to provide good patient care and helping to mould some of these young, eager physicians.

The type of patients one sees here is amazing. There is a large amount of trauma cases and a very wide spectrum of infections. I found myself seeing pus in places I never would back home! In some ways, it is a bit like going back in time, both in the array of problems one sees and in the ways they are managed.

Renal stone disease complications are a frequent problem and often very large and advanced. The combination of heat, hard work, impure (and often hard to acquire) water, little fluid intake, and, I suspect, genetic susceptibility, all lead to these often large stones. Even small children can be affected and require surgery.

Of course, there is no lithotripsy (extracorporeal or otherwise) and, until recently, no adequately working cystoscopes!

Removal of obstructing stones requires open operations, which are quite challenging not only because we no longer experience these procedures in the developing world, but also because they are usually seen at such a late and complicated stage here.

One of the areas I found most difficult to adjust to was the Burn Ward. Unfortunately, burns are quite common here—people rushing into their barns to save their livestock, gas stoves exploding, attempted kerosene suicides, and small children scalded from pulling down boiling pots or rolling into a cooking fire.

Often, children below the age of two are left in the care of an older, but still very young, sibling while the parents go to work in the fields. It is heart-wrenching to see these babies in pain.

One particular case will always stick with me: She was a nine-month old who had rolled into a fire and severely burned both of her lower limbs and part of her lower torso. She presented late and had to have parts of one leg and other foot amputated.

We nursed her through the initial critical stages and also gave her a skin graft. She was beginning to do well; but after three weeks of diligent treatment and dressings and many operations, she developed a severe infection that resisted all treatment and ultimately led to her untimely demise.

When one puts a lot of energy—physical, mental, and emotional—into patients and is witness to their heart-wrenching suffering, only for it all to end in vain, it is a heart-wrenching moment.

As I leave Nepal after my second short-term mission, I leave with many new friends, experiences, and memories. I don't know when I will be back next as I have other opportunities and commitments in other parts of the world (and there is much need, as well), but I will no doubt be drawn back to Tansen.

The people, the quiet hillside, the sight of the Annapurna Mountain Range, and the collegiality of the people working here are powerful and rewarding. I leave Nepal having gained much more than I have given.

I am truly thankful to God for the opportunities He has provided for me here and His guidance and safe and loving hand.

*Dr. Jon Just
Short-term Surgeon*



Elizabeth, 8, is the daughter of Dr. Davey, General Practitioner at Tansen Mission Hospital, and Rosemary Gin

My Tansen

Here in Tansen

I can see the beautiful mountains
The clouds are as fluffy as
white cotton and the
jagged mountains
hide behind them

The misty valleys lie at the
bottom of the tall mountains

From here, I can see the curvy rivers
The valley as green as the sky is blue
My Tansen

by Elizabeth Gin

Surgery-A Team Effort in Tansen



Surgery-A Team at Work

The operating theatres at Tansen Mission Hospital are a busy corner of a busy institution.

The kinds of surgery performed here are often much more complex than in a similar-sized hospital in a developed country. Good transportation and referral services also help make this a viable option.

However, it is an entirely different matter in Nepal where transportation is more difficult and costly for simple village folk. In most cases, patients are simply too sick and poor to move anywhere.

Tansen is, thus, one of a handful of sites in Nepal that has been approved as a training location for anaesthetic workers.

Dr. Indra Nepit, our long-time Nepali surgeon, has headed the Surgical Department for the past 3 years. His subspecialty is orthopaedics, but like any surgeon in Tansen, he can also be found performing general surgery, caesarean sections, and whatever else is needed!

The x-rays hanging on the viewing box in his office tells many a tale about falls, fractures, and splintered bones spread about in ways that looked too painful to even contemplate.

Such high quality work in a remote and poor country does not depend on surgeons alone. A single operation is possible only through a team effort where administrative personnel procure resources necessary for surgery, hospital workers sterilise and organise equipment and clean the theatre areas, scrub nurses and scout

nurses assist the surgeon, and junior medical staff are constantly being taught by their senior counterparts. Also, visiting surgeons from within and beyond Nepal work long hours and teach with enthusiasm.

Many of these short-term surgeons return for a second visit or refer their colleagues.

One essential component of good surgery is a good anaesthetic. One reason that our hospital is capable

of 24-hour emergency surgery is because it has a capable 24-hour anaesthetic service.

The head of the anaesthetic department, *Mr. Durga Pabadi*, was trained by an English anaesthetist more than 20 years ago and has worked exclusively in anaesthetics ever since. The rest of the anaesthetic staff, like him, is comprised of nurses and health workers who have been trained in anaesthetics.

Tansen is, thus, one of a handful of sites in Nepal that has been approved as a training location for anaesthetic workers. A mix of classroom theory and on-the-job training under the supervision of a doctor anaesthetist and constant exposure to the large surgical load allows the trainees to master the skills necessary for anaesthesia.

Without the dedicated work of these people—surgeons, anaesthetic staff, administrators, nurses, and the supporters of Tansen—the life-saving and changing work of surgery in Tansen just would not be possible.

*Steve Pickering
Anaesthetist*

Life in the Maternity Ward

A new-born child brings a smile to its mother, hope to its father, and joy for the family. What a wonderful gift from God!

It is truly amazing to see wonderful new lives coming to this world. Unfortunately, this is not always the case for there are times when the new ones cannot make it. We then feel privileged to share their grief with the families.

Life in the maternity ward is very stressful and busy at times. Sometimes, I sense that we nurses are not meeting the expectations of the mothers, as the nurse-patient

ratio in our department is only 1:10. We want to do the best for our patients; yet unfortunately, we are unsuccessful sometimes. Thus, the high mortality rate here as most of our patients come from outside Tansen and mostly present very late.

An incident occurred a few months ago during my night duty: a premature baby was born with severe complications and lay in bed, breathing with difficulty. This painful scene moved us all-doctors and nurses-into a prayer. How relieved and glad we were to see



The author, second from left

the child breathing the next day! We then praised God for allowing us to be a part of His miracle.

Lastly, I would like to put in a very warm 'Thank You' to all who pray for us and support our work here.

I would also like to thank the ladies of Kangaroo Flat Baptist Church and Ms. Shirley Mainstone and her friends who have, most faithfully, been sending woolen knitted wears, rugs, and cards for all our newly-born babies. Your caring heart truly encourages us! Thank you!

*Esther Kharel
Maternity Ward Nurse*



Ms. Shirley Mainstone, third from left, and friends of Kangaroo Flat Baptist Church

A New Location for our Cashiers

The inpatient and outpatient cash offices, previously located in different areas, are an integral part of Tansen Mission Hospital. and are responsible for processing financial transactions for patient investigations, surgeries, procedures, and hospital stays for around 300 and 40 outpatients and inpatients respectively each day. As the number of patients has gradually increased, so has the need to centralise these two offices.

And centralise is what we have done now-both offices are able to help one another during busy times and as a result, reduce the long queues that were previously present.





A New Life for Shyam Lal

Shyam Lal came to Tansen Mission Hospital like so many - in need of urgent medical care.

On his way back home to Nepal after a frustrating job hunt in Delhi, India, Shyam met with an unfortunate bus accident when he was run over by a bus while witnessing a fight between bus drivers. Some locals urgently rushed him to a hospital where Shyam lay unconscious and bleeding. Fortunately, someone found his diary and called his family in Nepal.

His father received the call and a few days later, saw his son in a most miserable state: the crushed right leg had been attacked by gangrene and now smelled awful. A social organisation then arranged for the two men to make it to the India-Nepal border, from where they would then arrive here at the Mission Hospital.

Immediately after their arrival, Shyam was sent to the operating room for surgery on his broken arm and an above-the-knee amputation for his right leg. Shyam continued to struggle, pleading with the doctors to

kill him as he called himself 'unworthy' of living with his 'useless body'. Even after the operation, he continued to pester the nurses to end his life.

In the 35th day of Shyam's stay, a surprise visitor arrived and left as soon as she came-his wife! Thus, no one from the *Pastoral Care Team* was able to meet and talk to her. Shyam later told us that she was leaving him and going back to her parents' house as he was 'useless' now that he had lost his right leg.

Shyam Lal continues to thank and praise God for bringing him 'back from the dead' and also adds, "At least, I have a life now, even without my leg".

Naturally, Shyam was more devastated, "Why did I even survive?"

Shyam's family of seven has a small piece of land which provides food for only three months of the year. For the rest, the family has to rely on manual labour.

It was but obvious that his treatment expenses needed to be borne by somebody else so our *Medical Assistance Fund* took care of this. His entire bill of Rupees 150,250.00 (Around US \$ 2385) for his 111-day

stay was thus covered. In total, he visited the operating room 23 times for dressings, skin grafting, and other treatments.

It was truly hard for Shyam, just 23, to come to terms with the loss of his dreams and hopes for the future.

The postoperative period was critical for Shyam for he needed a great deal of emotional support and prayer to help him cope with his new physical condition. The *Pastoral Care Team* spent time with him, continuing to pray for and with him, all the while encouraging and counselling him.

As he started to improve, he opened up emotionally. His gloomy expression slowly lightened and we slowly saw joy in his eyes.

Three months later, he was able to start walking with crutches. He started attending chapel services and even shared his story one day. After completing his treatment, he was then referred to *Green Pastures Hospital* in Pokhara for artificial limb fitting.

The *Pastoral Care Team* continues to play a vital role in the mental and spiritual healing process of such unfortunate patients like Shyam.

Shyam Lal is just one more example of how we see the Lord working in the lives of the broken-hearted here in Tansen.

*Pun Narayan Shrestha
Pastoral Care Team In-Charge*

An Update on our New Emergency Department Building

Can you guess how many patients visit us each year?

At Tansen Mission Hospital, we see approximately 10,000 patients every year!

Some of these patients are from surrounding towns and villages who walk for days to receive medical care.

Our current emergency room is a small room that can accommodate two patients at a time.

Inside it is the nursing station, a private exam area, and storage shelves for medical supplies. If there are more than two patients in a time, they are often placed on trolleys in the outpatient department corridor for observation and care.

As you can imagine, it can be challenging to care for patients who are not within sight of the caregiver!

Construction for a new emergency department building began in April 2007 and is progressing well. We are anticipating completion of the building by end-April 2008.

We thank you for your prayers for this project and appreciate all the support we have received thus far.

This building will have three floors, with the emergency department located on the third floor. Vehicles will

supplies, and a waiting area for patients' families and visitors.

The second floor of this building will comprise various outpatient clinics which will be accessible to all outpatients from the current waiting area. This floor will house the Dental Clinic, the Occupational Therapy Department, the Social Service Department and specialty clinics, which include ENT, Tuberculosis, Leprosy, and the HIV clinics.

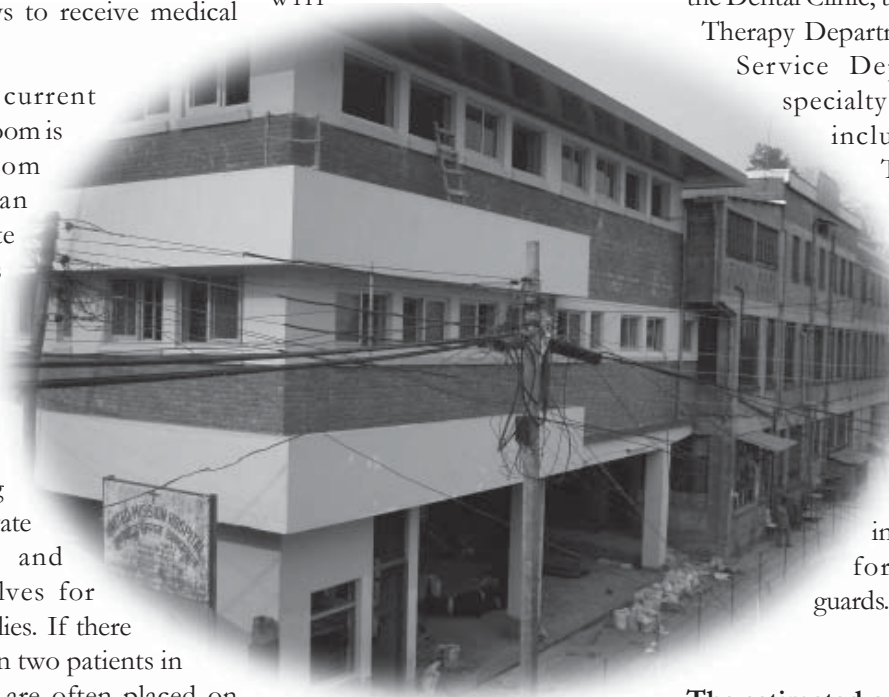
The ground floor will function as a garage for staff and hospital vehicles, including an area for the security guards.

The estimated cost for this project is approximately \$250,000 US dollars.

We trust that God will continue to provide the remaining resources in His time.

*Jeena John,
Engineer*

If you would like to support this project, enclosed in this publication is an insert with all the details, in Page 15.



be able to drop patients off directly outside the emergency department.

Within this spacious and well-lit emergency department, we plan to have ten patient beds, a nursing station, a procedure and consultation room, staff and patient toilets, a store room for medical

Dear Friends of Tansen Hospital

Many of you will have heard the news with regard to the ongoing future of both the Tansen and Okhaldhunga Hospitals but I thought I would use this opportunity to fill you in on some of the details.

Three and half years ago, UMN sought Government of Nepal approval for HDCS to take over the legal responsibility for Tansen and Okhaldhunga Hospitals through an agreement with the Ministry of Health and Population.

The Government agreed, and while the agreement between HDCS and the Ministry of Health was being negotiated, we handed over the management responsibility of the Hospitals to the Health Services Directorate (HSD) of HDCS. HSD has been efficiently providing the management and logistic support services for the UMN hospitals, as well as the HDCS hospitals.

However, the 'legal ownership', and therefore issues like overall liability, financing of support services and visas, has remained with UMN. Our current MoU with HDCS runs out in July 2008 and the intention was that by that time, HDCS would have the necessary Government permission (i.e., the signed government agreement) and we would have completed our partnership, aimed at Capacity Building, with HDCS.

Despite three years of extreme hard work by HDCS, including intensive negotiations with the Government, the Government has made it very clear that it will not hand 'all the hospitals' to one non-government organisation and not from a Christian INGO to a Christian NGO. We, HDCS and UMN leadership, agree that it is extremely unlikely that in the foreseeable future the Government will sign an agreement passing legal responsibility to HDCS.

Given the ongoing delay and uncertainty, at a recent meeting of the UMN Leadership Team, which was attended by the Directors of both Tansen and Okhaldhunga Hospitals, the decision was made not to renew the MoU with HDCS after July 2008. For the hospitals, the consequences are:

1. They will have to make alternative arrangements for the necessary logistic support they require.
2. With support and help from UMN, the hospitals will need to investigate and then choose another way through which they can obtain the necessary legal status, while fulfilling the UMN Board's instruction, which is:

* The Leadership Team of UMN has the task to explore options to bring Tansen and Okhaldhunga hospitals under the ownership of Nepali organisations.

* The Leadership Team should endeavour to preserve the mission values of all three (Patan was the third) hospitals.

UMN will continue to provide that legal framework up to mid-2010, which is when our current General Agreement with the Government of Nepal finishes.

I want to emphasise and assure you all this has been done with the involvement of the two Hospital Directors, who are in agreement with this step, and in discussion with HDCS – although, of course, they are disappointed. UMN is in no way dissatisfied with the work HDCS have done on behalf of the Hospitals and UMN—in fact, it is the opposite. But we feel for the long-term sustainability of the hospitals and the best outcome for the people these hospitals serve, we need to find another option.

Please continue to pray for us, the Hospitals and HDCS, as we work through the many implications of these decisions.

In His Service



*Jennie Collins
Executive Director
United Mission to Nepal*

Please Support RIPE

From last year, we started a new hospital training department to coordinate all our trainings. **RIPE**, or Rural Inter-Professional Education, is an attempt to reflect our goal to be a **'training hospital with a clear mission to train medical, nursing, and paramedical professionals, both for the immediate needs of the hospital and for wider service in Nepal'**.

Also, we have initiated a new partnership with the *Nick Simons Institute (NSI)*, which helped fund the setting up of RIPE and also coordinated some of our government trainings. RIPE will now coordinate ongoing medical education for our hospital staff, including courses for doctors and nurses in resuscitation of newborns and dealing with accident cases and palliative care.

A long recognised training location for General Practice, Tansen Mission Hospital continues to train junior Nepali doctors, recently-qualified interns, and residents.

We currently have three trainees undergoing a six-month anaesthesia assistant training and are also in the process of becoming an accredited skilled birth attendant training centre, which is a part of the government's *Safer Motherhood Initiatives* to ensure that every Nepali woman receives trained help for childbirth.

We also provide clinical placements for student nurses from Tansen Nursing School and physiotherapy assistant students from Kathmandu, along with short *on the job* trainings for x-ray assistants and dental assistants.

We are now on the map for junior doctors to come and gain experience though we are still struggling to retain senior Nepali doctors for Tansen. It is not as easy as in cities where there are many private teaching hospitals, which, as profit-making organisations, can pay higher salaries for senior staff. Parents also prefer to send their children to reputed urban institutions. We need to retain our doctors if we are to continue as a training hospital whilst still maintaining our standard services.

The number of overseas mission volunteers, and their service durations, has also decreased over the years. Consequently, we find that we have to rely more on short-term volunteers and junior doctors.

One way of keeping our Nepali doctors is to be able to offer sponsorship for their ongoing postgraduate training. We now have the opportunity to send candidates to Kathmandu's *Institute of Medicine's* post-graduate programmes for certain specialties, in addition to sending a doctor for the Obstetrics and Gynaecology MD programme last year. We also plan to send another doctor for surgical training this year.

The tuition fee is about \$2400 for the three-year course and the hospital also pays them half salary for the time they are away.

Our present training funding is running short and we now have a Postgraduate Training Fund for which we continue to pray for donations and support.

You may make bank transfers through your local bank to:

Standard Chartered Grindlays Bank

PO Box 80, 13-15 Castle Street
St Helier, Jersey, JE4 8PT, Channel Islands, UK
Phone: 0044 (0) 1534 704000
Fax: 0044 (0) 1534 704600
Sort Code : 60-91-99
Swift Code: SCBLJESH
IBAN Code: GB24 SCBL 6091 99 10078177 (Sterling)
GB75 SCBL 6091 99 10615512 (Euro)
GB37 SCBL 6091 99 10385142 (US \$)
Account Name: United Mission to Nepal
Account Numbers : 1010078177 (Sterling)
1010615512 (Euro)
1010385142 (US Dollar)

Nepal

Standard Chartered Bank Nepal Ltd
GPO Box 3990
Nayabaneswar, Kathmandu, Nepal
Account Name: United Mission to Nepal
Account Numbers:
01-0488798 01 Nepali Rupee
01-0488798-51 US \$
Phone: 977-1-4 229333
Fax: 977-1-4 226762
SWIFT Code: SCBLNPKA

How we spent your contribution:

During the last year (2006-2007),

73,501 patients were seen in our outpatient clinics, 10,140 patients admitted, and 9,831 emergency cases treated, and 7,199 operations performed, and 1,629 babies delivered, and 78 percent was our bed occupancy rate, based on our increased bed numbers this year.

With your help and the help of others:

- A record US \$ 154,434.00 was given in free care to the poorest patients
- 3304 patients in total received financial support
- We were able to start building a new emergency department
- Outpatient clinic renovations were completed

We were able to purchase:

- 2 patient monitors
- An oxygen concentrator
- A pulse-oxymeter
- A suction machine
- An exercise table quadriceps

Upcoming Projects: Can You Help?

The construction of the emergency department building is due to finish by end-April 2008. However, there is still a need for funding to renovate the old emergency room, x-ray, and surgical consultation areas.

We continue to appreciate donations to our Medical Assistance Fund (MAF) which provides charity for the poorest patients.

The new postgraduate training fund will enable us to send junior Nepali doctors for further

training. This important fund will also provide senior staffing for the hospital in years to come.

With sometimes up to six hours of power cuts per day, our generator is working overtime and may need to be replaced soon.

Our Land Rover vehicle is very old and needs replacement.

Thank You Again for Your Generous Giving

Please complete and return to: **Office of the Executive Director, United Mission to Nepal, P.O.Box 126, Kathmandu, Nepal**

Enclosed please find a gift of _____ for **Tansen Mission Hospital** to be used as below:

- Medical Assistance Fund (which provides care for needy patients)
- Capital Fund including finishing of ER Department
- Medical Equipment
- Where it is most needed
- Requested a transfer to the United Mission to Nepal bank account (*see previous page*)
- I would like to receive further _____ copies of FRIENDS OF TANSEN to share with friends and colleagues
- Doctor Training Programmes

Name: _____

Address: _____

City & State: _____

Postcode: _____

Country: _____

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*For Euro cover at Standard Chartered Bank,
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