

Friends of Okhaldhunga 2020



Service to people, glory to God

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Tulsi, spinal cord injured patient in the physiotherapy room.

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Cover Photo: Pabita (Nursing Superintendent), Jayanti (a BNS nurse) and Yub Raj (Hospital director)

Friends of Okhaldhunga

I am excited to share this edition of Friends of Okhaldhunga 2020 to all my seen and unseen friends of Okhaldhunga around the globe. I would like to express my heartfelt gratitude to all of you who have contributed your effort, encouragement, prayer and support to the Okhaldhunga Community Hospital (OCH) to provide quality health care to those who cannot imagine affording their medical treatment to find quality of life. Many desperate and helpless mothers experienced new life which became a blessing and new hope for their family. Many vulnerable children rejoiced with their family and celebrated their next birthdays. The dream of many hopeless lives became true after combatting diseases. People of Okhaldhunga experience hardship in their lives, including many needing to travel for a few hours for their medical treatment, but this is a big advance on the past or the experience of other communities – compared to travelling eight or more hours to Kathmandu, through OCH the best health care facilities have been made available almost on their doorstep.

Many missionaries have spent their valuable lifetime effort and commitment to serve the people of eastern Himalayan communities of Nepal and gave up time with their families back in their homeland to serve the needy people in Okhaldhunga.



After nineteen years of my professional journey in health I asked God once again, where do you want to send me to serve people for your glory? God has not only given the answer of my prayer but the answer to all your prayers and brought me from west Nepal to the eastern hilly district of Okhaldhunga. Many of you have contributed a lot for the development of Okhaldhunga Community Hospital to make better health care facilities. Now we are working hard to maintain this quality and are dreaming for long-term sustainability and better health care access for the communities.

YUB RAJ ACHARYA
Hospital Director



Friends of **2020**
Okhaldhunga



THE MOST *Valuable Life*

Maya was pregnant with her third child and admitted at the local health post with strong contractions at term. A neighbour was also admitted there, also in labour. But progress was delayed for both of them, and the neighbour and her family set off for the hospital. She had a normal delivery soon after arriving here.

Staff at the health post advised Maya to stay on there. As she had given birth twice before they expected it to go well also this time. But late in the afternoon she had a huge haemorrhage and progress stopped completely. Still they didn't start the journey to hospital till late at night. When at last they found a car which could take them to the hospital, the roads were so soaked and destroyed by heavy rains that the journey took much longer than usual.

Arriving here the next morning Maya was clearly very ill, cold sweating, with an abnormally tender abdomen and no contractions. Ultrasound showed a dead foetus outside the uterus, and blood in the peritoneal cavity. Her uterus had ruptured. Her life is in immediate danger, and the only treatment is emergency surgery.

This kind of surgery is always scary. On removing the dead baby and the blood, we found a deep laceration on the backside of the uterus. Luckily it could be closed without removing the whole uterus, for none of us who did the operation had experience with that. The bleeding stopped. She was given a total of four blood transfusions. Would she survive, and come home to her two small daughters who were looked after by their grandparents while her husband followed her here?

Visiting Maya during the morning rounds for the first days was encouraging. Every day she was a bit better and had less pain. This photo is from a week later, she eats well and goes for short walks in the corridor. The plan is to go home in two days.

The wound will hurt on the bad roads, but then she will meet her daughters again.

That is the goal!

The life of a mother is the most valuable there is.

ERIK BØHLER
Former Medical Co-ordinator



PHURI, FROM A TROUBLESOME FRACTURE TO *A better life*

One evening in the autumn of 2018 the police brought at young man to the hospital. Phuri was 20 years old and known in town as a drunken orphan begging for money everywhere. He had fallen down somewhere and hit his head. There was a bleeding from the head, he smelt of alcohol and along the way he mentioned some pain in his left thigh. We did an x-ray and found a fracture in the thighbone. Therefore, we planned to operate on the fracture with a plate and screws, but before we could start the operation we needed a consent. In Nepal the consent is given by relatives. After some research the police brought an uncle to us. He agreed to the operation and left. During the operation we found that the fracture was

at least one month old. Phuri had relieved his pain with alcohol, alone and abandoned. And who would care and feed the young man after the surgery? The nurses where angry at first, but after some discussion the local church sent some young people to help Phuri during the early days. Slowly he became better. He managed to walk with crutches and was finally able to walk again. All treatment was paid by the Medical Assistance Fund.

When leaving Okhaldhunga last year I wondered what would be the future for this boy? Returning back to OCH this year I asked my colleagues about Phuri. He had fallen again and broken the thigh under the plate. The plate was taken out and the new fracture was treated with an intramedullary nail. The nail got infected and he was re-operated, removing the nail. Luckily the new fracture had already healed. Finally, everything went the right way and healed. One day I met Phuri on his new job. He recognised me and was thankful for the help he got through the hospital. He is working in a restaurant and it seems that he has a family taking care of him. He denies that he still is drinking alcohol, but his caretakers are telling us that he likes to enjoy a beer in the evening. He limps after all the surgery on his left thigh, but Phuri can walk without crutches and work for his daily needs. We still hope that he will stop drinking definitively one day.

LARS HÜBSCHLE, MD
Orthopedic surgeon



Fullness of Life

FOR PEOPLE WITH DISABILITIES - COMING SOON!

My name is Clare Grimble and I am a physiotherapist from the UK. For several years, God has given me wonderful opportunities to help with rehabilitation of people with disabilities (PWD) in different communities across Nepal. Over the last year I have had the great privilege of helping to design a five-year Norad-funded project for PWD and their families in Okhaldhunga. PWD are some of the most marginalised and vulnerable citizens in Nepal, the 'poorest people living in poverty' who UMN seeks to bring out of poverty and into 'fullness of life'. These people are often excluded from mainstream development and participation in their communities. This new project seeks to reverse this situation. **The goal is to enable PWD to experience fullness of life through their inclusion, participation and contribution to Nepali society so that their communities become truly disability-inclusive.**

It is exciting, and an honour, to be pioneering the very first disability project of its kind, work which has been anticipated by many here in Okhaldhunga over the years!

With its population of 150,000 there are likely to be thousands of PWD in Okhaldhunga district, since 15-20% of the world's population has some form of disability, and 80% of these people live in developing countries. Negative attitudes towards PWD, physical challenges of infrastructure and terrain, lack of information and poor communication, all create barriers which exclude PWD from accessing health and education services and from being valuable members of society. There are still frequent reports of children and adults with disability being hidden away because of the shame of having a disabled family member in Nepali culture. There is much work to be done!



New CBR staff, Indra Tamang is front centre with a topi.

Transformation of society for PWD will be achieved through a well-recognised strategy called **Community Based Inclusive Development (CBID)**. Two processes will happen in the community simultaneously. Firstly, the project will empower the PWD themselves to access health, education services and livelihood opportunities, to help them out of poverty and assist them to become part of the decision-making processes in their communities. We will provide services specific to the needs of PWD, such as physiotherapy (hospital-based and in the community), assistive devices e.g. crutches and wheelchairs, and facilitate the provision of special education. Secondly, the project will work to change attitudes of society towards PWD, through education on the rights of PWD, and the responsibility of society towards them. There are many laws and policies in Nepal for PWD, but most are yet to be implemented. With a positive attitude towards PWD and more understanding of their rights, the capacity of the government to provide for and empower PWD will increase, and PWD will increasingly find their place in every area of society. **Together, these two processes will contribute to bring about transformed Okhaldhunga communities where all society benefits from the experiences of PWD and their families enjoying fullness of life.**

We are excited to welcome Indra Tamang our programme coordinator – a local Christian with his own experience of disability. He previously worked as OCH hospital director and now has a wealth of community development experience to bring to the project. We have recently recruited eight new staff: Two team leaders and six facilitators (pictured, Indra Tamang is front centre wearing a topi). We still have 17 community mobilisers to recruit from the villages where we are working, and a physiotherapist. (Note: these posts will now likely be filled once the COVID-19 crisis is under control).

The two selected village municipalities, Molung and Khijidemba, are welcoming us with open arms, due to the respect and recognition OCH has built up in the community over the years through its hospital services and public health work. This is a huge blessing and privilege.

Please pray with us for our project and new team.

Pray for a strong team spirit and that we will be hard-working people with servant hearts, who are all aiming for the goal of bringing PWD of Okhaldhunga and the poor abundant, full life. In doing so, may we show



Sudip with cerebral palsy, learning to walk with his mother in the hospital's physiotherapy room.

that even though these people may have experienced rejection by society, they are infinitely precious and deeply loved by God and can make important and rewarding contributions to their families and communities.

CLARE GRIMBLE
Rehabilitation Specialist

NURSING Scene

It is my great pleasure to write something about nursing in Friends of Okhaldhunga. Recently I have been appointed to the leading position in nursing in Okhaldhunga Community Hospital. From the beginning of my career I have been working in this place so it is not a very new thing for me except that a greater responsibility has now been added.

I would like to share few words about the nursing situation in Okhaldhunga. Officially we are a 50 bed hospital but the bed occupancy rate is often 135-145% including 110-150 delivery cases per month. Nurses work in different wards and areas in the hospital including: General Ward and Intensive Care Unit, Maternity and Gynaecology, Paediatric, Operation Theatre, Central Sterilising Services Department, Emergency, Outpatients Triage and Directly Observed Treatment Short-course (DOTS) for Tuberculosis. The majority (27) of our 42 nurses are ANM (Auxiliary Nurse Midwife, which is an 18 month course) who have been working for a long time and are very skilled. Local people remain working here longer than other nurses. The challenge is that nursing practice is becoming more advanced and many short training courses (such as TB training) are only available and designed for Registered Nurses (RNs) (a three year course). So it is very difficult for us to provide professional development training for all nurses. Recruitment is also a challenge. Recently we had a vacancy announcement for three RNs; we were surprised to receive 10 applicants but when they were called for interview and examination none of them came. They said they wanted a confirmed job and a higher salary than we had planned. Our salary scale is much higher than that offered in the cities but despite this, most people like to stay in cities with lots of opportunities rather than come to the rural places of Nepal.

But, hope for nurses for the future has been established in Okhaldhunga. OSHS (Okhaldhunga School of Health Sciences) Proficiency Certificate Level (PCL) Nursing School has opened as a part of this hospital. It strengthens the hospital with a quality nursing service



and provides a good opportunity for the local people to have training in their own place. Currently we have two batches of nurses (20 in each batch) which means we still need to wait three to four more years to have locally-trained RNs. As mentioned earlier, we have a majority of very skilled ANM nurses who are interested to do PCL nursing in our own nursing School to upgrade their academic level. However, they would have to leave their job and study without payment. This is a hard decision for them because most of them are the bread-winner for the family. We are trying to find scholarships for them. I can say Okhaldhunga Community Hospital now has an opportunity to develop quality nursing care because of this nursing school.

We are very thankful to Mr Tuk Bahadur Shreemal (former hospital director) who had an insight for this need in such a place as Okhaldhunga and worked very hard to establish the nursing school. Dr Erik Bøhler (former Medical Coordinator) and Kristin Bøhler (former Social Services Advisor) also worked hard, never tiring, for this school and the hospital. Many others who have contributed for the nursing school from the very beginning and are still taking an interest, are always in the prayers and thoughts of people in Okhaldhunga.

PABITA RAI
Nursing Superintendent

Nursing School - THE CHALLENGE AND OPPORTUNITY AT OCH

Okhaldhunga Community Hospital established a School of Health Science as one of its departments in December of 2018 and commenced its first academic session in April 2019 in collaboration with CTEVT (the Council for Technical Education and Vocational Training). Okhaldhunga School of Health Science is the first school in the eastern hilly region of Nepal to offer Proficiency Certificate Level nursing - a 3-year course available to those who have passed Grade 10 exams.

The aim of starting this school is to produce well-qualified professional nurses to serve humanity, with quality education at low cost. We are in the initial phase and trying to develop a unique environment and infrastructure that can deliver quality education and produce qualified nurses who are capable of providing quality nursing care.

Now we have 2 batches of 20 students. The first is a special group from marginalised families and their education is supported by the Government of Nepal (full scholarship). The second batch are regular students; they have to pay for their education themselves. We have a sufficient number of qualified faculty staff, a well-equipped lab and a library with adequate books. Students get enough opportunity for learning through practice because of the high rate of patient flow in hospital and good cooperation of local community people.

At the current time we facilitate all the required standards for running nursing education. But as we take new batches of students, increasing the total number of students, we will have to struggle more to provide such facility. Because of the rural location, available facilities and the finance we have now, we have to face problems and challenges. It is very difficult to hire or recruit qualified personnel here. There is a lack of qualified local personnel who are suitable for our faculty, while no-one from out of district easily agrees to serve here.



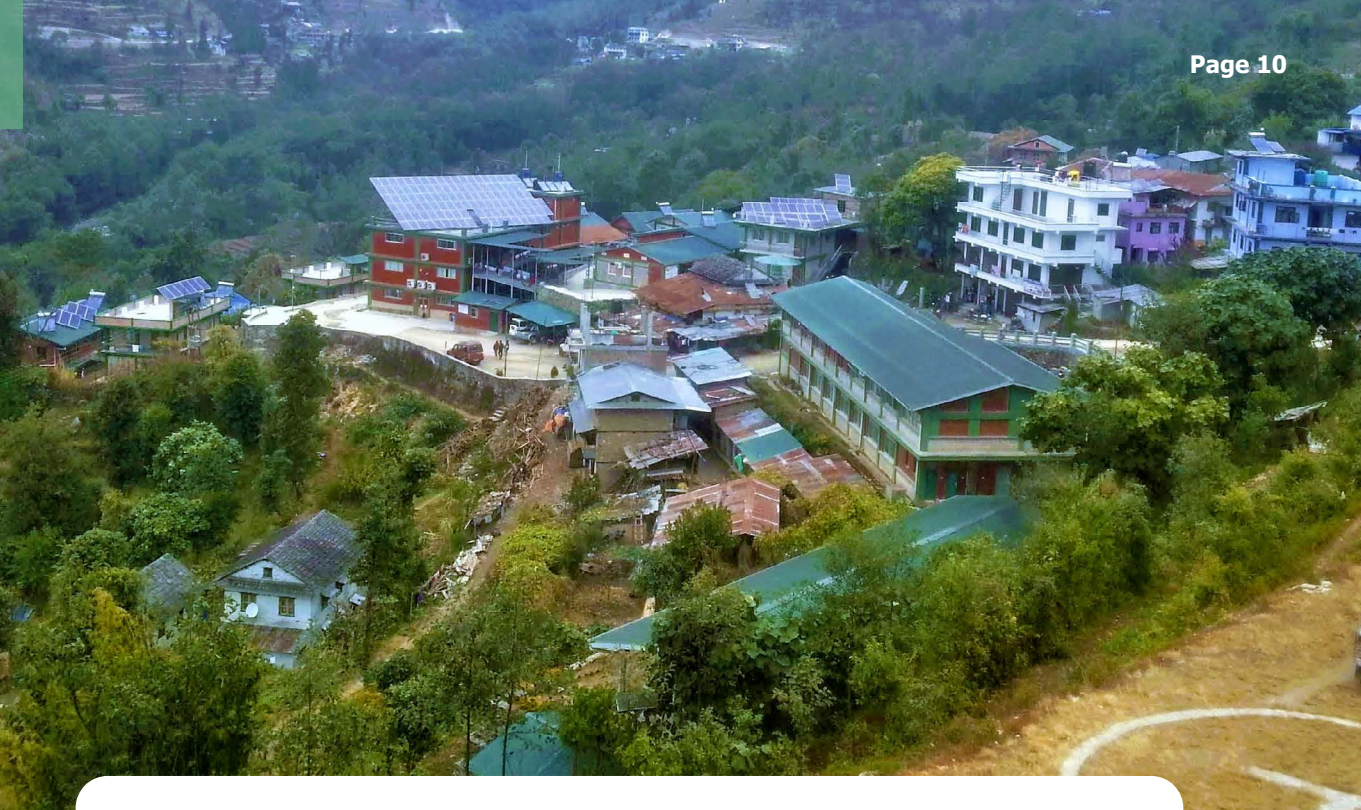
Student nurses providing health education to community people

We have our own land and a single-storey building for our nursing school, but it is too small to run and provide the whole faculty within this building. We are planning to add two and a half floors onto that building with the help of our donors, but even then it will not be possible to accommodate all elements (labs, classrooms etc.) in that one building. We are thankful to those who are going to help us; those helping hands are always welcome. Your support will help in transforming nursing education and building a brighter future for our students.

Our goals are ambitious; we know the result will have an impact on current and future students and the whole community and that we will be proud to take part in this initiative. Other specific plans include upgrading the classroom into a smart classroom, reconfiguration of our lab and enhancing the library, upgrading our hospital to 100 bedded so that we can take 40 students per batch (annually). With your support we are sure we could accomplish much, much more.

MANJU GHIMIRE

Principal, Okhaldhunga School of Health Science



Okhaldhunga hospital

THEN AND NOW

My first experience of working in Okhaldhunga hospital was in early 1990, when I went there to help a lone Nepali GP after the expatriate doctor had to go for an urgent business. During those days, there was no motorable road access to the hospital and would take several days to reach there. There was a twice-weekly flight to Rumjatar and I decided to fly. But my flight from Kathmandu was cancelled twice before I was able to fly out. To reach the hospital from the air strip, I had to walk for about three and a half hours. We two Nepali doctors worked along with a few paramedics and saw around 60-80 patients in outpatients every day. Besides these, we also had to look after

25-30 admitted patients and perform procedures. During my two-week stay I took 13 on-call nights to give some rest to the other doctor. During those 13 nights, I was called only on few nights as fewer sick cases came during the nighttime. In those days we did not have mobile

phone or Internet. OCH did have an internal phone system connected to the guest house where I lived but it did not work during my stay. So, a night duty watchman had to come and wake me up when a patient came to the emergency ward.

Since early 2005, I have made several trips to Okhaldhunga for administrative purposes but always had opportunity to be involved in the hospital's clinical activities as well. With each such visit, I have found changes for good in many ways. The transportation means were becoming much better, though we still had to cross Sum Kosi river by raft till a few years ago when the bridge was finally built. Now we can reach Okhaldhunga hospital from Kathmandu in 8-9 hours without changing vehicle. With the improved means of transportation, more people are coming to the hospital. Now the hospital has Wi-Fi and cable Internet. Everyone has mobile phones. The hospital has more buildings with



better rooms. Oxygen pipes are connected to bedside walls and the hospital is producing oxygen from its own plant. There are senior GPs, a general surgeon and a couple of medical officers. But these numbers of doctors are not enough because of the increase in patient numbers. Furthermore, the disease patterns of those coming to the hospital have changed from those in the early 90s, and are more complicated to manage. Since last year, the Hospital has also begun the nurse's school under Okhaldhunga School of Health Science.

With the above-mentioned changes, some other things have not changed. Our ethos and compassionate care for the poorest of the poor and marginalised people have not changed. The government's policy towards our hospitals have not changed. Despite having several

visa posts for expatriate volunteers and posts for Nepali doctors, the hospital has not been able to recruit the adequate number of either expatriate volunteers or senior Nepali doctors. The number of people needing free medical services has not gone down, necessitating more funds towards subsidised healthcare. This is an opportunity as well as a challenge.

God-willing, and with support within Nepal and from abroad, Okhaldhunga hospital will continue to serve the poorest of the poor and neglected communities of Okhaldhunga and regions around.

DR. OLAK B. JIREL
Director
UMN Hospital Services.

OUR DOCTOR WHO WAS BORN HERE!

In the year of 1991, I was born in the village of Okhaldhunga, in the UMN Okhaldhunga Community Hospital. Growing up in a nearby community in the town called Rampur, Okhaldhunga and it's people had always been close to my heart. Never had I thought that I would have the chance to return back to this place I called home. After finishing medical school in China, a strong desire to help my home town came into me and I decided to apply to work in the same hospital that I was born in, nearly 28 years ago. I have had the chance to serve this hospital and the people of Okhaldhunga for nearly 2 years now, as a Medical Officer. During my work here, I have had the opportunity to work with the same nurse who had once delivered me, 28 years ago (see photo) and with Dr. Erik and Kristin, who had dedicated their



17 years of service to Okhaldhunga. Okhaldhunga, the place where I was born, where I grew up, where I tied the knot with my wife, where we started our new beginning together, where I got to begin my medical career, where I got the opportunity to serve my own community, has been and always will be the best part of my life.

DR MADAN ADHIKARI

SECOND STAGE OF HOSPITAL EXTENSION PROJECT?

We are proud of the new hospital we have got here in Okhaldhunga. But we have still kept some of the old buildings, because in the high season, like during the monsoon, there is not enough space in the nice, new buildings. After the new buildings came up the hospital is attracting more patients, and it seems people are trusting it more. Officially we have only 50 beds, but now the average number of admitted patients is much higher than that, often close to or even above 100. Then all available rooms must be used, even those which remain from last century, even if they do not meet the standards we would like.

Photo from the last part of a doctors' round in November 2019, in the old building which is wet during the Summer and very cold during Winter.

The beds still must be kept very close, with too little space between. We try to make sure that the patients who are least ill are put here, but sometimes that is difficult to arrange.



We will soon see a need to start a second stage of the Hospital Extension Project, aiming at a capacity of a hundred beds. For this a Master Plan has already been worked out. But financial and technical support is needed.

Anybody there...??

KRISTIN AND ERIK BØHLER



BIMALA B.K. &

The Maternity Waiting Home

Bimala is 36 and was in her third pregnancy. She had two children aged 12 and 10. She came to our hospital for an antenatal pregnancy check when she was about 24 weeks gestation. She had the routine pregnancy tests done, including an ultrasound. There was a twin pregnancy! But there was also the sad discovery that one of the twins had died. Bimala had not had any worrying symptoms like bleeding or pain. This is a difficult problem anywhere in the world. The remoteness of Okhaldhunga just adds complexity to the situation.

The initial advice was to wait and watch and hope that the live baby would continue to grow and develop. There was consternation amongst Bimala's family and community. Some wanted us to remove the dead baby straightaway. The local member of parliament also got involved! After discussion about the situation, Bimala and her husband agreed to the plan and expressed the desire to stay at our Maternity Waiting Home, so she could be close to hospital care if any problems arose.

And so began what turned out to be a 13-week stay. The Maternity Waiting Home can accommodate up to 25 pregnant women and their partners. It is available to all. The women who stay either come from a long

distance away, or they have problems in their pregnancy (like Bimala). For a one-time payment of NRs 1500 (about USD 14), the women have a bed and basic food staples provided. There is a kitchen for them to do their own cooking. The average length of stay is 8-9 days. There is a fulltime nurse who checks the women daily and provides health teaching. The women enjoy the company of other women. Quite a community develops!

We gained the advice of an obstetrician specialist from Australia about how to manage the remaining weeks of Bimala's pregnancy. She had regular ultrasound scans and blood tests. Fortunately, all proceeded fine, and the remaining baby grew normally. After she reached 37 weeks in her pregnancy, labour was induced and she progressed quickly to give birth normally to a healthy live female baby weighing 2500g. The dead twin also delivered without problem.

Bimala and her husband were delighted to be able to hold their new little daughter in their arms after having endured the uncertainty and sadness of the preceding 3 months. We were delighted with them!

The Midwifery and Medical Staff of OCH



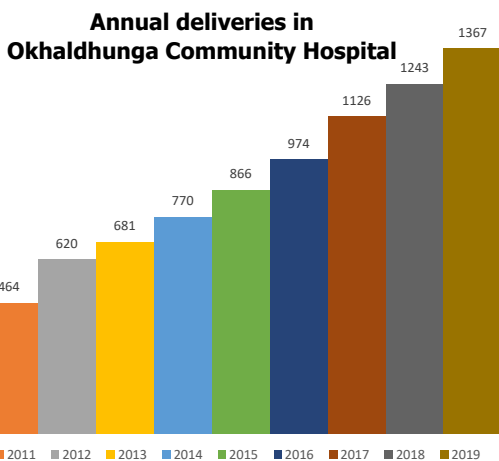
MORE Deliveries

The number of deliveries taking place in Okhaldhunga Hospital has been steadily increasing for many years. As can be seen from the figure, over the last 10 years the number of deliveries has increased by around 100 year on year. This is not because more children are being born in the district; actually the fertility rate is going down in the whole of Nepal. The increase comes because more and more women choose not to give birth at home in their own house, which is risky for both mother and child, but to do so in the hospital which is very much safer. This is a sign of the public's increasing trust in the hospital, which we are proud of.

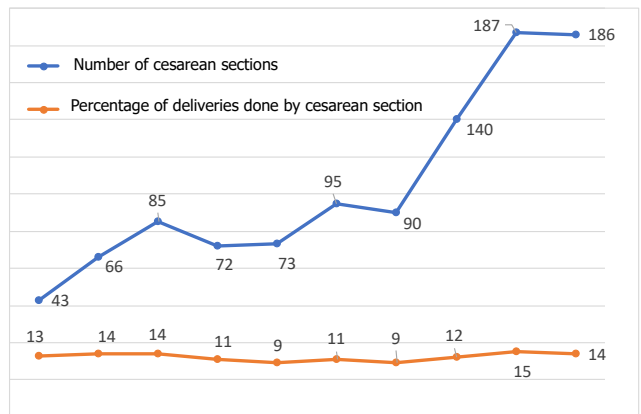
Cesarean section (CS) is the world's most important operation. It provides a safe solution for both mother and

baby when a delivery in the normal way is not possible, or too risky. WHO estimates that 10 to 15% of babies need to be delivered by CS. A lower frequency is a sign that women may not be receiving the help they need. But a higher frequency, which is common in many private hospitals, including ones in Nepal, poses an unnecessary risk to both mother and child as well as unnecessary expenses. We are happy to see that our CS-rate stays in the ideal interval, even if the total number of such operations of course increases in step with the increasing total number of deliveries.

ERIK BØHLER
Former Medical Co-ordinator



Percentage of deliveries done by caesarean section





FAREWELL

We have left Okhaldhunga. It still feels strange, but after having worked there for about 16 years we left for good on the 15th November 2019. We are grateful to the OCH – family, the faithful staff out of whom many have been there for much longer than us, to the strong and growing local church, and most of all to our Lord, for the long and good time He has given us to live in that great place. We will keep it in our hearts forever!

The last weeks before we left were the strangest and most memorable we have ever had. Most of all we had a feeling of being in our own funeral, again and again. First the hospital arranged a farewell party with flowers, gifts and kind words. It was great, and a moving “memorial”. Then the church did the same, and our house fellowship, and the Hospital Christian Fellowship group arranged a farewell-tour to the mountains at Patale. Thereafter the doctors’ group, the Social Office, all the hospital’s departments including the surgical department and nursing school, then the municipality headed by the mayor, and on the last day the district’s MP with all his companions came. On top of this there have been innumerable lunches and dinners with friends and neighbours. Before leaving Nepal, UMN arranged a touching farewell with all staff in the Headquarters’ garden. So many good memories.



- John Padgett took over from Erik as Medical Coordinator in Oct 2019. A photo of Erik and Kristin Bøhler with John and Sally Padgett is on the back cover.

GUESTHOUSE TRANSITION

The first group of nursing students of the Okhaldhunga School of Health Sciences were living underneath the hospital guesthouse. The condition of their accommodation became unsatisfactory due to increasing damp. They were moved up to the Guesthouse, which has now been rebranded as the nurses' hostel and are all very happy with their new place.

In place of the guesthouse, the hospital has leased three private rooms in the village of Sobru, nearby the hospital, to use as accommodation for visitors. This means that accommodation will be more limited than previously. In addition, there are comfortable accommodation options in Okhaldhunga bazaar. Another alternative is a homestay option which has been used in the past in the nearby village of Tekanpur, about 20 minutes' walk from the hospital.

This temporary situation will continue until the new accommodation hostel is built for the nursing students. The guesthouse worker, Phulkumari, has retired. Many



Dr Lars (visiting orthopaedic surgeon from Norway) was one of the last guests to stay in the guesthouse, pictured here with Phulkumari

people have come to know her over the years and will realise this has been a big change for her.

SALLY PADGETT

Figures

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

Description	2017/18	2018/19
Patients seen in our clinics	34,165	36,012
Emergency Cases Treated	3,622	3,903
Babies Delivered	1,243	1,367
Patients Admitted	5,815	6,318
Surgeries Performed	2,261	2,492
Bed Occupancy Rate	135.23%	134.90%
Mothers Admitted in Waiting Home	528	494

Thanks to your donations we were able to achieve:

- ➔ Extending the top floor of Nursing School
- ➔ Furniture for the Nursing School
- ➔ Purchasing a new Thyroid Function Test (TFT) machine for the hospital
- ➔ A Distillation plant for distilled water

Future Needs:

- ➔ 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 donation to this always welcome
- ➔ Patient monitors for Emergency and recovery wards NPR. 2,200,000
- ➔ Cautery Machine for the Operation Theatre NPR 760,000
- ➔ Hospital Management System Software NPR 3,000,000
- ➔ Pulse Oxymeter NPR 440,000
- ➔ Doppler NPR 420,000
- ➔ Phototherapy Light (Blue) NPR.
- ➔ Infusion Pump NPR 178,000
- ➔ Syringe Pump NPR 142,000
- ➔ Vacuum Cleaner NPR 450,000
- ➔ Patient Locker NPR 90,000
- ➔ IV stands NPR 130,000
- ➔ 8 KG small washing machine NPR 110,000

To give

When donating to Okhaldhunga Community Hospital, please send us a letter or email info.och@umn.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 Okhaldhunga Community Hospital.
- All undesignated gifts will be used as needed.

INTERNET BANKING & MONEY TRANSFER

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

US & NEPALI CURRENCIES

Transfer or wire to:

Standard Chartered Bank Nepal Ltd.
PO Box 3990, Nayabaneswar,
Kathmandu, Nepal

Account Name: **Okhaldhunga Community Hospital**

Account Number: **01156530301**

Swift Code: **SCBLNPKA**

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Give using your **credit** or **debit card**.

In the message option, write OCH.

OTHER OPTIONS

For help or advice about giving please contact info.och@umn.org.np or look at our website: www.umn.org.np/give

MAIL DONATIONS

Send a cheque made payable to **Okhaldhunga Community Hospital** and post to:
Okhaldhunga Community Hospital
c/o United Mission to Nepal
P.O. Box 126, Kathmandu, Nepal

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

UK DONORS

For all UK donations and bequests

Make cheques payable to **UMN Support Trust**.

Mail to

UMN Support Trust
97 Eastern Ave
Chippenham Wiltshire
SN15 3SF
UK

Bank Transfers or Standing Orders (monthly/quarterly)

Pay to: **UMN Support Trust**

Sort Code: **77-50-14**

Account Number: **20399368**

For **credit/debit card/Paypal**, go to umn.org.np/give

UMN Support Trust (UMNST) is a UK Charity
If you are a UK tax payer, include a **Gift Aid** form with your first donation.

Download the Gift Aid form from umn.org.np/give or phone **Alan Penn** on **01249 652029**

Bequests to UK charities have no Inheritance Tax.



Fullness of life for all, in a transformed Nepali society

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