

Message from the Chairman, FOD

Dear friends,

It is time again to share with all of you new information about the activities of HRDC over the past year. Needless to say, there have been ups and downs, but the children in need have benefited to our satisfaction and we are addressing all the successes and challenges with a critical eye.

I had the opportunity to visit the USA last year and participate in the annual AHF event in San Francisco. The presentation of HRDC work received a thunderous standing ovation. It was a great opportunity to strengthen old relationships and make new friends for HRDC.

Then it was off to New York to receive the World of Children Health Award (see the Award memento at the right), a golden feather in a cap of HRDC, now serving needy children for 27 years. It was a memorable experience which dispelled all doubts about what direction we ought to be heading in our work – it's too good and very important. We will face all challenges and overcome them to do more and better for these needy ones.

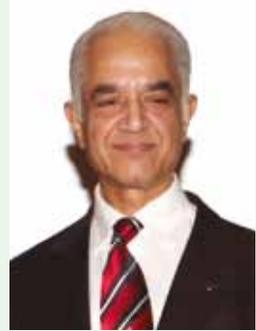
All of you as members of different organizations or as individuals are crucial for the HRDC effort. I can't thank you enough, please continue to help.

Sincerely,

Dr. Ashok k. Banskota

Chairman

Friends of the Disabled



List of Abbreviations:

ADL	-	Activities of Daily Living
AHF	-	American Himalayan Foundation
CBM	-	Christoffel Blindenmission
CBR	-	Community Based Rehabilitation
CDO	-	Chief District Office(r)
CRC	-	Comprehensive Rehabilitation of Children with disabilities
CWDs	-	Children with disabilities
DCC	-	Disabled Concern Centre
DHO	-	District Health Office (Officer)
ED	-	Elective Date
IPS	-	In Patient Service
ISPOT	-	International Symposium in Paediatric Orthopedics and Trauma
KUTH	-	Kathmandu University Teaching Hospital
LCPD	-	Leg-Calve-Perthes Disease
LDO	-	Local District Office(r)
MOHP	-	Ministry of Health and Population
POD	-	Prosthetic and Orthotic Department
PWDs	-	Persons with Disability
PR	-	Public Relation
SARON	-	South Asian Regional Office North
Tdh	-	Terre des hommes
UNCRPD-	-	United Nation's Convention on the Rights of Persons with Disability
WHO	-	World Health Organization

CHILDREN'S STORIES

Mukesh: Malnutrition is still a cause of disability in socio-economically impoverished societies. Mukesh's parents etched a subsistence living from a small plot of land in Rautahat district of Nepal in the south of the country. Mukesh was a late walker and his legs never seemed to have the strength even after he started to take a few difficult steps after the age of 2 years. His knees started to gradually knock and this progressed steadily. By the time he was 12 years old, walking was difficult with his inner thighs rubbing into one another with each step and knees were grotesquely knocked outwards!

The family had never been able to seek any advice or treatment because they were mired in poverty. But help became only a bus ride away when they stumbled unknowingly into the CBR network of HRDC, which referred them to the hospital.

Diagnosis was straight forward – nutritional deficiency of vitamin D leading to weakening of the bones and subsequent deformities in the knees. Mukesh underwent supplemental treatment with vitamins and eventually had the deformities corrected on both sides with excellent results.

Smiling and confident at the time of discharge, Mukesh went back home, with heightened awareness about the root cause of illness, determined to not to let the problem repeat itself

Mukesh at the last follow up is back to school, active and happy like all the other children.



Ganesh: is one of those many, many children who present to the Hospital with untreated clubfoot deformity. Ganesh hails from Baglung in West Nepal and as usually the case, his parents are very poor and could never seek any treatment for Ganesh. The management of late presenting deformities is always more complicated.

A trial of manipulation and casting was undertaken, but the resistant deformity failed to respond to satisfaction. We thus decided to treat him with the Illizarov ring fixator. The system entails the principle of very gradual stretching and multi-planer correction of deformity.

The treatment is time consuming and very judicious nursing care is an important and essential part of the treatment. But the end results were excellent! After two months of fixator treatment, the feet were accommodated in orthopedic shoes and Ganesh was finally able to walk normally. He will require corrective footwear for several years and our CBR workers will be following him. He is now able to go school.

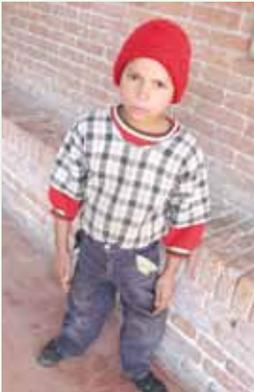


Gresh: Spinal deformities in children are extremely challenging to treat, and HRDC is probably the only centre in Nepal where these problems are being treated on a regular basis. Gresh is a 5 year old girl from Sindhuli district which is north east of Kathmandu. Her deformity had been steadily getting worse after it was initially noticed when she was a few months old. After shopping around several hospitals, the family brought little Gresh to HRDC. Her deformity was the result of congenital vertebral anomalies which triggered a progression of the angular deformity. After completing all the necessary investigations which included a MRI, Gresh underwent surgery – a combination of fusion and instrumentation – which corrects the deformity and prevents recurrences! Gresh made uneventful recovery following the surgery. She will wear a spinal brace for some months, but she is a happy smiling child for now! Her mother is very pleased with what has been possible at HRDC for her daughter and she is very thankful. We will keep a close watch on the progress Gresh continues to make.



Khum Bahadur Pandey: is the second of four siblings in a very impoverished family from Baglung in West Nepal. His father left home to seek seasonal employment in India, but had not returned for over 3 years! The abandoned family was struggling for survival and Khum's condition only made it more difficult for his mother. Khum, with contracture of both knees, crawled on all fours like a quadruped.

Khum was remarkably agile, but a great source of pain and social chastisement to Khum's poor mother! HRDC has a regional centre in Baglung and through a stroke of luck, Khum rolled into one of our clinics one day. The road to HRDC finally became open. Doctors were able to successfully correct the complex condition. Though his knees will never bend normally, he will certainly walk on "two's" and be more like us. The boy is delighted and strong in spirits. He sees his future in education, he even dreams of being a doctor one day and working at HRDC! At HRDC we are in the process of finding a good school in Baglung for Khum and we intend to sponsor his education! We will keep you updated, as the years pass, about this most intriguing case and wonderful boy!



BACKGROUND INFORMATION

HRDC / FOD INTRODUCTION

The “Friends of the Disabled (FOD)” approved by and registered with the district administrative office of Nepal Government as per the Non-Government Organization policy, 2034 BS (1978 AD) has clearly identified need for bringing a positive change in persons with disability (PWDs). It is in this



context, Hospital and Rehabilitation Centre for Disabled Children (HRDC) / FOD is providing quality services to CWDs for their functional independence.

HRDC is one and the only program of the Friends of the Disabled (FOD). It has been approved by the Ministry of Health and Population as a Tertiary Level Hospital. We have over two and a half decades’ experience in pediatric disability management and providing regular services (both treatment and rehabilitation) in over 25 districts of Nepal. With the fact that CWDs and their families could benefit from HRDC’s services in reconstructive surgery, specialized nursing care, low cost prostheses and orthoses, community network for follow up and resource linkage, affordable modality of physiotherapy, this program (Rehabilitation of CWDs) was initiated in 1985 in Jorpati, Kathmandu, Nepal. Since then HRDC is functional and fully committed to work with the community for making a difference to lives of children with physical disabilities. So far, HRDC has provided services to more than 46,000 children which form only about 15 % of the needy CWDs of Nepal. The rest still have no access to rehabilitation services.

Intervention through treatment and rehabilitation is a must to change their plight so that CWDs could enjoy their rights.

Vision:

Creating a society in which individuals (specially, children) with physical disabilities and their guardians live as equal citizens with optimum quality of life, independence and participation.

Mission:

Children with disabilities and their families enjoy their rights and entitlements and thereby improve quality of life as equal citizens.

Specific Objectives and Results

Children with disabilities from project districts enjoy their childhood on equal basis through comprehensive quality medical care, rehabilitation for social integration.

HRDC comprises of 8 departments (16 sections under the departments) which make HRDC's intervention comprehensive and so, CWDs enrolled at HRDC do not have to go anywhere else.

2011 PLAN AND PERFORMANCE

Medical Service

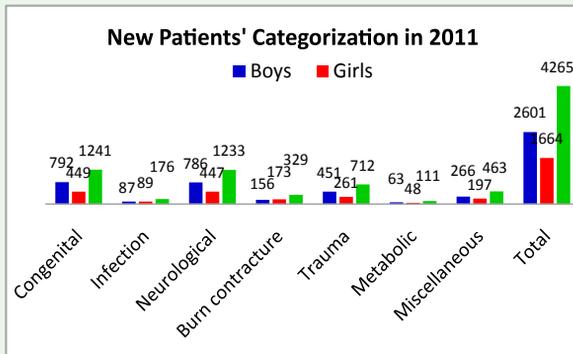
The service includes the following:

- Outdoor Service which comprises of Outdoor Clinic, Pathology and Radiography for evaluations, diagnosis and therapies and / or minimizing disabling conditions in children with physical disabilities.
- In-Patient Service (including wards, operation theatres, central sterilization and supplies) provides admission, reconstructive surgery and specialized orthopedic nursing care.
- Medical Records for efficient organization of patients' information (data) with easy retrieval of information for uses such as trend study, follow-up care, etc.

Achievement against Objectives & Results:

1. Root cause of impairment, activity limitation or participation restriction (disabling condition) in a child is identified:

- Every child with disability has a jointly agreed intervention plan for rehabilitation
 - A total of 15917 CWDs received consultation services at HRDC in 2011. Out of the total, 5924 were girls. The total includes patients seen in Camps, all Regional Offices including CRC Project, Home visit and HRDC Hospital.



- Of the total patients, 11,652 children with physical disabilities were following up and 4,265 were newly enrolled out of which 1664 were girls.

Laboratory Services:

A total of 3509 (3401 inpatients and 108 outpatients) children with physical disabilities used laboratory services in 2011. Several tests like Blood, Urine, Stool, Montoux, Biopsy, Gram's, Sputum, Malaria, Liver etc functional test were done to the patients.

X-Ray Services:

- A total of 3289 children (1311 girls) received radiographic (X-ray) services: 2274 were old patients where as 1015 were new patients. In total, 5191 films of different sizes were used.
- 425 x-rays of the admitted children were taken.

2. Children with impairment, activity limitation or participation restriction accept rehabilitation intervention as per the plan:

- Wound healing is achieved within reasonable time due to expert compassionate treatment.
- A child's impairment is corrected saving potential loss of physical function
 - A total of 1104 patients (430 girls) were admitted in HRDC in 2011. Of the total, admissions with elective dates were 315, admissions without ED were 717 and admissions in the regional offices were 72.
 - Average mean age of the patients admitted in 2011 was 5.77 years.
 - A total of 1511 surgeries were successfully performed in 2011. Surgeries were performed at the central Hospital and regional offices in the east and mid-west. Out of the total surgeries performed, 829 were major.



Dr. AKB in Surgery in Nepalgunj

Physiotherapy

The service begins with thorough assessment of CWDs to ascertain their status of activities of daily living (ADL), physical mobility and set targets for increased independence.

3. A child attains independence in activities of daily living.

1. A total of 5485 children with physical disabilities received physiotherapy services in 2011. Thorough physiotherapy assessments were done to 885 inpatients (342 girls).
2. Total treatment cycles of 44374 were given to all in- and out- door children in 2011.
3. Physiotherapy aids such as splints (486) and casts (507) were fabricated and distributed to needy children in 2011. Also 313 pairs of crutches and 189 walkers were used by children for their functional independence. 2313 ponseti casts were applied in 2011.
4. 1965 new in-and out-door patients (718 girls) received physiotherapy services in 2011.

Prosthetics – Orthotics

Service produces orthopedic appliances (assistive devices) which are fabricated and distributed to aid to the mobility of CWDs and correction and / or prevention of their deformity.

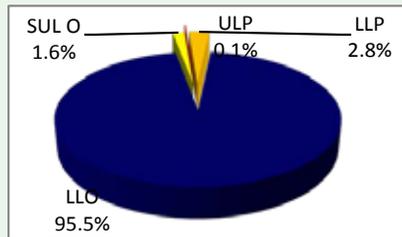
4. Physical functional independence is increased enabling children with physical disabilities to pick better choices in life.

1. The following assistive devices were measured for ortho-prostheses, fabricated and distributed in 2011:

- measurement = 3319, fabrication = 3326 and distribution = 3141.

2. A total of 1965 patients were benefitted from orthopedic appliances in 2011.

3. A total of 566 orthopedic appliances were repaired in 2011.



4. The pie chart at the right presents types of appliances in percentage and the table shows the same in numbers:

Types of appliances :

Types of appliances	Measurement	Supply	Fabrication
Lower Limb Orthoses (LLO)	3159	3004	3175
Spine+Upper Limb Orthoses (SULO)	54	53	54
Upper Limb Prostheses (ULP)	4	5	4
Lower Limb Prostheses (LLP)	102	79	93
Total	3319	3141	3326

Training, Education and Research

This includes Library, Training and Education for updating personnel skill/s as per change in the program.

5. Knowledge and skills:

Major regular activities such as running library, updating children's profiles, health and education orientations to clientele, education and therapy to the hospital enrolled children, etc. went well in 2011

a) **Teaching Learning Activities under Medical Services:**

- A Ponseti workshop was organized at HRDC on January 05, where 77 persons (Orthopedic Surgeons, MS Residents, paramedics and volunteers) from different organizations participated. Many orthopedic surgeons were involved in the Workshop.
- Consultants and residents attended ORTHOCON organized by Nepal Orthopaedic Association on Jan 28-29, 2011 and presented following papers
 - i. External Fixator Under Local Anesthesia is an Option for the Management of Inter-Trochanteric Fracture in Elderly High Risk Patients : S. Shrestha, B. Banskota, T. Rajbhandary, B.K. Shrestha, A.K. Banskota
 - ii. Adolescent Idiopathic Scoliosis – Results of Surgical Procedure : B. Bijukachhe, P. Lamichhane, P.B. Shahi, B.K. Shrestha, A.K. Banskota
 - iii. Tuberculous Spondylitis –
Outcome of Management :
B. Bijukachhe, B.K. Shrestha, A.K. Banskota
 - iv. Evolution of Spinal Surgery at HRDC : B. Bijukachhe, B.K. Shrestha, A.K. Banskota
 - v. Milch Procedure for Correction of Cubitus Valgus Deformity Secondary to Non Union Lateral Condyle of Humerus - A Retrospective Study of Ten Cases: P.B. Shahi, B. Bijukachhe, T. Rajbhandari, A.K. Banskota, J.R. Pandey



Participants of Empowerment workshop (August 01-09)

- vi. Surgical Correction of Muscular Torticollis; Our Experience at Hospital And Rehabilitation Centre For Disabled Children : N. Subedi, R. Gurung, B. Bijukachhe, T. Rajbhandari, A.K. Banskota, J.R. Pandey
- vii. Correction of Neglected/Rigid Club Foot Deformity using Ilizarov Ring Fixator. Our Experience at Hospital and Rehabilitation Centre for Disabled Children: R.K. Chaudhary, O.P. Shrestha, B. Bijukachhe, A.K. Banskota, J.R. Pandey
- viii. The Management of Post-infected Gap Nonunion Tibia in Children - Using Huntington Procedure: A Retrospective Analysis of 18 Cases : R. Gurung, B. Banskota, O.P. Shrestha, B. Bijukachhe, T. Rajbhandari, A. Singh, I. Pradhan, S. Rijal, B.K. Shrestha, J.R. Pandey, A.K. Banskota

b) Other Teaching Learning activities :

- 34 staffs from HRDC participated in the orientation training on Disability and Inclusive development. This orientation Training was conducted from the 3rd to the 7th of April by Inclusive Development Officer Mr. Murali Padmanabhan from cbm SARO-N. The training was very well received by the participants.



- 15th batch of Primary Rehabilitation Therapy Training was conducted from the 4th of July in HRDC. Altogether 15 persons participated in the training. The Training concluded on Friday the 23rd of September.
- Disability Management Empowerment workshop was conducted from the 1st to 9th of August covering disability orientation, Rights and Inclusive Development. A total of 24 members from DCC and HRDC staff participated in the Workshop.
- Two staff from HRDC attended Wheel Chair Assessment Training organized by National Rehabilitation Society for Disabled, Anamnagar Kathmandu from November 31 to December 2, 2011.

CBR Department

It was initiated in 1988-89 as a service for escorting children with physical disabilities and their guardians from home to hospital and back has become a very important multi-pronged social support to clientele based on CBR concept which supplements medical intervention at the Hospital.

6. Integration Of Children With Physical Disabilities Into Social Events.

CBR Service now decentralized to Regional Office East, Regional Office West, Project Office Chitwan and Regional Office Mid-West comprises patients' rehabilitation in home surroundings, awareness drives, consultation / counseling, follow-up to re-enforce interventions and organizing outreach services.

CBR Activities include:

- Identification of children needing assistance for impairment correction or physical functional independence in ADL and social participation. Then referring them to HRDC and / or other organizations as appropriate for further intervention
- Home visit of CWDs' post intervention to ensure that they sustain the rehabilitation gain.
- Setting environment (counseling clientele, assisting clientele in mobilizing (resources, etc.) for intervention at HRDC or through other organizations as appropriate
- Empowerment of clientele (children and their guardians / parents) in rehabilitation process through awareness drives and skill transfer where appropriate.
- Support the clientele to enjoy their rights by enabling them to access the entitlements availed by the State to other normal children on equitable basis.



Social Mobilizer during home visit

Social Consultation and patients’ follow-up:

Introduction CBR(CRC) Project:

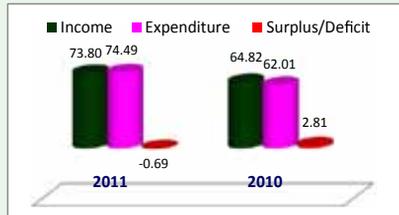
- With support from CBM SARO – N and CBM Switzerland, a five year project has been initiated from 2011 with the aim of providing comprehensive rehabilitation services to children with physical disabilities in Dhading, Makwanpur and Chitwan districts. Its main office has been established in Nayangardh, Chitwan. Of the total 18 staff working in the Project, 5 staff were deployed to the Project from HRDC based on the need and 13 new staff including 6 social volunteers (PWDs) were recruited for the Project. (See detail in Page 36).

Finance & Marketing Department

It consists of Accounts, Procurment and store sections. A total 6 staff work in the Department.

7. Availability of Adequate Funds for HRDC’s Services and Transparent Record of Transactions.

The diagram at the right shows income against the expenditure of 2011 as per the account books (unaudited figure) of the Finances and Marketing Department. Though there was deficit,



2011 was better for resource mobilization compared to 2010. Inflation and HRDC’s needs in 2011 went up causing a deficit of about seven hundred thousand rupees.

Administrative and Ancillary Service:

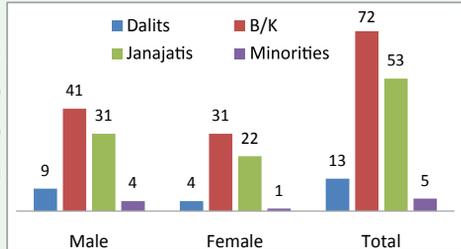
The Service comprises of:

- Personnel Administration, Reception and Security
- Domestic Services (housekeeping, kitchen, laundry & cleaning) and
- Transport and Maintenance including infra-structure & repair-maintenance (equipment, building + roads).

8. Administrative & Managerial Functions are Intact & Running Assisting to Smooth Delivery of Services.

Human Resource Management

A total of 143 staff (58 females) were working for HRDC till the end December 2011. Among these were 14 (7 girls) PWDs working with us.



Personnel Administration:

The Department fulfilled its responsibility of filling – up a total of 26 vacancies in 2011 - some were new positions, some others vacancies created due to resignations.

Medical In-Charge:

Dr. Tarun Rajbhandary finished his Medical In-Chargeship in December 2011 and handed over responsibility to Dr. Om Prasad Shrestha beginning January 2012.

Child Protection Policy:

A half day workshop on child protection policy was organized among staff on the 18th of November at HRDC Training Hall. A draft Child Protection Policy with code of conduct was developed. This was approved by the Board with some feedback. Some of the HRDC partners require the Policy for further partnership.

MOHP Permitted HRDC to run as a Tertiary Level Hospital:

HRDC has been approved by the Ministry of Health and Population as a Tertiary Level Hospital in pediatric rehabilitation. Process of assessing environmental impact is going on

Since this approval by the Ministry of Health and Population, we have started regularly sending monthly report to the DHO Kavre.

HRDC 2011 - HUMAN RESOURCE

The management / administration of HRDC is thankful to all the staff for their dedication to bring quality services to the children coming to us for care:

HRDC Human Resource Strength



IPS Staff with Chairman and Executive Director.



CBR Staff with Chairman and Executive Director.



POD Staff with Chairman and Executive Director.



Physiotherapy Staff with Chairman and Executive Director.



Domestic Service Staff with Chairman and Executive Director



Medical Team with the Chairman Dr. Banskota and honorary Consultant Dr. David Spiegel (7th from the left)

HRDC Human Resource...



Training Staff with Chairman and Executive Director.



Operation theatre Staff.



Lab Staff with Chairman and Executive Director.



Procurement Staff with Chairman and Executive Director.



X-ray Staff with Chairman and Executive Director.



Administrative Staff with Chairman and Executive Director.

FROM SOUP TO NUTS: FINDING, ADDRESSING AND FOLLOWING UP NEPAL'S CHILDREN WITH PHYSICAL DISABILITIES

The Soup

The Chepang tribe is one of Nepal's most backward, marginalized communities and is largely concentrated in the hills just south of Kathmandu in remote areas of Makwanpur, Chitwan, Gorkha and Dhading Districts. A generation ago they were hunters and gatherers living in caves and in trees and have only recently been 'settled' into homes and on farms.



Social Volunteer Kushal Chepang

Twenty one year old Kushal Chepang is one of the lucky ones who is about to complete plus II in education. Illiteracy is still heavily prevalent in Chepangs and only a few have passed higher education. Kushal was a victim of spine TB. He came to contact with one of the CBR Facilitators of HRDC in Chitwan. Then HRDC's intervention started a few 2 years back. Kushal is now a social volunteer to CRC Project HRDC, getting some honorarium, and does sensitization and social follow-up in his community.

We are specially mentioning Kushal because penetration to the Chepangs community has been possible only due to him. They would not trust outsiders easily as they were cheated and oppressed by so-called developedes since ages. Kushal convinced the communities for HRDC's rehabilitative intervention and escorted them to HRDC. Razi Ram and family is one such example.

Razi Ram is one such newly settled Chepang. He has seven children and a small farm which provides enough food for eight or nine months of the year. For the rest, he tries to get work as a farmhand or laborer on a construction site – it is all a bit hit and miss. Additional cash to pay for education for his children is scarce, but Razi Ram, himself illiterate, understands its value and all his children are in school.

In addition to grinding poverty, Razi Ram's family has another problem – three of his children are physically disabled. His daughter, Sanchia, and two of his sons, Bikra and Shrestha, suffer from Leg-Calve-Perthes disease (LCPD), a congenital deformity of the hip that first shows in young children and, if left untreated, can lead to severe hip deformity, extreme pain and loss of mobility in the affected leg.

Razi Ram took his children to a medical center in 2009, but their disability was not diagnosed. He told us of a child in another village who had similar symptoms and was treated at a private clinic – but at a cost of \$220. This sum was totally out of reach of Razi Ram so he had no option but to let nature take its course.



His children were in constant pain, sometimes so intense they cried as they walked the half hour to school.

The Appetiser

In June 2011, he heard there was a free clinic for disabled children being held in Bharatpur, a major town nearby. Bikram had been bedridden for the past two months, unable to even support his own weight, but Razi Ram and the three children made what was a torturous journey to the camp.

The camp was one of many the Hospital and Rehabilitation Center for Disabled Children (HRDC) stage each year throughout the country. Their aim is to contact as many disabled children as possible, assess them at the camp and then refer them: either to the hospital in Banepa for corrective surgery or to the local field staff who can assist with non invasive interventions such as physiotherapy and Ponseti treatment (using a series of plaster casts to correct club foot).

HRDC's Dr. Jyoti Shrestha, a recipient of an AHF orthopedic residency stipend, diagnosed dislocated hips in all the children, but could not be sure of the cause without further diagnostics. When he asked Razi Ram to take the children to a nearby hospital for x-rays, Razi Ram's faced dropped. He simply couldn't afford them. His poverty and desperation were so evident to the HRDC staff and the AHF Field Director who was at the camp that they agreed to pay for the x-rays from HRDC's charity funds.

The x-rays showed all three were afflicted with LCPD. Dr. Shrestha determined the elder two would need surgery to correct the problem and the youngest could be treated through physiotherapy. The referral desk set a date for the four to visit HRDC in Banepa but again, the costs of transport from his village and the usually insignificant costs to the patients for treatment were beyond the family's financial ability. Their only hope of preventing these children from worsening health would have been to borrow money from loan sharks at, literally in this case, crippling rates of interest, sending them into a spiral of debt from which they could never recover. In AHF's long experience in Nepal, it is this type of family crisis that can lead to children being offered up for child labor or worse, sexual exploitation. AHF agreed to cover the costs relating to the three children's treatment and transportation.

The Entry

In late July 2011, the children arrived at HRDC in Banepa and the Medical In-Charge, Dr. Tarun Rajbhandari, confirmed Dr. Shrestha's diagnosis. Dr. Rajbhandari used an arthrogram, a test using contrast dye with x-rays to diagnose the extent of the problem in each of the children, then the HRDC surgical, nursing and physiotherapy therapy teams



Kushal with the Mini-Camp Team

developed treatment plans in consultation with Razi. As Dr. Shrestha suspected, the avascular necrosis, or lack of blood supply to the bone, was too advanced and surgery would be required for the two elder children; PT would suffice to correct the youngest's deformity.

The surgeries were performed and over the three week recovery period Razi Ram and his children were taught PT techniques to assist in the strengthening of bones, muscles and the relief of pain.

After discharge they were released into the expert care of the Chitwan Community Based Rehabilitation Office and three local volunteers, two of whom are former patients of HRDC and the other, coincidentally, an alumna of AHF's STOP Girl Trafficking Project.

The Dessert

In January 2012, the AHF Field Office in Kathmandu received the following report from the Chitwan office:

Shrestha Maya Chepang: a 12 year old boy diagnosed with LCPD in one leg. Undergoing physiotherapy and responding well. He is now studying in grade 3 and his ADL (Activities for Daily Living – a set of measures to determine his ability to perform daily tasks) is normal. He continues on regular follow-up.



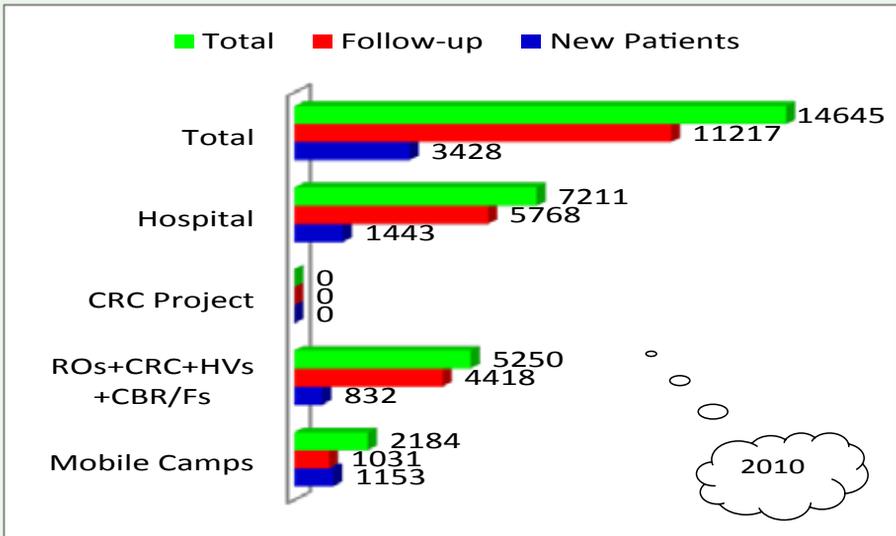
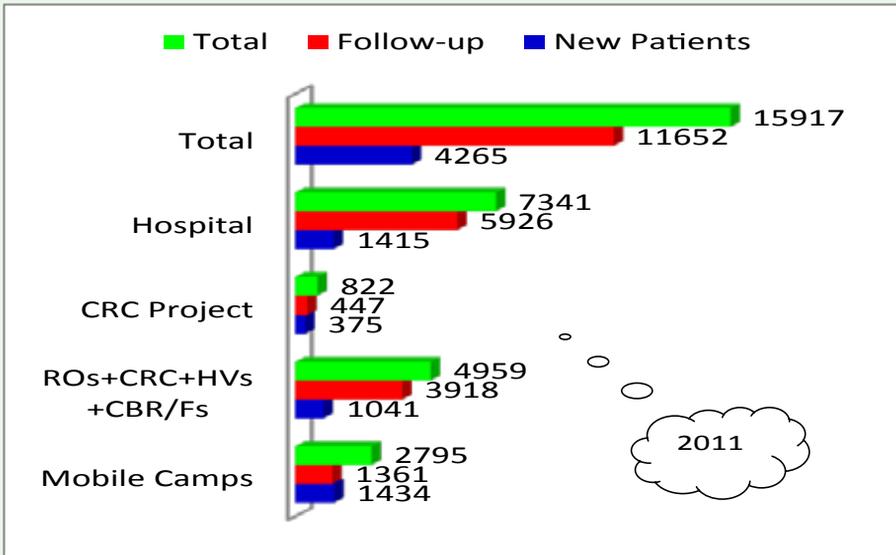
Bikra Bahadur Chepang: a 13 year old boy diagnosed with bilateral LCPD. Right side surgery successful! Left side pending. He is studying in grade 4 and his ADL is normal. He continues on regular follow-up.

Sanchia Maya Chepang: a 15 year old girl diagnosed with LCPD in the hips. Surgery successful! She is studying in grade 4 and her ADL is within normal range. She is on regular follow-up.

The Nuts

Note: None of the children are now using crutches.

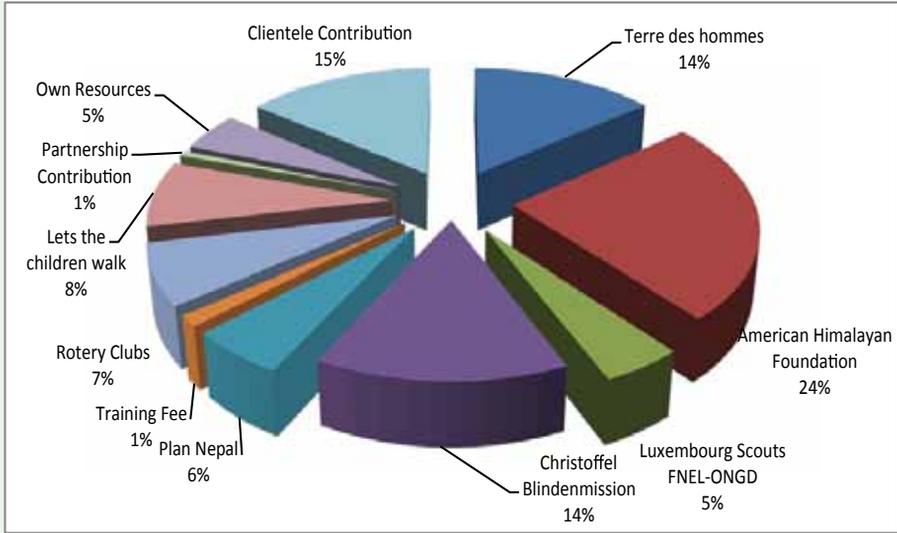
COMPARATIVE ACHIEVEMENT IN 2011 AND 2010



DISCUSSION:

1. CRC Project is being conducted from 2011.
2. Though HRDC catered to higher number of new patients in total in 2011, flow of patients to the hospital was a bit less compared to that in 2010 reasons being addition of CRC Project and higher flow of patients in the camps

**PARTNERSHIPS IN 2011:
(Total Contribution Was 73.8 Million Rupees)**



- The AHF raised its contribution to HRDC by 10% in 2011.
- Solar energy items including Battery, Inverter, solar panel, etc. was received as a part of donation given by Luxembourg Scout.
- The pilot construction of solar facilities was completed and we are utilizing 510 watt in a very efficient way. The project is being established to have total power coverage for HRDC through a larger photo-voltaic project. If everything works out as planned the project will be completed by 2014. The project is supported by FNEL-ONG'D – The Luxembourg Scouts. Thank you FNEL – NGO'D friends for the support!

NEWS / IN PICTURES

World's Top Child Health Award to Dr. Banskota:

Dr. Banskota was honored with by the World of Children Health Award at a function held in New York on the 2nd of November 2011 - a matter of pride for all of us. Prof Banskota was warmly felicitated by patients and their guardians, staff and FOD Board Officials on his return to HRDC. We all admire your humbleness, visionary foresight and value your love. Care for us! We sincerely appreciate you – father us further in the days and years to come!!



A child welcoming Prof. Banskota on his return to HRDC after receiving the World of Children Health Award!

A press conference was organized at Hotel Himalaya, Kupondole on the 24th of December, 2011 in honor of Dr. Banskota on his receiving of the 2011 World of Children Health Award



Contribution from Rotarians:

In 2011 an x-ray machine and a complete package of equipment needed for two beds for the intensive care unit donated by Rotarians from within Nepal and overseas were handed over to HRDC. The Friends of the Disabled and HRDC teams express their sincere thanks to the Rotary club of Patan (and all the other Rotary Chapters) and the Mrigendra Samjhana Medical Trust for providing support for the ICU, and the Rotarian Mr. Robert Rose from Seattle, USA and Rotary Clubs of Dhulikhel and Kavre along with other Rotarians who provided funding support for the x-ray machine.



The ICU set inside the operation theatre block was inaugurated jointly by Dr. Banskota and Chairman of the Patan Rotary Club. (See the picture at the right)



Dr. Tarun Rajbhandary, the then Medical In-charge giving a tour of HRDC to past district governor, Rotarian Himanshu Thackar and Mr. R.R. Pandey past president of Patan Rotary Club.



Conference in Manila

The Executive Director of HRDC participated in the second Community Based Rehabilitation Asia Pacific Network Conference held in Manila, Philippines from the 29th of November to the 1st of December. The trip was sponsored for the most part by CBM SARON. The focus of the Conference was inclusive development.



Terre des hommes



Mr Jason Squire (with flower bouquet) the new TdH Head of Mission visited HRDC with his predecessor Mr. Joseph Aguetant (2nd from the right). Mr. Squire was welcomed by a patient.

American Himalayan Foundation

Executives of the American Himalayan Foundation including Richard Blum and Erica Stone visited HRDC on the 11th of April for observation and monitoring!



FNEL – ONG'D – Luxembourg Scouts

FNEL-ONG'D President Tun Ruppert (2nd from left) with Dr. Banskota (2nd from the right) at HRDC during a visit. Others in the photo are Mr. Madhab Acharya (Nepali FNEL-NGO'D representative), Paul Geditz (Director – FNEL NGOD) and HRDC's senior staff.



Christoffel Blindenmission



- *The CBM Team visited CRC in Markhu, Makwanpur (see the picture above):*
- *CBM has been supporting HRDC in its efforts to provide rehabilitation services to disabled children for the last 15 years, particularly through physiotherapy, orthopedic assistive devices and CBR. From 2011 CBM and HRDC focused on three specific districts; Chitwan, Makwanpur and Dhading for rehabilitation and creating social change. The main office has been established in Narayanghad, Chitwan. 822 children with disabilities received rehabilitation services in 2011.*



A 15 member team German Donors visited the hospital on 10th of October, 2011. The team was led by Mr. Sarfaraz, CBM SARON's Adualay and PR Officer. HRDC's Executive Director presented the introduction.

Training of Trainers (TOT)

From February 02-06,2011, a Training of Trainers was organized by cbm in New Delhi on "Disability and Inclusive Development Development" to representatives of partners of cbm from several countries of Asia such as India, Nepal, Bangladesh, Japan, etc . HRDC's Executive Director Krishna P. Bhattarai also received the Training.



Participants of the TOT with Mrs. Sylvanna Mehra, the South Asian Regional Representative of CBM.(Sitting -2nd in the 2nd row from the left)

Local Authorities

The Honorable Finance Minister and former Deputy Prime Minister Mr. Bharat Mohan Adhikari (at the centre in the first row) during his visit to HRDC. He was accompanied by the Defense Minister, Honorable Mr. Bishnu Paudel, Joint Secretary of Finance Ministry Mr. Bodh Raj Niraula and Member of Parliament Mr. Krishna Prasad Sapkota on the 3rd of May.



Chief District Officer (CDO) (standing 5th from the right) of Kavrepalanchowk District, Local District Officer (LDO), Municipality Officer and 5 Members of the District Office visited HRDC on the 8th of September 2011 and distributed food and fruit to the children on the occasion of employees' day!



- Two staff from Social Welfare Ministry also visited HRDC to secure information on tax free items and equipment.

HRDC has been approved as a tertiary referral centre by the Ministry of Health and Population. An environmental assessment is needed for permanent approval. A team had visited HRDC to inspect and approve HRDC as the referral centre. The process of the environment assessment is on-going



Plan Nepal

Plan Nepal has supported HRDC in the Inclusion and Non-Discrimination Project in five districts (in eastern and western Nepal) for five years which ended in December 2011. Under the project, HRDC provided comprehensive rehabilitation service to children with physical disabilities. The Country Director of Plan Nepal, Mr. Donal Keane (standing right) is seen briefing representatives of its plan partners during an empowerment workshop in September 2011.



International Symposium in Paediatric Orthopaedics and Trauma

A. Prof Kaye Wilkins from USA who was one of prominent international faculties attended the Symposium

Our department had following presentations

- i. Developmental dysplasia of hip- HRDC case examples :
Dr. Bibek Banskota
- ii. Case presentation on LCPD-
Dr. Shilu Shrestha
- iii. Clubfoot case presentation- Dr. Jyoti Shrestha
- iv. Cerebral Palsy case presentation- DR. Prem Shahi



B. Prof. Ashok K. Banskota attended Orthopaedic meeting at Kochi organized by Kerala Orthopaedic Association (KOA), India on Jan 2011 and gave guest lectures on

- i. Neglected elbow injury
- ii. Ponseti method of casting in Neglected clubfoot



C. Prof Ashok Kumar Banskota attended AHF fund raiser program in San Francisco USA on Oct 2011. He delivered a talk on "Reflections. HRDC story –arguments for continuity of these services." He received standing ovation in the program.

D. Prof Ashok Kumar Banskota, Prof Jwala Raj Pandey, Dr. Rajesh Chaudhary and Dr. Nirajan Subedi attended 56th IOACON in Noida, India organized by Indian Orthopaedic Association on December 2011 . Our department had a poster presentation on :

Celebration of Festival at HRDC:

- On the auspicious occasion of “Bada Dashain and Tihar” (national festivals of Nepal) inpatients were taken on a picnic and a tour around the local temple, Chandeswori, Banepa on October 2nd, 2011 Vice Chairman Prof. Batuk P. Rajbhandari offered “Tika” to the



chi Idren during Bada Dashain (See photo at the right)

- A small formal celebration was made at the HRDC premises on the occasion of 20th International Day of Persons with Disability in December 02, 2011 with a slogan “Together for a better world for all: Including Persons with Disabilities in Development” .

Fund Raising



A fund raising event for HRDC was organized by the team of doctors from HRDC and B & B Hospital in May 2011 with the slogan of “Let the Children Walk” at the Soaltee Crown Plaza. It was a grand success! Thank you doctors for the event!

Paediatric Orthopedics Expert Dr. David Spiegel (far left) who works at the Children's Hospital of Philadelphia (CHOP) who is the honorary Consultant to FOD/HRDC talking to Dr. Banskota during the latter's visit to HRDC in 2011. Dr. David is HRDC's honorary consultant and has been a regular guide for us in Ponseti and developing pediatric rehabilitation issues.



Visits and Visitors

- More than 500 students from nursing, medical and other institutions made observation visits to HRDC to understand the background, management and the services rendered by HRDC.
- Five members from WHO Office led by Dr. S. R. Shakya visited HRDC on the 29th of March for observation.
- US journalist Mr. Richard Paddock interviewed seven patients at HRDC
- More than 50 volunteers from Nepal and overseas offered their assistance to HRDC, mostly in medical and physiotherapy departments.
- A team of physio and occupational therapists led by Masayuki Watanabe from the Faculty of Health Sciences from Hamamatsu University in Japan, visited HRDC on September 2nd,

Comprehensive Rehabilitation of Children with Physical Disabilities (CRC) Project

A multi year plan for a project extension was revised and sent to SARON cbm. The Plan was accepted by cbm and the result was implementation of the “Comprehensive Rehabilitation of Children with Disabilities” which started from January 2011. The approach adopted by the project is “Disability, Rights and Inclusive Development” which tallies with the UN CRPD concept.



- Some new staff were recruited and some others deployed from the CBR Central (Department) to work in the CRC Project. CBM South Asia Regional Office North and CBM Switzerland are supporting this project being run in 3 districts: Makwanpur, Chitwan and Dhading.
- Before the implementation of the CRC Project, a quick survey was done. Results of the quick but scientific survey were shared to different stakeholders in the project districts. The plan of the Project was revisited to incorporate the findings (which basically included status of the children with disabilities).
- A three member Team (Mr. Dinesh Rana - Program Officer, Manoj Sebastian – Fund Raising / Planning Officer and Murali Padmanabhan – Training Officer) from South Asia Regional Office (North), CBM visited HRDC and its field site in Makwanpur on Feb 23 – 24, 2011.

Pay raise for Personnel

- Realizing the current market price and value and government scale as well, the demand of HRDC staff to raise grades by 2.5 % and salary by 10 % was accepted by the FOD Board.

ACHIEVEMENT OF 2011 AND 2012 TARGETS

SN	Headings	Targets	Achievement
1	Medical Consultation (HRDC + Field)	2012	2011
	New Patient	4000	4265
	Follow up	17800	15897
	Sub-Total: Medical Consultation		20162
2	In-Patient Services		
	Admission	1145	1104
	Corrective surgery	1700	1511
	Major		800
	Minor		711
3	Community Based Rehabilitation		
	Assessment in Early identification camp	6000	2307
	Disability orientation	7500	7097
4	Fabrication of Orthoses - Protheses	3000	3313
	Beneficiaries	2100	1969
5	Physiotherapy Assessment	2400	2035
	Clubfoot Management through the Ponseti method	615	678
6	Treatment Complete / ADL Independent	800	373
7	Training And Education		
	Masters Degree Program in Orthopedic Surgery / KUTH	3	3
	Primary Rehabilitation Therapy Training	20	15
	Ortho Shoe Training	4	3
8	Resource Mobilization (Rupees in Million)	87.1 mRs	73.8 mRs

Summary of Achievement of 2011

Headings	New Patients		Follow Up		To- tal	To- tal	Grand Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Mobile Camp	852	582	851	510	1703	1092	2795
Regional Office + Home Visits	836	580	2768	1597	3604	2177	5781
Hospital, HRDC	913	502	3753	2153	4666	2655	7321
Total	2601	1664	7372	4260	9973	5924	15897

Notes:

* 1616 patients were registered where 201 patients were referred from different mobile camps organized by HRDC.

** Patients from RO (1251), CRC Project (822), Home Visit (2523) and CRC (1185), Mobile Camp (2795), and at Hospital (7321)

\$ 121 Patients were admitted for surgery thru' Regional Offices (RO)

Scoliosis Screening Camp

Ponseti at Centre 593, Itahari 37 and Nepalgunj 48

Executive Director's Concluding Remarks!



Dear Colleagues,

I salute you for your unprecedented contribution to our work at HRDC!

We bid farewell to another successful year at HRDC. 2011 ended as rewarding as any other year in setting standards and we broke several track records during the year:

Prof. (Dr.) Ashok K. Banskota was honored as the recipient of the World of Children's Health Award – an award which sets the gold standard for excellence in child advocacy. Dr. Banskota we revere you as a true hero in our lives. You are a great advocate to needy and vulnerable children. The honor not only recognized and elevated your selflessness, it also heightened HRDC's image across the globe. We also thank the World of Children for bestowing this honor.

In 2011 HRDC admitted the greatest number of children of any of the past seven years. The progressive undertaking of the higher number of complex major corrective surgeries at the hospital is a testimony to the enhancement of skills polished with years of experience. What matters to the team is the quality of life of a child for which HRDC is often the only option they can turn to. The child's right to physical independence is humanitarian justice and HRDC has been dispensing this for over 26 years and doesn't look back.

HRDC established a new record in the provision of low cost assistive devices by fabricating 3,533 the most ever in a year and making 2,164 children more mobile. As 'Only the wearer knows where the shoe pinches' we have now recruited 14 disabled people to work with us as ambassadors for HRDC and advocating timely interventions for children. We have maintained transparency through formal annual social field audits. It is so satisfying when children and parents offer genuinely positive appraisals of the HRDC team's work.

In addition to their stressful and complex work at HRDC and B&B Hospitals, the medical team also worked hard and raised several million rupees in one evening – further evidence of their undying dedication. Thank you Dr. Bibek, Dr. Tarun and others who were involved in organizing such a successful event.

To all those who stand by us, working for this right and just cause, I say thank you!

Thank you!!!

Krishna P Bhattarai
Executive Director, HRDC
March 2011

All the achievements of 2011 were only made possible with the support of the following.

We Thank:

The American Himalayan Foundation for being the partner with the highest level of support

Terre des Hommes for being the founder partner with the longest duration of support

Christoffel Blindenmission for being partner with dedicated support

FNEL – ONG'D (Luxembourg Scouts) for being partner with dedicated support

Plan Nepal for being partner with dedicated support

All patients and their families for their patience and feedback

All DPOs, NGOs and CBOs

The National Planning Commission

The Ministry of Women, Children and Social Welfare for providing needed support

The Ministry of Health and Population for offering needed support

The Ministry of Finances for approving our duty free imports

The Ministry of Education for accommodating PWDs

Social Welfare Council for initiating support

All DDCs, VDCs, District Administrative Offices, and other Government Agencies for being part of the mission

All Officials of the FOD and HRDC personnel for all the guidance and support

HRDC/FOD Management

HRDC/ FOD's 2011 Achievement in Logical Framework:

Hierarchy of Objectives	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Risk / Assumptions
Overall objective	Children with disabilities and their families enjoy their rights and entitlements and thereby improve quality of life as equal citizens.	<ul style="list-style-type: none"> Increased access by decentralizing services 2400 children with Disabilities enjoy their entitlement in the community and Participating in social functions Established collaboration for increasing coverage 	Regional Office Reports: <ul style="list-style-type: none"> Observation / monitoring reports School register Home visit reports Mobile camp reports Child club reports 	<ul style="list-style-type: none"> Part of funding available Continued political turmoil Law and Order is restored
Specific Objective A Expected results (Specific Objective A)	A: Correction of deformity (impairment) leading to reduction of physical disabilities (CWDs) Result: 1: Root cause of impairment, activity limitation or participation restriction in children is identified: Result: 2: Children with impairment, activity limitation and / or participation restriction participate in rehabilitation intervention as per the plan.	AR 1: Indicators: a. Each of 7200 children with physical disability has a jointly agreed intervention plan for rehabilitation b. 20100 are provided with follow up services c. 3934 children with disabilities get 11800 tests done of which results are made available to experts to ascertain their disabling condition	<ul style="list-style-type: none"> Observation 	independence of children with

	<p>d. Radiographic image of 9600 children with impairment, activity limitation or participation restriction is available for further clarity</p> <p>AR 2: Indicators</p> <p>a. 3435 children with physical disabilities admitted at the Hospital receive preoperative care for rehabilitation intervention</p> <p>b. 4587 cases getting their impairment corrected through successful reconstructive surgeries (2531 major, 2056 minor) receive quality post operative care saving their potential loss of functional independence</p>	<ul style="list-style-type: none"> • Medical / Rehabilitation Records: Each one of 4265 newly enrolled CWPDs (1664 girls) has a jointly agreed intervention plan in 2011 • HRDC's Report: 1652 CWDs (4260 girls) received follow-up services in 2011 • CBR / Home visit reports:3509 (3401 inpatients and 108 outpatients) children with physical disabilities used laboratory services in 2011.

	<ul style="list-style-type: none"> Medical Records: 3289 children (1311 girls) received radiographic (X-ray) services. <p>IPS Reports: Admitted 1104 patients (430 girls) who received preoperative care for rehabilitation in 2011.</p> <p>IPS Reports: 1511 successful surgery were done in 2011. 829 surgeries were major.</p>			
<p>Specific Objective B</p> <p>Expected results (Specific Objective B)</p>	<p>B: Independence in self care & activities of daily living, enabling clients for making personal choices in life.</p>			

<p>Specific Objective C</p> <p>Expected results (Specific Objective C)</p>	<p>C: Inclusion of CWDs in social events</p> <p>Result 4: Children with disabilities and their families seek CBR supports in their own locality / home surroundings to achieve rehabilitation goal</p> <p>CR 4: Indicators:</p> <ol style="list-style-type: none"> A total of 17050 CWDs will have got consultation services on social rehab through home visit and follow up Among the total, <ol style="list-style-type: none"> 33 clients got special rehabilitation visits for special care 8650 CWDs (new = 4671 & Old = 3979) got screening service through health and rehabilitation camps in 175 clinic days 9900 clientele got consultation services at the Hospital including need based Psycho-social counseling 11,500 CWDs received services through assessment and early identification camps Psycho-social counseling shall be integrates in rehabilitation intervention 8 CBR personnel are trained in psycho-social counseling 4 screening points are established Ponseti technique of club foot management has been decentralized to regional offices 160 children with clubfoot problems receive intervention at field level through ponseti technique: 	<ul style="list-style-type: none"> • CBR Follow up / home visit records • CBR records mobile camp and outreach services: 5781 CWDs (2177 girls) received social consultation in 2011 • CBR records on Psycho-social counseling: • CBR records: No patients got special rehabilitation visits in 2011 as the activity was merged with camps • CBR camp records: 2795 got screening service through HRWC in 64 clinical days and 112 camp days • 3779 CWDs (1493 girls) were provided counseling at the Hospital • CBR Reports: 2307 (1205 girls) received services through early identification camps in 2011. • 20 CBR Staffs are oriented to Psycho-social counseling training • Identified only one Centre (HRDC Hospital) so far • Yes, we carry out Ponseti intervention in all 4 regional offices including Chitwan (excluding Baglung) • CBR Reports: 678 children (177 girls) were benefitted through Ponseti technique at field level. (add centre data)
--	--	---

	<p>Among them,</p> <ul style="list-style-type: none"> • 125 receive minor surgeries (Heel Cord Release) at the local level • 30 receive major surgical intervention at the local level <p>b. At least 3 staff from Regional Offices got basic + refresher trainings on clubfoot management</p> <p>c. Among the clubfoot patients, average age of enrollment for intervention is decreased by 5% compared to 2010 record</p>	<p>49 HCR (12 girls) at a local level were conducted</p> <ul style="list-style-type: none"> • 72 surgical procedures were successfully carried with 26 major surgeries • Yes, done as planned • In general the decrease was 3.1% in 2011 	
<p>Result 5: Children with disabilities have access to mainstream, vocational skills and education in their community</p>	<p>CR 5: Indicators</p> <ol style="list-style-type: none"> a. 300 CWDs participate in child club activities of their area. b. 85% of 17050 children with physical disabilities will have attended schools c. 30 CWDs between 16 – 18 years given links to get vocational training 	<p>Reports of child clubs at the local level</p> <ul style="list-style-type: none"> • CBR Reports: 81 CWDs (32 girls) participated in club activities • CBR Reports: 2482 CWDs (995 girls) attended schools in 2011. • None 	
<p>Result 6: Community supports inclusion and rights of children with disabilities and their families in mainstream development</p>	<p>CR 6: Indicators</p> <ol style="list-style-type: none"> a. 22500 community people and other stakeholders are directly involved in disability awareness activities b. Clubs with CWDs play influential role for accessibility and rights in local organizations in 10 districts c. CRCs in 6 districts taken charge of the primary rehab services d. 2000 children with physical disabilities involve themselves in each social events, sports and recreational activities e. 2000 CWDs involve in household chores 	<p>CBR Reports</p> <ul style="list-style-type: none"> • Local CBR records: 7097 (3416 females) involved in disability awareness activities. • CBR: Social integration report: Process has started in 13 districts • Morang and Bardia districts are in process • CBR Reports: Involved in social function and events: 1532 (638 girls) and involved in sports: 1386 (484 girls) • CBR Reports: 1378 CWDs (678 girls) involved in household chores in 2011. 	

D: Effective and efficient administration and management with appropriate transparency	
<p>Specific Objective D</p> <p>Expected results (Specific Objective D)</p>	<p>Result 7: Availability of adequate funds for HRDC's services and transparent record of transactions</p> <p>DR 7: Indicators:</p> <ol style="list-style-type: none"> 252.25 million rupees is available for smooth running of all HRDC services As part of the monitoring of disbursement and appropriate transparency, a statement of the Accounts is produced monthly, quarterly, six monthly and annually and circulated to the concerned. Accounts Book shall be formally audited annually and circulated to the concerned stakeholders <p>DR 8: Indicators:</p> <ol style="list-style-type: none"> Policies and by-laws of HRDC / FOD are intact and functioning Personnel, maintenance, transport and domestic services are availed to concerned departments / sections for their smooth operation
	<p>Periodic financial statements from Finances and Marketing Department:</p> <ul style="list-style-type: none"> Auditing records: A total of 82.04 million rupees were available in 2011 as per the Account Books. Yes, monthly statements were prepared and shared with the partners who wanted it. Yes, it is normally done in the first quarter of the subsequent year.
	<p>Revised copy of personnel and administrative policies</p> <ul style="list-style-type: none"> Nepali and English version are in process Yes, being done as needed basis

<p>Specific Objective E</p>	<p>E: Strengthening of HRDC as training and resource centre in physical rehabilitation</p>	
<p>Expected results (Specific Objective E)</p>	<p>Result: 9: HRDC is developed as training and resource centre in rehabilitation therapy</p>	<p>ER 9: Indicators</p> <ul style="list-style-type: none"> a. Basic management (communication, supervision), Ponseti techniques, Project Cycle Management Trainings (3 events) are internally organized at HRDC to build capacity of concerned personnel b. 40 volunteers per year (within and outside Nepal) from different organizations approach HRDC for observation and elective study c. 2 research findings are published in national and / or international journals as outcomes of interventions d. 3 Modular Primary Rehabilitation Training / Rehabilitation Orientation Trainings have been conducted to representatives of HRDC's field partners and stakeholders e. Newcomers including patients and care takers are sensitized through disability prevention sessions at HRDC throughout the years f. 60 representatives of NGOs, DPOs, CBOs and other stakeholders receive PRT Training g. One refresher training is organized per year for a minimum of 10 ex-graduates of PRT h. 8 representatives of NGOs, DPOs, CBOs and other stakeholders, specially the ones dealing with leather work get orthopedic shoe technician's training
		<ul style="list-style-type: none"> • Medical Report on management of clubfoot thru' Ponseti technique Training and education department report • Ponseti Conference done in January 2011 • Two disability management trainings were done in 2011 at the Centre. • Training attendance register and report: More than 50 Volunteers (within and outside Nepal) and more than 500 students visited HRDC for observation • Prosthetics and Orthotics Department report • Primary rehabilitation training attendance register and report: 15 trainees were involved in full PRT Training in 2011. • Yes, normally on OPD days. Since the training instructor quit HRDC and we have not found one yet, this activity has not been taking place • Primary rehabilitation training attendance register and report: 15 participants were involved for PRT Training in 2011. • No refreshers' training was organized in 2011 • Total for 3: 1 for Inclusion and non-discrimination project, second for CBR Biratnagar and third for CRC Project.

Table of Contents:

Message from the Chairman, FOD

Children Stories

Background Information

2011 Plan and Performance

Human Resource at HRDC: (Pictorial)

From Soup to Nuts ...

Comparative Achievement 2010 of and 2011

Partnership in 2011

News in / Pictures

Visits and Visitors

Information on CBR (CRC) Project

Summary of Achievement of 2011 and Targets of 2012

Executive Director's Concluding Remarks

Achievement in Logical Framework Format

Coverage Map

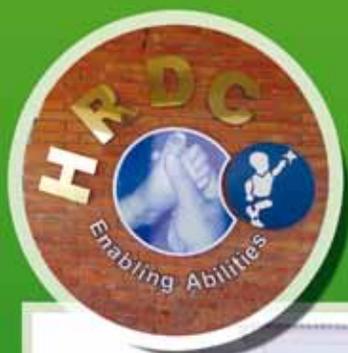
Annual Report 2011



Hospital and Rehabilitation Centre for Disabled Children



A Program of The Friends of the Disabled (FOD)



Hospital and Rehabilitation Centre for Disabled Children

P.O. Box 6757, Kathmandu, Nepal

Telephone : 00 977 11 661666, 661888, Fax : 00 977 11 661777

Email : hrdc@wlink.com.np, adminhrdc@ntc.net.np, URL: <http://www.hrdcnepal.org>