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## List of Abbreviations

|  |  |
|--|--|
| ADL: Activities of Daily Living                                  | IFC: International Financial Corporation               |
| AHF: American Himalayan Foundation                               | INGO: International Non-Governmental Organization      |
| cbm: christoffel blindenmission                                  | IYPD: International Year of Person with Disability     |
| CBO: Community Based Organization                                | OT: Operation Theatre                                  |
| CBR: Community Based Rehabilitation                              | PRT: Primary Rehabilitation Therapy                    |
| CPiN: Cerebral Palsy in Nepal                                    | PWDs: Person with Disabilities                         |
| CRCP: Comprehensive rehabilitation of children with disabilities | RO: Regional Office                                    |
| Project CWDs: Children with Physical Disabilities                | SDC: Swiss Development Corporation                     |
| DDSAS: Developing Disability Service Accessibility System        | SWC: Social Welfare Council                            |
| FoD: Friends of the Disabled                                     | SKF: Stitching Kumari Foundation                       |
| GoN: Government of Nepal   | SIND: Social Inclusion and Non-Discrimination          |
| HRDC: Hospital and Rehabilitation Centre for Disabled Children   | SLC: School Leaving Certificate                        |
| ICU: Intensive Care Unit   | TdH: Terres des Hommes                                 |
| ISPO: International Society of Prosthesis and Orthosis           | UNICEF: United Nation International Children Emergency |
| MoHP: Ministry of Health and Population                          | Fund WOC: World of Children                            |
|  | YWDs : Youth with Physical Disabilities                |



Medical Support (Contribution: 25.22 Millions NRs )



CBR Project (Contribution: 8.50 Millions NRs)



CRC Project and Partial Support in OT extension.  
Contribution: 14.07 Millions NRs



Photo Voltaic Project plus support to  
50 children's rehabilitation  
Contribution: 49.70 Millions NRs

## Major Partners of 2013 and Projects



SIND, DDSAS Project  
Contribution: 5.60 Millions NRs



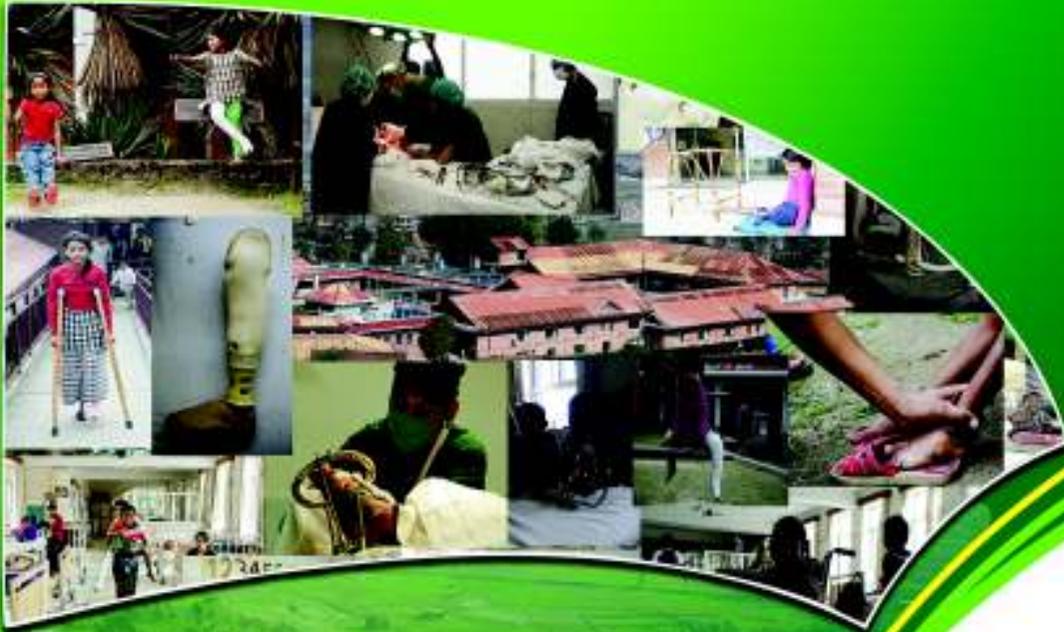
(SDC)  
Equipment and Machinery Project  
Contribution: 7.30 Millions NRs



Autoclave Project  
Contribution: 1.12 Millions NRs



Partial Support in OT Extension Project (Contribution: 1.50 Millions NRs)



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# Hospital and Rehabilitation Centre for Disabled Children (HRDC)



## Annual Report 2013



**A Program of The Friends of the Disabled (FoD)**

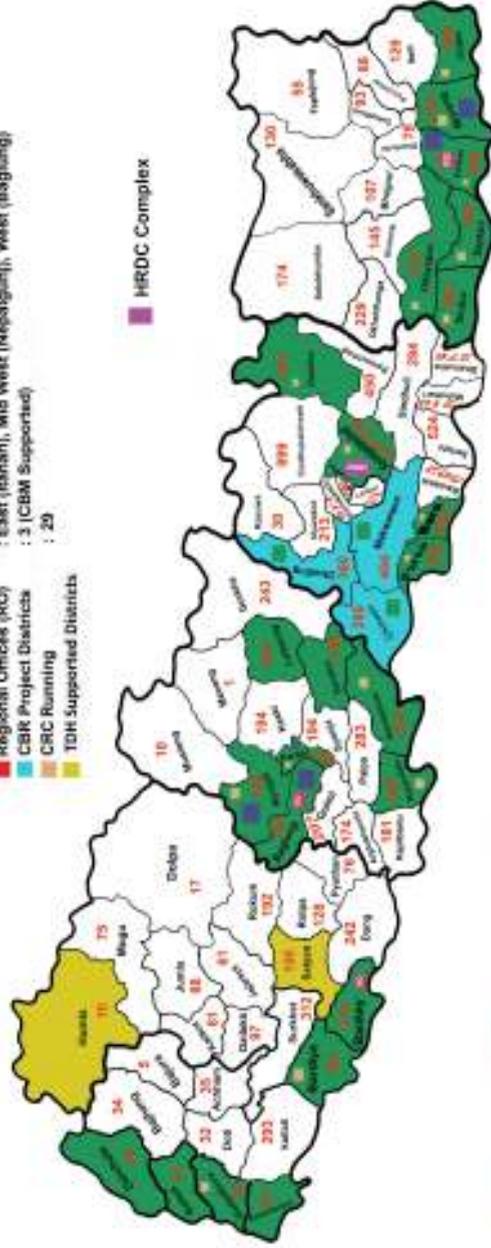


## HRDC CBR / Field Districts



- CBR Coverage Districts : 26
- Inclusion Districts : 5 (Plan Nepal Supported)
- Regional Offices (RO) : East (Bharat), Mid West (Nepalgunj), West (Bajhang)
- CBR Project Districts : 3 (CBM Supported)
- CRC Running : 29
- TDH Supported Districts

■ HRDC Complex



Coverage VDCs : 1338  
Coverage Municipalities : 30  
Coverage Wards : 4268

**Note: Figure in each district indicates patients' number under current HRDC follow-up.**

## Message from Chairman



Dear Friends of HRDC,

Once again, it is time to share some of the past year's activities of HRDC, and to thank you all for the support you continue to provide, which enables so many children with physical disabilities.

HRDC has crossed many milestones in the course of its history and more were passed in the 2013. Last year saw the addition of the operating theatre annex, with an intensive care facility and medical conference room. Also, with a generous grant from the Swiss Embassy, the hospital was able to upgrade much of its equipment, and with financial help from the Luxembourg Scouts / FNEL, the process of making HRDC the first hospital in Nepal to generate 80% of its energy needs through solar power, is almost complete.

And with the assistance of our partners, our Community Based Rehabilitation network is growing, bringing services to many children in the most remote localities.

HRDC is providing comprehensive, high quality orthopaedic rehabilitative care to the neediest in our society. This could not be possible without the compassionate efforts of all of our staff, together with the help from all our donors.

I want to thank each and every one of you for your continued support of HRDC.

Ashok K Banskota  
Chair  
FoD/ HRDC

## Words from the Senior Consultant FoD / HRDC



Dear Friends and Well Wishers!

Belated happy New Year 2014 from all of us at FoD/ HRDC!

Before we consign 2013 to the past, I would like to make note of the new track records set, and achievements realised at HRDC, during a year that I label one of the most successful in HRDC's history. The solar project that reduces our reliance on the national power grid by half and, with the help from the Swiss Embassy, the upgrading of much of the hospital's equipment were just two great achievements that help us continue to deliver quality care to the children and their families whom we serve.

From HRDC's inception in 1985, to the end of 2013, over 56,000 children received medical and rehabilitation services from HRDC. Of these, 14,000 have finished their life-changing treatment. Some 34,000 surgical procedures have been performed, and 49,000 low-cost orthopaedic appliances have been fabricated and delivered to over 24,000 children. The benefits of three decades of outreach camps, providing treatment, care, awareness and early identification and intervention, cannot be underestimated. Nor can our efforts in qualitative intervention, with innovations to increase the children's confidence and social inclusion, and strengthening their relevance in the local communities - the only meaningful end to the process of rehabilitation.

For many of our patients' families, lack of awareness of the problems associated with disability, and their own desperate financial situation would have seen them succumb to unwitting loss of the quality of their lives. HRDC is proud to be at the centre of many lives changed by our interventions. We will unflinchingly continue to argue, advocate and act, to ensure their fundamental human rights are attained.

HRDC is a leader in the provision of tertiary paediatric orthopaedic management, efficiently supplementing the Nepal Government's limited resources to address the needs of disabled children, their well-being and social inclusion.

HRDC has a team of talented and engaged people, with exceptional capabilities and motivated to deliver strong, trusted and compassionate care to children across 30 districts of Nepal. Their success is reflected in the form of satisfied, empowered, joyful and self-dependent children.

With the recent addition of orthopaedic surgeon, Dr. Bibek Banskota as Medical In-charge, we have a complete executive committee, a team committed to realise Professor Ashok Banskota's dream that every child should enjoy their rights with meaningful mobility and self-care

Our work has only been possible with support from all of you and our ever-dedicated Professor (Dr.) Ashok Banskota's visionary direction. He is an inspiring guide and a light for everyone at HRDC!

On behalf of the Board of Directors of the Friends of Disabled, my colleagues on the Executive Management Committee, I thank all our committed personnel for their valuable input and for the way they have embraced our new initiatives in medical as well as social participation with full accountability. And I sincerely thank our partners for your continued support: American Himalayan Foundation, Swiss Development Cooperation, Terre des Hommes (TdH), cbm (India, Switzerland and International), Luxembourg Scouts and Guides (FNEL – ONG'D), Plan Nepal, Rotarians, World of Children, Wonder Work, Ministry of Health and Population, Ministry of Women, Children and Social Welfare of the Government of Nepal, and many others. We are proud that your support has continued.

In conclusion, although we made considerable progress in 2013, there is still much to be done to create choices in children's life so that their full potential blossoms. We are confident that we will maintain your and our clientele's trust, during 2014 and beyond, through our focused and dedicated performance.

Thank you very much !

Krishna P Bhattarai  
Senior Consultant  
FoD/ HRDC

## BACKGROUND OF THE FRIENDS OF THE DISABLED (FOD)/HOSPITAL AND REHABILITATION CENTRE FOR DISABLED CHILDREN (HRDC)

The Hospital and Rehabilitation Centre for Disabled Children (HRDC) is the only program of the Friends of the Disabled (FoD), a non-governmental, charitable organization. Terres des Hommes (TdH), a Swiss based charitable trust specializing in children's issues, initiated the project in 1985 and handed over its management to FoD in 1992. Since its inception, HRDC has served children with physical disabilities, enabling them to realise their rights of mobility and functional independence. Approved by the Government of Nepal, HRDC is the country's leading provider of comprehensive treatment and rehabilitation services to children with physical disabilities.



HRDC Complex, Kavre

In October 1997, FoD relocated HRDC to its present permanent location in Janagal, Kavre District, about 25 kilometers east of Kathmandu, close to the town of Banepa. HRDC has been efficiently providing treatment and rehabilitation services from this complex since.

HRDC has 74 beds, 37 in the main ward, 34 in the rehabilitation ward and three in the intensive care unit. We have a plan to increase the number of beds to 100 in the future. HRDC is a one of a kind institution consisting of a nationwide network for family based follow up care and social intervention, carried out with the popularly accepted approach of community based rehabilitation.

HRDC has pioneered the introduction to Nepal of the Ponseti Technique (serial casting), which has not only reduced the cost of clubfoot intervention in children under 4 years old, but also shifted intervention from major to minor surgery. For the past few years, HRDC has also focused on spine management, particularly of scoliosis, with early identification and medical interventions.

At HRDC children and their guardians are attended to with compassion, and encouraged to actively participate in their own therapies. They are taught simple rehabilitation techniques that can easily be carried out at home. They are also educated on preventative measures that can be adopted in their communities to minimize the occurrence of disabilities in the future.

Children with physical disabilities must meet two criteria to access treatment and rehabilitation at HRDC: At the initiation of treatment, the children must be below 16 years of age, and children from disadvantaged families are given preference.

Disability management is a never ending process as disability type and nature changes its form as changes in society occur. It is in this context, HRDC is operating as the referral centre with comprehensive management of children with physical disabilities and is intervening in up to 15,000 - 17,000 cases every year, at the hospital as well as in the field.



A child with crutches at the main entrance

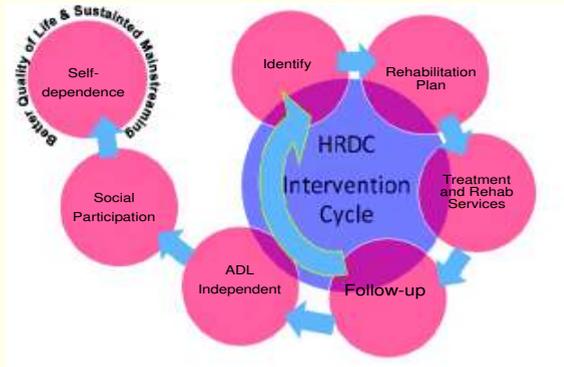
## **Our Vision**

To create a society in which individuals (especially, children) with disabilities and their guardians live as equal citizens with an optimum quality of life.

## **Our Mission**

To provide comprehensive quality medical care and rehabilitation services to children with participation restriction due to physical challenges, and to facilitate their integration into society.

In total, HRDC provides a comprehensive package of services to clients. The diagram at the right presents its steps from identification of impairment to mainstreaming.



## How our lives were changed...

Rojina Pariyar: “Now, I can finally walk to school alongside my sisters”



Each home clustered in a settlement on the banks of Malekhu River in Dhading, a district to the west of Kathmandu, has something in common; they are all inhabited by ‘Dalits’, a caste formerly considered ‘untouchable’. Subjected to a variety of caste-based discrimination and inequalities, most of these people live below the poverty line and engage in occupations such as leatherwork, butchery, and clean streets and sewers. Although things have changed significantly in the last few decades for them, there still exists much room for improvement. In one of these huts, little Rojina was born with her feet bent inward. “We assumed the deformity would correct as she would grow bigger but even at two, my daughter could not stand or walk on her own, she would just crawl around on all fours” remembers her mother Kanchi Pariyar, holding a picture of Rojina, taken when she was just over a year old.

“We were so worried that our child will never be able to walk upright. How will she go to school? Will she be able to play with her friends? How will she support herself when she grows up?” Kanchi would often ask herself. “In a society like ours, who will marry a physically challenged Dalit girl?” she lamented, adding, “This was the most disturbing question for her father and me.”

Rojina's father, Raj Kumar Pariyar, worked as a day labourer. "When his daily wage was just not enough to sustain the family of seven, he decided to leave the country and work in Malaysia as a migrant labourer," said Kanchi. "He had to do something to secure the future of our children. Then Rojina was only two, and her deformity was a big concern for our family," she adds.

Fortunately, when Rojina was about three years old, a HRDC CBR worker, Lekh Nath Acharya came across Kanchi in her hut while searching patients for an HRDC outreach clinic in nearby Gajuri. "I will never forget the day I took Rojina to the outreach camp. I was surprised to see so many children with physical disabilities, many more severe than my daughter, and others already undergoing treatment," says Kanchi. "When the doctor examined Rojina and assured her feet would be straight in just a few months, my joy knew no bounds," she adds. "I returned home with the feeling that I was finally able to do something for my daughter. My biggest wish was about to come true. Rojina would soon be able to walk on her own."



A month later, at HRDC, Rojina started 'Ponseti' treatment; a manipulative method for treating clubfoot that comprises of applying a series of plaster casts, followed by a small surgery to achieve deformity correction. HRDC has successfully treated over 3,000 children with the Ponseti technique since the inception of the HRDC Ponseti program in 2004. A couple of weeks later and with her deformities fully corrected, Rojina was able to walk slowly in her "club shoes", an orthotic shoe used to maintain correction. Her father visited from Malaysia and was elated with his daughter's progress. Kanchi reminisces on that memorable day: "By the time her father left again for Malaysia, Rojina was already walking upright without holding on the walking frame. We were all so happy to see Rojina get a new lease of life in just a few months. It was really a dream come true for all of us," says Kanchi as she hugs her daughter and gives her a warm smile.



Now, with completion of hospital-based treatment, Rojina is at home, and the



HRDC CBR social mobilizer, Sumitra Dhital, visits regularly to follow-up on Rojina's progress. "I have been seeing her for the last six months and she is doing really well. Her gait has improved a lot and her legs are strong too," says Sumitra, as she gifts a baby goat to Rojina. "It's truly worth admiring Kanchi who, as well as taking care of has to take care of four other

daughters, still finds the time to do regular exercises with Rojina,". Sumitra, who herself suffered from clubfeet and was successfully treated at HRDC before joining as staff there, says it's easier for her to explain things to the child and the family, as well as understand their concerns and difficulties after having been a patient herself.

A decade ago, it would have been difficult for a non-Dalit to visit a Dalit family as Dalits were considered 'backward' and 'untouchable', but times are changing now. Yet, there are still some communities where such discrimination and social stigma remain very prevalent. "To be born with a disability in such communities goes beyond the difficulties of living with just poverty and disability" says Sumitra. Kanchi, who is aware of the caste prejudice responds, "I must say, I never faced anything of that kind throughout Rojina's treatment, although my other daughters faced a lot of difficulties when they began going to school. It took some time for them to adjust to the rules there. No doubt, the discrimination is more acute when it comes to girls and women." Asked how she feels about her corrected feet, Rojina says, "I am happy my feet are not bent anymore. I can stand, walk, and play easily with my friends. Now I can also walk to school along with my sisters." As Sumitra bids adieu to the family, Rojina hugs a wooden beam and waves at her. A bright future is in the sight of this bright young girl...



Keerti's mother: "My daughter is a winner; I admire her courage and determination."



"We had given up hope that Keerti would ever be able to walk," says mother Jamuna Regmi as tears roll down her cheeks. "I cannot explain how difficult it was to come to terms with the fact that my daughter was born with a disability that would incapacitate her for life." Eleven years later, Keerti walks to school with the help of a walking frame, and is looked upon by all as a girl of unwavering courage and determination. This remarkable journey of transformation from disability to ability, is the hallmark and trademark of the HRDC philosophy of "enabling abilities".

The journey started some eleven years ago when father Tula Ram Regmi, 38, decided to migrate from the hills to the plains. "We shifted from our ancestral village in Baglung in West Nepal to Chitwan in search of better livelihood and treatment opportunities for our daughter," explains Tula Ram, Keerti's father. Both Tula Ram and Jamuna are uneducated, and they work as agricultural labourers, and generate a family income of about 300 rupees (3 euros) per day. Two small rooms to call a home and 300 rupees per day is not exactly a "comfortable" socioeconomic situation. Add to this a child with physical disability and it is not difficult to imagine that she assumes a low priority in the face of everyday survival for food, shelter and, if at all, education for the children.

Keerti was born with diplegic cerebral palsy, a condition causing stiffness of the muscles of the lower extremities, secondary to some form of trauma to the brain during or around birth. The tight muscles, in turn, affect the ability to ambulate normally, and this progressively worsens in untreated cases.

"My heart would ache to see my baby not being able to stand or walk like other toddlers. It would hurt even more to accept that her difficulties would increase in the future," remembers Jamuna. While other children walked or played, Keerti could only crawl for short distances and exhibited poor concentration, speech, and social skills consistent for her other children of her age. This was a serious concern for her



parents who took her to several hospitals in Chitwan without making much headway.

“The most difficult thing was that our little daughter had no friends at all,” recalls Jamuna. “She would just be alone at home, crawl around and have her share of trips and tumbles trying to stand and walk unsuccessfully. We were totally broken to see her that way but had no idea how to help.”



Hira K.C., a HRDC CBR worker for 17 years, found out about Keerti from a village friend who had once employed her parents. Hira immediately referred Keerti to HRDC’s Comprehensive Rehabilitation for Children with Disabilities (CRCP) project headquarters in Bharatpur. Initiated in 2011, this five-year project aims to provide comprehensive community-based rehabilitation services to children across three districts in central Nepal: Makwanpur, Dhading and Chitwan. The project was initiated with the vision to decentralize some of the rehabilitation services from the HRDC centre near Kathmandu, so that it would be more accessible to people from these districts.

“While medical rehabilitation remains the focal point of CRCP, social inclusion and empowerment of children with disabilities are also important cornerstones. These are delivered through school visits, awareness campaigns and various social events,” explains Hira, who is also the project manager of the CRCP. “Most importantly, the possibility to reach out to physically challenged children from the most marginalized and remote corners of these three districts, makes this project a lifeline for vulnerable children battling disability in the face of poverty.”

Keerti was already eleven years old when she was first brought to the CRCP. Tula Ram carried her on his back, and set off with hope that his daughter would someday be able to walk. She was seen by a specialist in the field clinic and given a date for surgery at HRDC. In the meantime, she was taught how to use a wheelchair so that she could start going to school, ‘better late than never’, at the age of 11 years, Keerti started grade one in her wheelchair. Later that year, she underwent reconstructive surgery on both legs at HRDC. After a month of intensive post-operative rehabilitation, she started walking on her own with the help of assistive callipers and a walker.

Jamuna fondly remembers her daughter's first steps, "those are the most memorable days of my life. Keerti would stand up holding the wooden frame, take a zigzag course around the house, and tire out to sleep in just a couple of rounds. Her father had a tough time getting her to do the physiotherapy exercises at home as she would just not let him hold her legs." During a follow-up visit to CRCP one month later, the importance of rigorous home physiotherapy was emphasized by the doctor and physiotherapist. "I had to be a little strict with her," shares Tula Ram, "her mobility improved a great deal thanks to home physiotherapy which we had been taught". Keerti's walking became far better, and she was able to walk for longer periods.

"I like going to school," says an elated Keerti, dressed in a sky blue shirt and navy blue skirt. "If other children can, why can't I?" she asks picking up her walking frame.

Now, Keerti can walk to school on her own. She perseveres in pushing her walking frame patiently every day, in spite of the fact that it might take her one hour more than other children to get there. "I deeply admire her courage and determination," say Jamuna with teary eyes. "Most of the time, she reaches school alone and after everyone else, but she won't give up. My beloved daughter is a winner."



Through an approach of compassionate and comprehensive treatment and rehabilitation of any child with physical disability, HRDC helps discover new leases of life for children like Keerti, enabling them to hope and dream again. This transformation is possible because of the regular and relentless work of the HRDC-community based rehabilitation (CBR) workers at CRCP, and other locations throughout rural Nepal, who work at the

grassroots, in the field, to identify, refer and follow-up with these children.

Juna: “At HRDC, I recovered my long lost hope and smile.”

Eighteen year old Juna Bhandari was born in perfectly good health in a remote village of Baglung in West Nepal. She is one of two daughters in a socioeconomically fragile family. At the tender age of twos, she developed high fevers that left her with paralyzed lower legs. She could not stand or walk without dragging her lower legs and toes. It was a desperate situation for her parents. Treatment was not sought because it was deemed unaffordable. Non-treatment would mean stopping education, being ostracized in society, and perhaps never getting a man to marry her! Such is the plight of many a young girl with physical disability in developing countries. The only real choice they get is between ‘the devil and the deep blue sea’.

In June 2010, a resilient Juna made it on her own to a HRDC-PLAN mobile clinic near her home. After detailed assessment of her condition, she was admitted to HRDC for surgery to restore foot function. Post-surgery she underwent a period of casting followed



Before Treatment

by intensive physiotherapy and gait training, with the help of assistive devices, to keep her foot from dragging while walking. She was at HRDC for about three months, made many friends, and learned how to



After Treatment

smile and hope again. Her treatment was funded by Plan Nepal’s ‘Non-discrimination and Inclusion Project’.

Thanks to her rehabilitation, she has learned how to walk independently, recovered her self-esteem, continued her schooling

and has now completed higher secondary school. Now she is a teacher in a primary school. She is very happy about the developments in her life and is grateful to all stakeholders involved in her transformation. She hopes every child like she could receive the care and compassion that was offered by



Juna with her friends

HRDC. HRDC stands as a beacon of hope for such children, who have to bear the impossible double hit of socioeconomic deprivation and physical disability. With our donors, friends and supporters, we can help many more children like Juna back to their feet and instil hope for a full and decent life.

**Pankaj: “Had I not received services from HRDC, my life would really be a curse!”**



Clubfoot is the most common problem treated at HRDC. With the cumulative experience of having treated more than 9,000 patients with clubfeet in the last two and a half decades, HRDC is recognized as a centre of excellence for clubfoot treatment. Treatment entails manipulation and casting followed by surgery (minor in most cases) and an extended period of bracing to prevent recurrence. HRDC's community based rehabilitation program plays a pivotal role in ensuring proper education and follow-up after a patient has been discharged from the hospital following successful treatment.

Ten years old Pankaj Mahato, from East Nepal, was born with bilateral clubfeet. The vicious cycle poverty, illiteracy and unawareness deprives many children like Pankaj of the opportunity to be identified and supported at an early stage, when treatment would often be simpler, less invasive and would have a far better outcome. In rural societies of

the developing world, vulnerable children with disabilities are not only marginalized and deprived of equal opportunities, they are also often ostracised and stigmatized because of their disability.



Recurrent deformity due to lack of follow-up

Pankaj's father, a subsistence farmer who works on a tiny plot of land, was desperate to have his son treated but helpless not to have the means to do so. Blaming their fate was the only way left for this family to cope with their child's problem. Such beliefs stem more from helplessness than choice. When HRDC decentralized its services to the eastern region and made clubfoot treatment available at a satellite clinic in Itahari, Pankaj was



identified and referred there by a HRDC-CBR staff. Pankaj underwent much of his casting at the satellite clinic followed by limited soft tissue surgery at a field surgical camp. He now walks on fully corrected feet in braces that prevent recurrence of the deformity. HRDC conducts annual clubfoot workshops where medical and paramedical workers are trained in casting and manipulation for clubfeet. These trainees are now also delivering such treatment outside of the centre. This decentralization has been very

beneficial to the patient, and has saved a lot of the cost of travel to and from Banepa. Simple surgeries are also being done in organized field surgical camps in partnership with local hospitals. Major and complex problems are always brought to the centre as safety is always a top priority for HRDC. We hope to train more people and expand this service to more regions of Nepal. Pankaj and his family are very happy that he has recovered normal walking functions as well as his self-esteem and self-confidence. His parents are overjoyed and very thankful to the HRDC regional office Itahari for taking such good care of their son. The treatment cost of the patient has been covered by Inclusion Project supported by Plan Nepal.



Corrective Surgery performed at a local level

Disability orientation at Pankaj's school: HRDC intervenes not only to treat disabilities, but also to educate and raise awareness to help the community understand and respect the ones affected, as well as empower them in finding their footing in society.



Saraswati: “I used to feel so embarrassed by my deformity; now, I can walk normally to school alongside my friends.”



Saraswati before intervention

Saraswati, one of 3 siblings born to a poor rural Nepali family in Parbat, was afflicted with a bone infection when she was just 9 months old. She was taken to a local hospital and underwent four surgeries, but without much success. The affected leg gradually started to become crooked, a result of the damage the infection inflicted on the growth plate in the knee. As she grew, the deformity worsened and her ability to walk properly diminished. Moreover, the psychological blow for this young girl was all the more intensified by others making fun of her deformity. After four unsuccessful interventions, her parents had reluctantly accepted her state, as it was beyond their means to do otherwise. At the age of 16, the age where a young girl should feel full of life, Saraswati's plight was making her more embarrassed and withdrawn every day. She tried to hide her deformity through her clothing, but in reality, nothing could take away from her the physical, and psychological, pain and difficulty she had to experience every single time she walked. In 2009, an HRDC mobile team visited Mandir primary school, and her



**Saraswati at the Hospital, HRDC**

parents took this opportunity to take Saraswati to a doctor. After a thorough assessment of her condition, it was deemed correctable, although detailed staged reconstructive surgeries would be required. Her parents were besids themselves with joy to learn about this, and the fact that the cost of the treatment would not be an issue at all, only added to their excitement and relief! Finally, after such a long time, Saraswati and her family, who had been feeling sad and depressed, could start talking to others about this with confidence and joy.

At HRDC, Sarswati underwent a two-stage surgery. The first involved correcting the deformity, followed by limb-lengthening in order to make up for all the growth she had lost due to the damaged growth plate. This was achieved by applying an Ilizarov fixator as shown in the photograph. After about four months in the hospital, she started to walk normally without any pain. As her leg straightened, so did all the psychological kinks, and she started coming to come back to life. Such protracted interventions can only be delivered if the patient lives close by to some sort of facility which can take care of the ring. As this is often not the case, many children end up having to stay at the hospital throughout the duration of their treatment. The good nutrition provided at the hospital, and which is unavailable at home for most of these children, also helps the recovery.



**Preparing for her SLCE Exam**

Saraswati has now re-joined school and walks confidently among her peers. She is still under regular home-visit and follow-up care, which is delivered by HRDC community based rehabilitation workers. She is very grateful to HRDC for the transformation it brought into her life, and is now fully committed to studying well and to doing something useful for her family as well as her society in the future.



At household chores after recovery

### Nandi: “I was able to rejoin school on my two legs after my intervention at HRDC!”

Four year old Nandita was run over by a truck while playing on the roadside. Her left leg was severely crushed and she was left fighting for life. She was rushed to the hospital where a life-saving, emergency amputation had to be performed. Although this saved her life, losing a leg was a severe blow both physically and psychologically. At this most vulnerable point in her life, Nandita started to face subtle discrimination from her friends. Without



Nandita with loss of her  
one leg

one leg, she found it difficult to keep pace with the others and this destroyed her self-esteem. Even at this tender age, she says she felt like a burden on her family.



Measurement of artificial limb at Itahari camp

To address such issues of social discrimination, for the past few years, HRDC and Plan Nepal are jointly working for the rehabilitation of children with disabilities in Morang and Sunsari.

Nandita was seen at a HRDC mobile clinic, her leg assessed, and a prescription for artificial limb fitting was prepared. The skilled prosthetic technicians from HRDC took measurements of her leg to design an artificial limb, and home follow up, in order to monitor the progress of these children's physical and social rehabilitation.

Nandita with prosthesis with her friends in the school



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## PERFORMANCE IN 2013

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Orthopedic Surgeon Dr. Tarun examining a child

### MEDICAL SERVICES

The HRDC medical team comprises of 10 orthopedic surgeons, 2 anesthetic consultants, 3 anesthetic nurses, 2 plastic surgeons, 3 resident doctors, 3 house officers and 30 other members in different capacities.

Between them, they perform

over 1500 surgeries and over 10,000 consultations every year. Mobile field clinics are an integral part of the hospital activity. An average of 120 working days are spent in the field every year for screening new patients, following up old patients and providing safe surgical care for some patients (100-150 field surgeries).

## Here is a snapshot of some of these activities:

- 4,665 (1,854 girls) new patients, and 13,217 (5,039 girls) old patients were seen in the hospital as well as in the field.
- 1,018 children with disabilities (CWDs) were admitted at HRDC (including those from regional offices) out of which 418 were girls.
- Average length of stay of a patient was 20 days (19.39 in particular) and the bed occupancy at the centre averaged 82%.
- Mean age of admitted patients was 5.7 years.
- 588 patient files were inactivated, meaning treatment was successful and complete.
- 1,378 surgeries (652 minor and 726 major) on 1,250 patients (451 girls) were done successfully in the HRDC centre and at regional offices. Out of the total, 1,264 (693 major) surgeries were conducted at HRDC and 114 surgeries were performed at the regional offices.
- 3,810 patients received laboratory services.
- 2,720 patients received radiographic (X - Ray) services. Out of which, 2,007 were old patients whereas 713 were new.



Medical In-charge Dr. Bibek in Surgery

From the beginning of 2013, radiography services of HRDC were digitalized with the support of Embassy of Australia, which has reduced cost and increased in quality of work.

Digitalized X-ray



## REHABILITATION SERVICES

### Prosthetic and Orthotic Services

The Prosthetic and Orthotic Department produces and distributes different types of orthopaedic appliances such as artificial limbs, spinal braces and lower limb orthoses to support the mobility of CWDs, and correction and prevention of deformities. This department comprises of ten staff including one marketing officer.



Leather worker at POD, HRDC

In 2013, 2,436 (740 girls) benefited from the supply of orthopaedic appliances in 2013, 3,555 assistive devices were measured for ortho-protheses, and 3,421 were distributed. 454 orthopaedic appliances were repaired.

## Physiotherapy

The Physiotherapy Department supports rehabilitation of children presenting with severely deformed limbs and joints, contracted limbs and those facing difficulty in mobility and Activities of Daily Living (ADL). HRDC is well known for its conservative treatment for clubfoot deformities called the Ponseti Technique.



Physio Supervisor putting cast of a child

There are seven staff working in this department, providing physical therapy to the children. In 2013, 5,314 CWDs (2,005 girls) received physiotherapy. Of these 1,589 were inpatients and 3,725 were outpatients. 45,767 treatment sessions were conducted in 2013, 41,851 were inpatients and 3,916 were outpatients. 349 splints were fabricated, 266 crutches and 175 walkers were distributed.

## COMMUNITY BASED REHABILITATION PROGRAM

Community Based Rehabilitation (CBR) Program in operation from the Centre addresses the systematic follow-up of children with physical disabilities, after initial treatment, for continued primary rehabilitation therapy and social inclusion. The CBR program also develops links,



Patients' home visit during Mobile Camp in the East and networks with government line agencies, CBOs, NGOS and INGOs to support the mainstreaming of CWDs.

The CBR Department operates three regional offices in Nepalgunj, Itahari and Baglung in order to improve access to HRDC services for people with disabilities. 24 people staff the Department.

- Social consultation and follow up service were done to 4321 CWDs.
- 9319 Community, organizational members, School Teacher / students were sensitized about disability.
- Individual counseling for 4014 CWDs / escorts were done.
- 1442 CWDs participate in social and cultural events.
- 70 CWDs were involved in child clubs.
- 1369 CWDs actively participated with peers in sports and recreational activities.
- 1000 CWDs were involved in Household chores.
- 2308 CWDs attended community schools.
- 5 patients received special rehabilitation visits.

### **Comprehensive Rehabilitation of children with Physical Disabilities (CRC) Project**

CRCP was initiated from 2011 for five years with support from cbm in three districts of Central Nepal: Dhading, Chitwan & Makwanpur. The Project aims for enabling children with disabilities to enjoy their childhood on an equal basis with other children, through comprehensive quality medical care and rehabilitation for social integration. 21 staff are working for CRC Project.



**Social audit in the field**



**Social volunteer in an orientation session to a class in a school**

- Social consultation and follow-up services were provided to 982 CWDs. Of the total, 246 were new.
- 3264 students and 789 community members participated in awareness activities on disability issues.
- Workshops on accessibility guideline were conducted for 125 people with disabilities.
- Vocational Training : In 2013 CRC Project conducted mainstreaming vocational training to 15 YWDs for mainstreaming.
  - Beautician Diploma Course for seven girls.
  - Tailoring Course for six girls.
  - Cook Course for one boy.
  - Hardware & Software Training for one boy.
 Note: Four sewing machines were provided to tailoring trainees to get themselves involved in income generating activities.
- School Kits were distributed to 44 CWDs.

## TRAINING AND EDUCATION SERVICES

Training and Education Department chiefly coordinates and plans internal and external training programs, research activities, and provides library facilities as well as health education and orientation to clients.

The core training programs are Primary Rehabilitation Therapy Training (PRT), PRT Refresher Training, Communication Skills Development Training and others as per the needs of the organization.

There are two staff (Training Instructor and Educator) working in the department.



Teaching and Learning assistance to clients is a part and partial, at HRDC. A boy with his drawing

The Department successfully carried out the following in 2013 :

- Three month Primary Rehabilitation Therapy (PRT) Training, one month modular PRT and two weeks Refresher PRT Training were conducted each for 16 participants.
- HRDC staff from different departments attended different training sessions, workshops and seminars in Healing Touch, Front Desk Skills, Anesthesia, EPI, ISPO, Photography and Orthopaedic Shoe making.
- Two CWDs treated at HRDC were posted for vocational training (sewing & tailoring) free of cost.
- More than 500 nursing students made an observation visit to HRDC.

## ADMINISTRATION AND ANCILLARY SERVICES

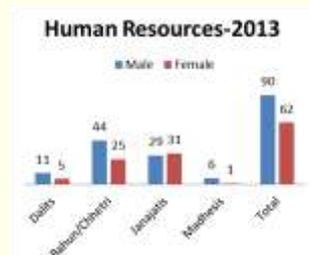
The Administration at HRDC executes policies approved by the board, carries out official work, prepares, organizes and disseminates reports, assists different departments and sections when required, and provides services to guests, partners and volunteers.

Forty-seven administrative staff, including janitorial, transport and maintenance, security and medical records (now the Information Management Unit) fall under General Administration and provide back-up to the other departments to ensure the hospital runs successfully.

## HUMAN RESOURCES-2013

All together there were 152 staff working at HRDC at the end of December 2013. Out of the total, 62 were females and 18 PWDs (10 females).

Ten staff were recruited for need fulfillment and vacancies created due to resignations. A total of 38 volunteers, most from Europe, visited HRDC for learning purposes.



## Construction Activities

- The 'Photovoltaic Project' supported by 'Solar Power Tech System' was completed. This project addresses 80 % power needs of HRDC.
- With the support of design cell-consultant, Dapcha Nirman Sewa, contractor and HRDC operational personnel, construction of the OT extension was completed and was formally inaugurated by the Chairman on May 01, 2013. Also, the ICU room construction and OT room management were completed in 2013.
- A new incinerator was installed replacing the old one.



New OT Block

## HRDC - Human Resources in Picture



HRDC vision is recognized through the endless support of our major partners as well as other accompanies both organizational and individual. HRDC urge you to visit us if you can to review the work first hand and continue to help.

### We Thank:

The American Himalayan foundation Christoffel  
Blindenmission Mission FNEL-ONGD(  
Luxembourg scouts)  
Swiss Agency for Development Cooperation  
Terre des hommes  
World of Children  
Wonder Work  
Plan Nepal  
Wilde Ganzen  
Rotary International  
Ministry of Health and Population, Nepal District  
Development Office, Nepalgunj District  
Development Office , Sunsari International  
Finance Corporation  
Thakali Sewa Samaj Medical Group  
Ms Harati computer services pvt.ltd  
Ms Integrated Office Centre  
Dos Trading Pvt. Ltd  
Dr. Catherine and Mr. Marc-Andre Renold Ms  
Pritika Camera Centre  
Ms ASFM Ausdauerstport Fuer  
MS East Link Motors Pvt. Ltd  
Ms. Chandeswori Auto Solution  
Ms. Welcome Electronics  
Ms. Sujan Ghimire  
Ms Manandhar Electric & Carpet Centre MS.  
Prasad Electronics P ltd  
MS SMS Medical Pvt. Ltd  
Ms. National Motors  
Ms HAVA International  
Mrs. Armanda Aldridge  
Ms. Surico Medical International  
Dr. Bisharad Man Shrestha  
The Pandey Family  
Sanjib Das Shrestha  
Mr. Wocfgong bartl  
Mr. Andre Renotd  
Ms. Anne Digby  
Ms. Alva Barozzi  
Dr. Sogol Moab  
Mr. Sam Batride  
Ms. Kelly Dreywr  
Mr. Bhim Subba  
Mr. Monoj Gawal

## FINANCES AND MARKETING

HRDC's treatment and rehabilitation work is based on humanity. With the support of numerous partners, HRDC has been able to meet the funds required to run it's program at the Centre and the periphery. 7 staffs in / under Financial department work continuously for funds management.

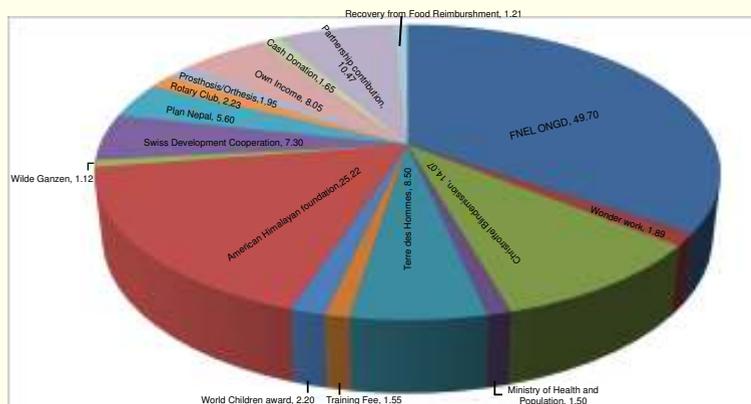
### BUDGETARY FACTS



The graph demonstrates comparative and projected income and expenditure (in millions) with surplus / deficit of the last 3 years. In 2013 Resource Mobilization was favorable (assets purchase included in expenditure).

Projected Budget for 2014 has been approved by the FoD Board. In response to the inflation of the market, the Board also approved 10% increased in the package of salary.

**Income-2013  
(unaudited)**



\* Total contribution from SDG was NRs 42.54 million. The above figure is the money pledged just in 2013.

## Short View of Achievements 1985 to 2013 and Target For 2014

|   | Headings / Indicators                         | Achievement    | Achievement | Target 2014 |
|---|---|----------------|-------------|-------------|
| 1 | Medical Consultation (HRDC+ Field)            | Year 1985-2012 | 2013        |             |
|   | New Patients                                  | 56,623         | 4665        | 2200        |
| 2 | In-Patient Services                           |                |             |             |
|   | Admission                                     | 20003          | 1018        | 1145        |
|   | Corrective surgery                            | 32875          | 1378        | 1554        |
| 3 | Community Based Rehabilitation                |                |             |             |
|   | Assessment in Early identification camp       | 148235         | 2331        | 4000        |
|   | Disability orientation                        | 52862          | 9319        | 8500        |
| 4 | Fabrication of Orthoses - Protheses           | 46052          | 3555        | 3000        |
|   | Beneficiaries                                 | 22314          | 2436        | 2000        |
| 5 | Physiotherapy Assessment                      | 95485          | 5314        | 2200        |
|   | Cubfoot Management through the Ponseti method | 2875           | 354         | 173         |
| 6 | Treatment Complete / ADL Independent          | 13247          | 588         | 1000        |
| 7 | Training and Education                        |                |             |             |
|   | Primary Rehabilitation Therapy Training       | 282            | 33          | 20          |
|   | Ortho Shoe Training                           | 15             | 2           | 4           |

## Prime News in Pictures



On the 28<sup>th</sup> of January, HRDC celebrated its achievements of 2012 at the Annual General Gathering. Guests, board members and staff were present and took stock of the year gone by and discussed areas for progress and improvement.

Chairperson Prof. (Dr.) Ashok K Banskota summarizing HRDC's performance in 2012.

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The Swiss Development Cooperation through the Embassy of Switzerland generously contributed against the cost of equipment and machinery purchase and upgrading at HRDC. This was timely as existing equipment had been functioning for over 15 years and were in dire need of servicing or replacement. His Excellency Mr. Thomas Gass (5th from the left), the Ambassador of Switzerland to Nepal, visited HRDC and inspected the equipment donated to HRDC by the Swiss Development Cooperation. A "Letter of Appreciation" was presented to His Excellency by the FoD Chairman Prof. (Dr.) Ashok Banskota. His Excellency expressed immense satisfaction in being able to be a part of Prof. (Dr.) Banskota's and HRDC's work, and was hopeful that such support be made available in the future.

Mr. Harry Leibowitz, Mrs Kay  
Leibowitz, and  
Ms. Stefanie March with Prof.  
(Dr.) AK Banskota (from left to right)



The World of Children team visited HRDC in July 2013. The team spent two full days observing all activities at the hospital as well as interacting with the children. They were very happy with HRDC's work, and have been instrumental in promoting HRDC in the international arena. The World of Children Health Award was bestowed on FoD Chairman Prof. (Dr.) Ashok K Banskota in 2011.

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Representative of cbm Switzerland Ms. Nadine Trudel (first far  
right) during mid term evaluation of CRC project.



A team from Global Exploration, Netherlands visited HRDC in July 2013. The team donated an autoclave machine to HRDC.

Two students under Global Exploration’s “school to school program” seen with orthopaedic surgeon Dr. Tarun, and senior Consultant Krishna Bhattarai (left to right) and in the middle is the donated autoclave.

Prof. (Dr.)Banskota with Rotary Team



The Rotary Club of Kavre, with support from the people of Australia, donated an Electrolyte Analyzer and a Bio-Chemistry Analyzer in May 2013. This has enabled us to carry out different tests in-house, thus saving time and cost.



Orthopaedic Surgeon Dr. Bibek presenting on HRDC's services and outreach projects.

## cbm International

HRDC team members intimating deputy director Mr. P B Leburn and Mr. Tobias from cbm SARO and Mr. Dinesh Rana from cbm SARO, India. cbm is an important partner in various HRDC projects.

## cbm SARO



Regional Director of cbm South Asia, Mrs. Sara Varughese, and Mr. Shaurabh Sharma from cbm Nepal, visited HRDC in May 2013.



Country Representative of UNICEF Ms. Hanaa Sargis (3rd from the right) along with her team visited HRDC in July 2013. They expressed their visit as “a most inspiring and heart warming experience”. Mr. Krishna Bhattarai, senior consultant at HRDC, discussed possible avenues of support and collaboration between UNICEF and HRDC.

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Participants of Primary Rehabilitation Therapy (PRT)  
Training with their Trainers.





At a follow up visit three weeks later, the deputy representative of UNICEF, Dr. Will Parks, described HRDC as a wonderful organization with very committed staff.



His Excellency Mr. Glenn White, the Ambassador of Australia to Nepal being briefed on HRDC activities by Dr. Bibek Banskota.



## Rotary International

Dr. Christopher George (2nd from the right) from Rotary International along with Mr. R.R. Pandey (far right) from Rotary Club of Patan, visited HRDC on the 26<sup>th</sup> of November. Current and future needs of the hospital were discussed. Rotary clubs of Patan, Banepa and Dhulikhel have been friends of HRDC for a long time, donating much needed equipment for the ICU, laboratory, Xray machine, etc in the past.

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## Solar Power



**Luxembourg Scouts supported HRDC in harnessing solar energy!**

After 2 years of planning and hard work, two containers loaded with solar panels and batteries finally arrived at HRDC. The installation was completed in November 2013. Our heartfelt thanks to FNEL-ONG'D team for making this dream a reality for HRDC. At full capacity, the solar panels will provide 80% of the energy needs of the hospital.



Board members and senior staff from the Social Welfare Council visited HRDC along with the International Committee of Red Cross and Chinese High Delegation on the 14<sup>th</sup> of August 2013.

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AHF team along with Chairman Mr. Richard Blum visited HRDC on 28<sup>th</sup> of October. Prof. (Dr.) Banskota briefed them about developments in HRDC services and activities.



Prof. (Dr.) Banskota with AHF Chairman Mr. Richard Blum and director Ms. Erica Stone

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HRDC children and staff celebrated the annual festivals of Dashain and Dipawali together. Vice Chairman, Prof. Batuk Prasad Rajbhandari (far left), offered "tika" to admitted children. Such celebrations are conducted so that the children do not feel homesick, but enjoy the festive mood even while recovering at the hospital.

Prof. (Dr.)Banskota (far left)  
honored by Thakali  
Medical Society



Prof. (Dr.) Banskota was honoured by the “Thakali Samaj Sewa” for his dedicated service to children with physical disabilities for over three decades. Other members of staff were also felicitated on the occasion.



Representative of cbm Canada, Mr. Mitch Wilkie (4th from the right), consultant of cbm Nepal, Mr. Shaurabh Sharma (3rd from the right) and HRDC Senior Consultant in a rally during International year of person with disability in 2013. Mr. Mitch Wilkie visited HRDC on the 2<sup>nd</sup> of December and was off to CRC project office Chitwan for observation of field work and of rehabilitating children at their home.



Chairman Prof. AK Banskota  
with the FNEL Team

## FNEL—ONG'D

ONGD FNEL Chairperson Mr. Nicolas Magnette (3rd from the right) visited HRDC in October 2013. The status and progress of the photovoltaic system being installed then was inspected.



## Evaluation

A group of six members that formed a mid-term evaluation team from PLAN NEPAL, visited HRDC on 20 June 2013. Senior Consultant of HRDC briefed them about HRDC services with the perspective of current developments and challenges.

## Training

ACBR training was organized in Parbat District with support from PLAN Nepal



Thirty-one VDC members from different VDCs of Parbat, Myagdi and Baglung Districts participated in the training. Personnel from HRDC CBR and Training Department assisted the western regional in-charge to facilitate the training.

## “Play for a Cause”

After losing three times in the last three years, the HRDC football team finally put one up against B&B Hospital in the annual football match. HRDC 5- B&B 2!



Members of International Finance Corporation (IFC) and the World Bank Group donated USD 1,500 to HRDC. The team visited HRDC on 20<sup>th</sup> December and also distributed puzzle games, books and performed a magic show for the children.

HRDC's staff performing street skit during the celebration on international day of person with disability.



Admitted children enjoying a day trip to Doleshwor Mahadev Temple, Bhaktapur.



The “1<sup>st</sup> Cerebral Palsy Conference in Nepal (CPiN)” was held on 1<sup>st</sup> and 2<sup>nd</sup> of October at the Hotel Himalayan Horizon, Dhulikhel, Kavre. The highly successful conference was attended by over 170 participants. It was organized by HRDC and B and B Hospital in association with the Nepal Orthopaedic Association (NOA), to raise awareness and disseminate knowledge on CP, which is very common amongst Nepal’s population. Orthopaedic surgeons, residents, medical officers, physiotherapists, occupational therapists, prosthetic—orthotic technicians, and CBR workers from different organizations participated in the conference.

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### **CPiN conference group photo**



## FoD / HRDC late Shree Basanta Kumar Karmacharya Trust Fund



Late B.K. Karmacharya

A trust fund has been established to offer a vocational and educational training for the person with disabilities specially those who cannot afford. The trust fund was initiated by Mrs. Rambha Devi Karmacharya (at the right) in memory of her loving husband Late Shree Basanta Kumar Karmacharya. The initial fund amount is one lac and has been kept in Kathmandu Finance Ltd. Its interest will be utilized for the purpose.



### HRDC's CONCEPTUAL HOUSE!

The intervention modal that HRDC is pursuing is shown in the diagram at the left. Keeping the centre of intervention to "children with physical Impairment", HRDC has been using this

multiple pillar approach to rehabilitation services and their results as ADL Independence, Social Participation and Functional Self-dependence ultimately targeting to sustained mainstreaming and change in quality of life. It is this sustained work that is represented in the "Conceptual House" in the true sense for which we would like the local / partners to take responsibility specially for children enjoying their rights and entitlements!





cbm Nepal's Consultant Mr. Shaurabh (2nd from the right) with CRC Team during Career Expo'

Part of IYPD 2013 celebration; a Career Expo 2013 was organized at United World Trade Centre on October 2013. At the Expo CRC project, HRDC had a stall with its youth with disabilities who graduated the beautician training.

## OUR APPEAL MENU – YOUR GIFT WILL CHANGE LIVES!

|  |              |             |
|--|--------------|-------------|
| Cost of one day's an early identification (scoliosis, etc) screening camp (with 800-1000 students in a nearby school)  | NRs. 25,000  | (USD 250)   |
| Fabrication and fitting of 10 low cost orthosis for a 10 children  | NRs. 50,000  | (USD 500)   |
| Comprehensive physiotherapy for 10 children for a week at the hospital (HRDC).   | NRs. 10,000  | (USD 100)   |
| Cost of one patient's rehabilitation for the whole year (Including follow up, travel, screening / diagnosis, treatment, admission, physiotherapy service, ortho assistive devices) | NRs. 80,000  | (USD 800)   |
| Management of 10 clubfoot children (below 4 years) through ponseti technique plus field follow up through out the year   | NRs. 200,000 | (USD 2,000) |
| Cost of one health and rehabilitation mobile camp of one week duration in a remote district of Nepal   | NRs. 500,000 | (USD 5,000) |
| Cost of one surgical camp (with reconstructive surgery of 16 children) in a region   | NRs. 800,000 | (USD 8,000) |

## Managing HRDC in 2014 and Beyond

In 2014, we shall be implementing actions focused to sustain children's rehabilitation gains and improve in areas where we experienced some alerts in 2013. These shall include close monitoring of the interventions at the Centre as well as in the field to assist our patients to enjoy their rights and entitlements to lead a better life. Future direction for us is largely based on our effective service access footprints of the past and addressing growing needs at different geographical locations where patients virtually have yet to get services from the duty-bearers. We



are introspecting a performance and growth culture to taking decisions faster, fostering entrepreneurial behavior, and taking an approach suiting to individual client's planning and performance, fully anchored by our medical and social participation principles approved by the Board of Directors, FOD.

Scrutinizing HRDC's strength, weakness, opportunity and threats and with analysis from consultants, the Executive Management Team and Heads of Departments have identified 3 priorities which shall be HRDC's long term focus and strategy.

- Mainstream paediatric physical disability into the development agenda of state and non-state actors
- Enhance capacity of stakeholders to managing physical disability nationally.
- Institute and sustained HRDC as national referral centre of excellence for tertiary care

The strategy ensures equal participation of CWDs and their families in any activity and services intended for general people in different sectors including, education, health, employment and social services. It further addresses to prepare, standardize and seek accreditation for training and education courses. Furthermore, it will establish and strengthen referrals and linkages with both public and private hospitals and rehabilitation initiatives for paediatric disability management, coordinating with Ministry of Health and Population, the National Health Council and other line agencies and councils to set standards for tertiary level hospitals and rehabilitation centres for paediatric disability management.