



# Hospital and Rehabilitation Centre for Disabled Children



Hospital and Rehabilitation Centre for Disabled Children

# 2008 Annual Report



One of the social mobilizers of HRDC at work in the Regional office (Mid-West, Nepal)



Hospital and Rehabilitation Centre for Disabled Children

P.O.Box 6757, Kathmandu, Nepal  
Telephone : 00 977 11 661666, 661888, Facsimile : 00 977 11 661777  
Email: [hrdc@wlink.com.np](mailto:hrdc@wlink.com.np), [adminhrdc@ntc.net.np](mailto:adminhrdc@ntc.net.np)  
<http://www.hrdcnepal.org>



A Program of  
The Friends of the Disabled (FOD)

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## FOREWORD FROM THE CHAIR



Dear friends of HRDC,

Once again it is my pleasure to greet all of you and share some news about the on-going activities at HRDC through this Annual Report.

We are pleased to note that our Hospital and Community based activities are progressing satisfactorily despite many challenges that confronted us from the continuing political problems nationally and the international financial crisis that has to some degree or other affected the entire world.

Traveling by road to HRDC from Kathmandu has become more painful for our staff due to the perennial traffic chaos. Despite so much inconvenience on a daily basis, the HRDC staff continue their services to patients with enthusiasm. We hope that the work on the road will ease this pain. The hospital, its three satellite centers and the numerous mobile camps held throughout the country has reached out to thousands of children with physical disabilities, and the services continue to be in great demand.

We are thankful to our major donors and all our support groups comprising of individuals and many smaller organizations. Your support continues to be vital to take this work to more needy children.

Our news in pictures highlights some cherished visits to HRDC by people who love this work and who we hope will continue to be with us in our challenging journey to ameliorate pain and suffering for these needy children.

Please accept my sincere appreciation of all that you have done and continue to help HRDC. A Happy New Year to all,

Sincerely

Dr. Ashok K. Banskota  
Chairman  
The Friends of the Disabled (FOD)



## INTRODUCTORY INFORMATION

### BRIEF INTRODUCTION OF HRDC/FOD

Services to physically disabled children commenced in 1985 with the support of Terre des Hommes (TdH) of Switzerland. In 1992, the ownership of the program was transferred to the Friends of the Disabled (FOD), a Nepalese non-governmental organization. The FOD has been continuously striving to reach out to more and more children with a comprehensive, high quality package of services which are hospital as well as community based and spread out through many districts of the country.

Education in preventive aspects of disability is a part and partial of all our hospital activities and the families of patients are active participants in this process. The ripple effects of the HRDC experience in the communities of our patient population have been well substantiated in a landmark impact study just recently concluded.

HRDC operations are tailored to satisfactorily meet all the legal obligations of the land, as well as the specific donor guidelines. As a result, some of our donors have adopted periodic funding of 'projects' within the panorama of HRDC activities. HRDC has accordingly developed an action plan for three years (2008-2010) and is working towards a 5 years strategic plan with new targets, objectives and indicators.

HRDC is one of the teaching hospitals of Kathmandu University and plays a crucial role as one of our venues for the Master degree program in orthopaedic surgery.

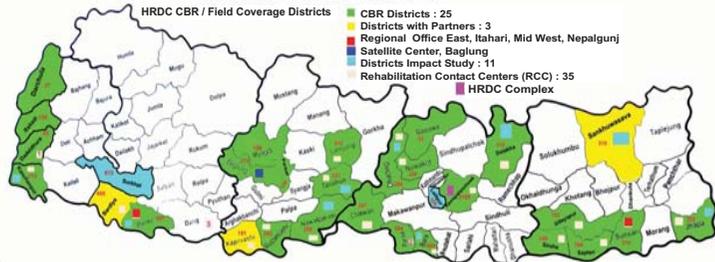
**Vision:**

Create a society in which individuals, especially children with disabilities and their guardians, live as equal citizens with optimum quality of life, independence and participation.

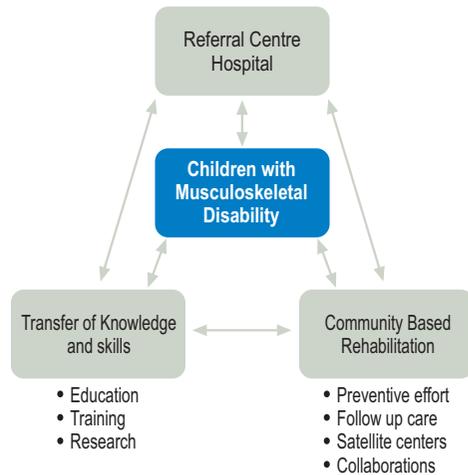
**Mission:**

Provide comprehensive, quality medical care, rehabilitation and integration to children with physical disability.

**Districts covered by HRDC CBR Department**



**Strategic Plan:**



# POLIOMYELITIS STILL DISABLES CHILDREN IN NEPAL...



The scourge of poliomyelitis is a distant memory for the majority of people of the developed world, but South Asia (and Nepal) is yet to be declared free from this terrible debilitating disease. The vaccination efforts this past year have been well publicized and continued with unabated zeal for the eradication process to be complete; At HRDC, we encounter patients with the sequel of poliomyelitis and our job remains largely to 'straighten and stabilize' so as to mobilize more effectively and thereby improve function.



Ashma Khatoon suffered an attack of acute poliomyelitis when she was a little child. Life for the Khatoon family in their modest village home in the backdrops of Sunsari district was very harsh and full of hurdles. Day to day needs was hard to meet, let alone seeking medical care in some city hospital. The disease took its course and Ashma ended up with a weak and contracted left lower limb. Walking became a hassle as well as a continuous embarrassment.

When she was 16-year-old, Ashma had the opportunity to attend one of our mobile camps in Sunsari district. This opened the doors for her treatment, an opportunity she had been waiting for many years.

The treatment at HRDC was swift and predictable. With a combination of skeletal traction, physiotherapy and leg braces, she was finally able to stand up straight, looking into the eyes of others confidently. With continued effort, we expect Ashma to be able to walk without crutches. Ashma was all smiles at the time of her discharge from HRDC.

## SUMMARY OF HRDC ACTIVITIES IN 2008



Scoliosis Screening at Mobile camp

The year 2008 saw another hectic round of activities in the Hospital center as well as in the field. The activities consisted of thousands of consultations and physiotherapy treatment of new and follow up patients. Out of these 1128, new patients were admitted for interventions and 1387 surgeries were performed! 2499 assistive devices were fabricated and distributed. Fourteen rounds of Health and Rehabilitation Mobile Camps equivalent to 128 days were successfully conducted in 44 districts of Nepal. The files of 968 children (356 girls) who completed their treatment at HRDC were closed.



An infant receiving physiotherapy treatment.

In addition, HRDC completed another round of PRT training for 17 participants from other organizations. Refresher courses also were held. A one day Ponseti Clubfoot treatment workshop was successfully conducted for our own hospital based and CBR staff.

## NETWORKING SUCCESSES

As our work expands, establishing new links and strengthening already existing ones is a rational approach which HRDC has been pursuing. The process of registering HRDC as a tertiary level hospital with the Ministry of Health and Population is on. For the first time in HRDC's history, this Ministry provided financial support for Health and Rehabilitation Mobile Camps in 5 districts (Baglung, Parbat, Myagdi, Surkhet and Mahottari). We have also approached some District Development Committees for resource mobilization.

The Bhaktapur division of the Department of Roads, Nepal Government generously acted upon an old application of HRDC and black-topped the road to our hill top hospital. Mr. Basanta L. Shrestha, divisional engineer and Mr. Ghanashyam Gautam, civil engineer made the crucial effort to make this happen at last. HRDC is ever grateful for this kind gesture.



Bus ride to the hill top hospital has been much more smooth and comfortable with the black topping of the access Road !

## COMMUNITY BASED REHABILITATION (CBR)

HRDC's CBR links constitute one of the most unique features of our program. In 2008, our CBR workers visited 5190 patients in their homes exceeding the anticipated target of 4500. In 14 rounds of health and rehabilitation mobile camps amounting to 128 camp days, 3166 patients were evaluated for further on-going care. Our school screening program evaluated 19,626 students for spinal problems in 62 schools. Three surgical camps were successfully concluded in our two satellite centers in Biratnagar and Nepalgunj. Sixty four patients underwent surgical treatments successfully.



CBR field workers pose for a group photo at HRDC

HRDC participated in the National Children's day by conducting a disability awareness and scoliosis screening camp in Phulbari, Kavre District and attending a debate on the rights of children in Panauti, Kavre District. In addition, the International Day for Persons With Disabilities was observed at HRDC by organizing discussion program.



CBR Facilitator in Phulbari Camp

## ORTHOPAEDIC APPLIANCES



Cost effective appliances are fabricated for our patient needs at the hospital's busy workshop. 1631 patients received 2629 assistive devices, consisting of short and long leg calipers, protective and functional splints for upper and lower extremities, spinal orthoses and lower limb prostheses. Efforts to facilitate repairs at the local level by empowering local people are on going with some success. In April 2008, a 3 day long refresher training for repairs was organized for two persons at the Regional Office in Banke district in Western Nepal.

## PHYSIOTHERAPY



Services are provided 7 days a week at HRDC and whenever the camps are held, in the field. 5303 patients were treated in 2008 and out of these 1983 were new patients. The in-patients require very intensive one on one treatments and our therapists pursue their goals of restoring improved levels of function with relentless effort, and amazing results.



Our physiotherapists play a crucial role in the management of the large numbers of clubfeet by the Ponseti method. They have actively participated in all the training activities at the center.

## DECENTRALIZATION



Social Mobilizers of HRDC at Regional Office (Mid-West) applying Ponselli Cast

The children catered to by HRDC hail from the length and breadth of Nepal and to a smaller extent from the neighboring countries. Without a functioning community link, it would be next to impossible to carry on the extended follow up care these patients require. To further strengthen our initiatives to address these objectives, we have decentralized some services in three strategic locations, namely Nepalgunj (Mid West), Itahari (East) and Baglung (West). These satellite centers form the focal points of numerous activities such as the organization of field camps and home visits, provision of physiotherapy services and

the mobilization of local resources for children with physical disabilities for treatment and rehabilitation. In addition simple fabrication and repair of assistive devices is also possible at these centers. When surgical camps are held, it is these centers which play the critical role of bridge – building prior to and post surgery. By transferring knowledge, skills at the community level, HRDC is helping to build the capacity of the local community based organizations to eventually take the responsibility and ownership of these rehabilitation efforts.

## Human Resource Development

At the end of 2008, 139 staff were working at HRDC in regular and contractual status. There is a strong sense of belonging and pride amongst the majority of the staff about the Mission of HRDC and it's accomplishments. This year, the 12th batch of Primary Rehabilitation Therapy (PRT) Training was successfully concluded for 17 participants from numerous organizations. Refresher courses were also held for our CBR workers. Other activities included refresher training in shoe making for trainees from Mid Western Nepal, attending the Annual Meetings of Various specialist societies by HRDC staff (Orthotic Prosthetic Society of India, Annual meeting at Hyderabad; Indian Association of Orthopaedic Surgeons, Annual meeting at Bangalore, etc). Three more students graduated in the Masters in orthopaedic surgery course of Kathmandu University, of which HRDC is a teaching hospital and training venue.



2008 batch of PRT Training at HRDC

## RECOGNITION

### HRDC represented at ABJS meeting:

Dr. Ashok K. Banskota represented HRDC and delivered a paper at the annual meeting of the Association of Bone and Joint Surgeons (ABJS) at Jackson Hole, Wyoming, USA last June 2008. Dr. Banskota has been a member of this prestigious society for long, and his contribution to orthopaedic surgery in this nation was recognized by a standing ovation after introduction to the elite group by local host Dr. Robert Volz.



Dr. Banskota receiving a standing ovation at the annual ABJS meeting in the USA

### PRESTIGIOUS RECOGNITION FOR OUR PROFESSORS



Dr. Ashok K. Banskota was the recipient of the prestigious Prof. B. Mukhopadhyaya oration for the year 2008.



Dr. Jwala Raj Pandey was the recipient of the Shailendra Bhattacharyya oration on the same occasion.

The Continuing Orthopaedic Education program was established for the benefit of orthopaedic residents and young orthopaedic surgeons by the legendary Indian Orthopaedic surgeon, the late Professor B. Mukhopadhyaya. This past year this course was held in Kathmandu.

## STRIVING FOR MEDICAL EXCELLENCE...

*The cumulative experience of the past decades has made HRDC a Mecca of high quality medical care. Complex and complicated illnesses are managed with predictable finesse. The scope and impact of the services provided by HRDC are best illustrated by the stories of the children themselves.*



Paralysed, lying in bed



In skull tong traction

Sarita, a 7-year-old girl from Lalitpur district is fond of sketching. Her parents are farmers and occasionally work for others to make their ends meet. Currently Sarita is studying in Upper KG.

About a year back, she started to have pain in her upper back and neck region with the gradual onset of weakness of her lower limbs. Treatment and evaluation had been completed at several hospitals prior to her presentation at HRDC. With a tentative diagnosis of tuberculosis, antitubercular therapy had already been initiated.

At the time of admission at HRDC, Sarita couldn't stand up. She also had the problem of neck immobility. Due to the compression of neural structures in the neck she had completely lost sensation and mobility of her legs, along with bowel and bladder incontinence. After a thorough evaluation and appropriate investigations she was placed in skull tong traction for about three weeks. Anti-tubercular therapy was continued. Then spinal surgery was undertaken. Intensive nursing care, physiotherapy and comprehensive rehabilitation was continued for a period of three months, with dramatic results.



Showing the surgical scar

Sarita regained complete normal movements in her limbs. She had return of normal bowel and bladder function and was relieved of the pain. Neck mobility was also regained. Sarita initially used a cervical orthosis for support and a walking frame. She was gradually able to do without them. At the most recent follow up, we were happy to find her completely recovered. Sarita's parents are profoundly grateful to the HRDC team for the services rendered to their daughter.

A little goes very far to benefit disabled children such as Sarita. Won't you consider helping someone?



The family - all smiles of thankfulness

## American Himalayan Foundation (AHF) Partners in town:



The AHF team with Dr. Banskota

Dick Blum, Erica and Norbu were in Kathmandu on a whirlwind trip and Dr. Banskota caught up with them over breakfast on the day of their departure! AHF's support to HRDC is crucial and their commitment to HRDC over the years has been unflinching. Dick and Erica were quick to point out the global economic challenges affecting everyone. HRDC constitutes for AHF one of its core programs and they reinforced their commitment to continue their support. As the problem of unemployment continues to escalate worldwide, all those with jobs must realize how fortunate they are- this was the message from our AHF friends!

## CHER VISITS HRDC

We were honored and excited by the visit to HRDC of famed singer-performer Cher on November 21, 2009. She was amazed by the spirit of the children at the Centre. Visiting many of them from bed to bed and enquiring about their personal stories, Cher was strikingly moved. She and her companions vowed to return to HRDC for another visit soon. When Dr. Banskota asked Cher about her impression of the visit she replied, "I have no words to describe fully what I have seen at the hospital". She said she would certainly do what she could to promote the cause of HRDC for children with physical disability.



Cher at HRDC flanked by Dr. Banskota (right) and Mr. Bhattarai, the director (left)



In the hospital dining room with the children and their guardians.

## ROB AND CINDY MILLMAN IN KATHMANDU



Old friends at a memorable "reunion"

Rob Millman was back in town doing some work for HRDC once again, after a lull of 10 years! To edit the Impact Study report at the behest of Terre des Hommes, Rob and Cindy spent about six weeks in Kathmandu in the latter part of 2008. It was a great opportunity to catch up with these stalwart friends of HRDC, and reminisce a little about those challenging years when Rob was Tdh delegate.

## THE PHILIP GREEN MEMORIAL TRUST (PGMT)

The Boxing day fund raising event organized by the Philip Green Memorial Trust raised funds well below their expectations. It thus does not seem likely that we can proceed with the "working space expansion project" this year. HRDC is nevertheless thankful to the PGMT for their effort, and sincerely hopes that the shaky economic climate takes a turn for the better next year.



Mr. Cyril Paskin

## INDIAN EMBASSY SUPPORT FOR HRDC

The perennial water scarcity at HRDC will be eased somewhat with the completion of the large water storage tank under construction with the support of the Embassy of India. In collaboration with the Kavre district development authority, the project is due to be completed before the rainy season begins. HRDC is grateful for this support to the Embassy of India.



The 100,000 litre underground under construction at HRDC

## MATERIALS FOR PHYSIOTHERAPY DEPARTMENT



A view of the physiotherapy playroom with the play toys and cupboard donated by Yogoda devotees.



Materials gifted to Physio Department by Danielle Egerer from the USA

## CBM-HRDC PARTNERSHIP REACHES NEW HEIGHTS

The Christoffel Blindenmission (CBM) celebrated 100 years of its global humanitarian work in 2008. Mr. Ambika M Joshee, FOD board member and the executive director of HRDC, Mr. Krishna P Bhattarai participated in this Centenary celebration in Haryana, India on September 15th and 16th.



Ambika and Krishna with Ms. Silvana and CBM Team

HRDC has been the beneficiary of CBM assistance for over a decade. HRDC is committed to take this special relationship to new land marks, as was illustrated in the recently concluded Ponseti workshop in Clubfoot treatment, supported by CBM.

## FNEL - ONG'D / Scouts of Luxemburg

The FNEL-ONG'D (The Scouts of Luxemburg) have been our unflinching supporters ever since the time of the construction of our HRDC-Banepa complex. They continue to partially support us with running costs. We thank Mr. Paul Gaditz and the other colleagues of FNEL-ONG'D for their commitment to the HRDC cause.



Mr. Paul Gaditz (right), the president of FNEL-ONG'D at HRDC

Complications are more costly to manage and the end results are never perfect. HRDC receives an endless stream of very complex and complicated cases...

*Many children live with their families in remote and inaccessible locations of rural Nepal. A poisonous snake bite in such a scenario is bound to spell disaster, as it did for Dinesh, as the story to follow will illustrate. There are a few poisonous species of snakes in Nepal, but the antivenom required for emergency management is only scarcely available in limited locations. The complications of delay or non treatment are catastrophic.*



Grossly deformed hand



Comparison with the normal side

Dinesh is a 14-year-old boy from Sindhupalchok district of the central region of Nepal. He has one brother and a sister. His parents are subsistent farmers. They are illiterate. He is currently studying in the 5th standard.

Two and a half year ago, Dinesh sustained a snake bite in his left forearm. A tourniquet was applied at home to prevent the circulation of poison. Treatment was done locally. No complications were obvious initially, but the lower part of the forearm and hand gradually became contracted. The movements of the wrist and hand were severely restricted.



Recovering after surgery

His parents did not know where to take Dinesh for treatment. Hospitals in Kathmandu were beyond their reach because of their meagre resources. They heard about HRDC from their relatives and brought Dinesh to HRDC.

Dinesh's deformity was diagnosed as ischemic contracture of the forearm/hand, largely the consequence of the tourniquet and not the snake bite! It was probably a non-poisonous snake!

Surgical treatment consisting of contracture release, plastic surgical skin work followed by comprehensive functional rehabilitation of the hand resulted in dramatic improvements. Dinesh was hospitalized for one and a half months. He will require many months of physiotherapy to regain lost hand function.

At the time of discharge, his spirits were elated and he was confident of being able to move on with his education and a better future.



Rehabilitation in process

## IMAGE BUILDING & ACHIEVEMENTS

### THE SOCIAL IMPACT STUDY

This study conceived by us, was undertaken to study the impact on the lives of children treated at HRDC.

The study design was thoroughly screened and formulated by a committee chaired by FOD Board member Ambika M Joshee. Joseph Aguetant of Tdh and Krishna Bhattarai of HRDC provided the necessary additional guidance. Robert Millman, our former Tdh delegate edited the final report. The published results are astonishing and thoroughly encouraging. Over 90% of the children in the study reported a positive impact of the HRDC treatment on their further growth and development both physically and socially. This is important information not only for us at HRDC, but the entire world community associated with the HRDC effort.

The Impact Study organized by Terre des Hommes and the FOD/HRDC was a landmark in 2008. The information provided by this Study heralds new hope and encouragement for the quarter century of HRDC effort.



Impact Study Team with Dr. Banskota

### Abilities Cup Golf Tournament 2008

The 2008 "Abilities Cup" sponsored by the International Society of Medical Education Pvt. Ltd was successfully concluded on May 3rd, with HRDC receiving a cash of 5 lakhs rupees.



HRDC Director Receiving Cheque From Mr. Pampati on the occasion of the Abilities Cup 2008, a golfing tournament with proceeds going to charity work, such as ours.

### BANK OF KATHMANDU KNOWLEDGE SERIES:

This annual event known as the "Bank of Kathmandu Knowledge Series" has been donating the proceeds to HRDC annually. This past year HRDC received Rs.82,901.00. We thank the Bank of Kathmandu and all the sponsors for their continued support.

### Tdh Team Visits HRDC

A VIP team of Terre des Hommes visited HRDC in September 2008. The team included Mr. Alexandre JOLLIEN and Mr. Jean Marc RICHARD. Mr. Alexandre an individual with a disability is also a Philosopher and a writer in Switzerland. Local PWDs (persons with disabilities) were invited to HRDC on the occasion for what turned out to be a very fruitful interaction.



Vice Chairman, FOD, Prof. Baluk Rajbhandari greeting the Swiss guests



Joseph Agnetant, the current TdH delegate is seen making his comments on the occasion of the book release of Impact Study and the conclusion of the International Ponseti workshop. The Minister of Health and Population, Nepal Government, was the Chief Guest (4th from left) on the occasion.

## COST EFFECTIVE, HIGH QUALITY CARE FOR FUNCTIONAL GAIN IS OUR "MANTRA" AT HRDC.....

*The magnitude of the problems presenting to our hospital has been steadily more challenging. More and more difficult problems are tackled by the highly skilled team of orthopaedic surgeons, anesthetists, nurses, physiotherapists and orthoprosthesis technicians. The development of a cohesive team effort that works is the magic of HRDC. Relentless efforts are expended to achieve the targeted goals, and the sweet success of dramatic functional gains are the rewards the treatment team thrives upon.*

Tsering Potty Sherpa is a 15-year-old girl from Okhaldhunga district. Her parents have six children. Her family of 8 members survives on a subsistence income from farming. Sometimes they have to depend on labor to supplement the low income from the farm. Despite the low family income, she is a sixth grader in a local school.



When she was just 8 months old she sustained severe burns to her right foot in a home accident. She received initial treatment at the local mission hospital. The wounds healed but the foot and ankle contracted into a ball of bones and flesh. This useless stump was eventually amputated at a hospital in Kathmandu. The amputation stump suppurred episodically and she was eventually referred to the HRDC centre at Banepa.



Swift interventions consisting of nutritional support, infection control and contracture release prepared Dolma for prosthetic evaluation and fitting. Her mobility was dramatically improved and she was very happy indeed! She left HRDC with a thankful smile, ready to once again to face the challenges of her life.



## TRAINING & EDUCATION

### PONSETI INTERNATIONAL WORKSHOP AT HRDC

An international workshop on the Ponseti method of clubfoot treatment was successfully concluded on January 13th, 2009. (Details will be available in the 2009 Annual report). This workshop was sponsored by CBM, CURE and the Ponseti International Association. The workshop was attended by 72 orthopaedic surgeons and paramedics from Nepal, USA, Iran and India. The workshop was a grand success in every way.



HRDC doctors with some of the workshop faculty members

Clubfoot continues to pose many challenges in its management, and the workshop provided an excellent opportunity for many to learn the Ponseti method of treatment, now accepted the world over as the best method of clubfoot care.

### HRDC doctors attend the IOACON meeting

A team of three senior residents led by orthopaedic surgeon Dr. Binod Bijukachhe attended the annual meeting of the Indian Orthopaedic Association in Bangalore in December. This is an annual event for our team members as a part of their continuing education.

The participants found the conference informative and rewarding, many new contacts were also established.

## COMPARATIVE AND QUANTITATIVE ACHIEVEMENTS AT A GLANCE

2008 has been an average year in terms of quantitative performance. There is a limit to what we can achieve with what we have. The challenge to accommodate increasing number of patients is a steady one. What needs to be emphasized is that the complexity of the work at HRDC is on a steady incline. We have been able to meet these challenges head on so far, further enhancing our image as a center of excellence. But we need all the help we can get! Thank you all.

|                                       | 2005 | 2006 | 2007 | 2008 |
|---------------------------------------|------|------|------|------|
| New Patients                          | 3507 | 4739 | 3216 | 3110 |
| Follow-up                             | 6418 | 6431 | 7476 | 8334 |
| Admission                             | 1055 | 1071 | 1103 | 1128 |
| Surgery                               | 1438 | 1609 | 1567 | 1387 |
| Physiotherapy Assessment              | 1940 | 1925 | 2051 | 1983 |
| Home Visits                           | 3974 | 2787 | 3708 | 5190 |
| Mobile Camps                          | 3028 | 4401 | 3054 | 3166 |
| Fabrication                           | 2325 | 2562 | 2818 | 2629 |
| Beneficiaries                         | 1492 | 1597 | 1778 | 1631 |
| Treatment & Rehabilitation Completion | 211  | 800  | 342  | 968  |

**PREVENTABLE DISABILITY IS AN EQUALLY IMPORTANT GOAL FOR ALL OF US AT HRDC. SIMPLE PROBLEMS TEND TO BECOME COMPLICATED FOR ONE REASON OR ANOTHER...**

*It would not be incorrect to say that nearly 40% of problems presenting to HRDC are preventable. Because of unavailable or inadequate initial treatment, complications set in and by the time the children are finally able to manage to reach HRDC, it is rather very late! Where a single treatment might have been adequate, complex and extended treatment(s) become necessary. As a part of our therapeutic work, we couple education targeted to the families of patients and communities at large about preventive / promotive health, immunization, hygiene, nutrition etc. These efforts should help in reducing these needless complications.*



At the tender age of four, Sanjaya was unfortunate enough to fall from a home ladder and sustain injuries to his left knee. What looked like an innocuous bruise persisted, with Sanjaya in continuous pain with inability to move his knee. No hospital care was available nearby. Gradually, the knee contracted into flexion and the leg muscles became wasted from disuse.



Saptari district is in the low lying flatlands of southern Nepal. Sanjaya's father had a government job but was unable to seek expensive medical care for his son.

Through a stroke of luck, Sanjaya found himself at HRDC, having been referred to one of our outreach camps. Swift intervention in the form of contracture releases, splinting and physiotherapy assistance made dramatic changes for Sanjaya. He was soon on his feet and ambulating independently once again. His functional abilities are expected to improve steadily. He should have no problem continuing his studies, being able to walk to school which is just 20 minutes walking distance from his home.

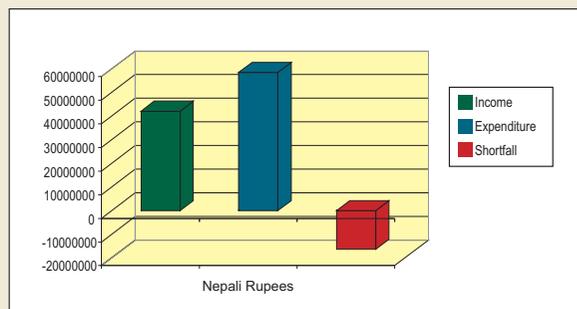


Fully corrected deformed limb



Sanjaya was all smiles and grateful to the HRDC staff at the time of his discharge.

## SUMMARY OF FINANCES AT A GLANCE



### In figures:

|             |                     | Equivalent to US dollar |
|-------------|---------------------|-------------------------|
| Income      | = Rs. 42,087,110.00 | \$ 584,543.19           |
| Expenditure | = Rs. 58,440,222.00 | \$ 811,669.75           |
| Shortfall   | = Rs. 16,353,112.00 | \$ 227,126.55           |

Average inflation in the year remained at two digits.

## HOW YOU CAN HELP

|  |                | Equivalent to US dollar |
|--|----------------|-------------------------|
| 1. Cost of an early identification (scoliosis, etc) screening camp (with 800-1000 students in a nearby school) | Rs. 10,000.00  | \$ 138.88               |
| 2. Fabrication and fitting of 10 low cost orthoses for 10 children   | Rs. 21,250.00  | \$ 295.14               |
| 3. Comprehensive physiotherapy for 10 children for a week at the hospital (HRDC).                              | Rs. 22,000.00  | \$ 305.55               |
| 4. Fabrication and fitting of 10 low cost prosthesis for 10 children.  | Rs. 34,450.00  | \$ 478.47               |
| 5. Cost of one patient's rehabilitation for the whole year including follow-up                                 | Rs. 55,000.00  | \$ 763.88               |
| 6. Management of 10 clubfoot children (below 4 years) through ponseti technique.                               | Rs. 220,000.00 | \$ 3,055.55             |
| 7. Cost of one health and rehabilitation camp of one week duration in a remote district of Nepal.              | Rs. 350,000.00 | \$ 4,861.11             |
| 8. Cost of one surgical camp (with reconstructive surgery of 16 children) in a region.                         | Rs. 480,000.00 | \$ 6,666.66             |

## ACKNOWLEDGEMENT AND HEARTFELT THANKS

This HRDC miracle is realized through the unflinching support of our major donors as well numerous smaller donors both organizational and individual. HRDC can't thank you enough! We urge you to visit us if you can to review the work first hand, and to continue to help.

|   |                                       |
|---|---------------------------------------|
| American Himalayan Foundation (AHF)               | United Telecom Limited                |
| Terre des Hommes (TdH)                            | Kopila Karki                          |
| Christoffel Blindenmission (CBM)                  | Agrawal Boi-Med International         |
| Plan Nepal  | Manandhar Electric & Carpet Centre    |
| Ministry of Health and Population                 | Biswokarma Kastha Furniture Udyog     |
| Ministry of Women, Children and Social Welfare    | M/S G. R Drinks (p) Ltd               |
| All Together Now International                    | M/S Kishan Printing Press             |
| Handicap International                            | FNEL-ONG'D (The Scouts of Luxembourg) |
| Danielle Egerer, USA                              | Rotary International                  |
| Ella Powell, UK                                   | All HRDC's Clientele                  |
| Menuka Enterprises                                | Ursula Conrad, USA                    |
| International Electric Concern                    | Arun Banskota, SF, USA                |
| Parmahansa Yogananda Sadhana Bhawan, Nepal        | Rotaplast International               |
| Radha Surgical                                    | Ilam Bal Bikas                        |
| Life Guard Surgical                               | World Vision                          |
| Park Framing                                      | Bank of Kathmandu                     |
| Megatech Power & Communications Solution Pvt. Ltd | Volunteer Service in Nepal            |
| Rotary Clubs of Kathmandu, Dhulikhel & Banepa     | M/S Simca Labrotary                   |
| Subiram P Pandey / Anantra Pandey                 | ADRA Nepal                            |
| Ajay Gupta / YN Koushal                           | Emity Oldshre                         |
| Izumi Supporting community                        | Capital Enterprises                   |

# ADDITIONAL HIGHLIGHTS OF HRDC IN PICTURES...



*View of out patient clinic at HRDC*



*Department / Section Heads of HRDC*



*Surgeons engrossed in the operating room*



*Tender loving care*



← *The unsung heroes of HRDC - staff from administration, domestic & ancillary services*



*Teaching Rounds*



← *Orthopaedic technicians fabricating devices*

## MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear friends,

The year 2008 remained as challenging and successful as the previous year.

A landmark event was the successful completion of the social impact study undertaken to review the long term consequences of treatment & rehabilitation interventions provided by HRDC. The study covered a time period from 1993 to 2005. The design of the research was reviewed and tested. 745 persons with disabilities (HRDC treated) from 11 districts were interviewed, with a comparison / control group of HRDC untreated patients selected from the same districts in similar conditions. The results of the study are very encouraging and unquestionably support the work that HRDC has been doing for nearly a quarter of a century.

The total number of children accessing HRDC services increased in 2008, setting a record in the history of HRDC. The approach to decentralization of services has continued with 3 regional centers now active in Itahari (East), Banke (Mid West) and Baglung (West).

The success of HRDC is like the two sides of a coin, the institution and its excellence on one side and our donors and support groups on the other. We are grateful to the unconditional and continued support of the American Himalayan Foundation, Terre des Hommes, Plan Nepal, Christoffel Blindenmission, FNEL – ONGD (the Scouts of Luxembourg), Handicap International Nepal, All Together Now International, Ministries of the Government of Nepal (Health and Population; Woman, Children, and Social Welfare), Rotary Clubs (Kathmandu, Dhulikhel & Banepa) and numerous other partners and individuals all of whose names would be impossible to mention here. HRDC expresses its heartfelt gratitude to all of you for playing such an important role in making HRDC such an exciting and successful undertaking.

We also like to acknowledge all our patients and their guardians for their trust in our services. They often make arduous efforts to reach us!

Last but not least, this entire HRDC program would be impossible to run if it were not for the dedicated team effort of the entire HRDC staff / family. A sincere "Thank You" to all!

Anticipating your continued support,

Krishna P. Bhattarai  
Executive Director  
HRDC