

Hospital & Rehabilitation Centre for Disabled Children



Winner of World of Children Award 2011



Asia Pacific Winner of Stars Impact Award 2014 in Health



Annual Report 2015

A Program of the Friends of the Disabled (FoD)

HRDC Annual Report -2015

At HRDC, we believe that people with disabilities should have equal access to rights, opportunities, and services and be protected from discrimination, abuse, and neglect. Sadly, many of the world's more than one billion people with disabilities are routinely denied even the most basic human rights, particularly in the developing world.

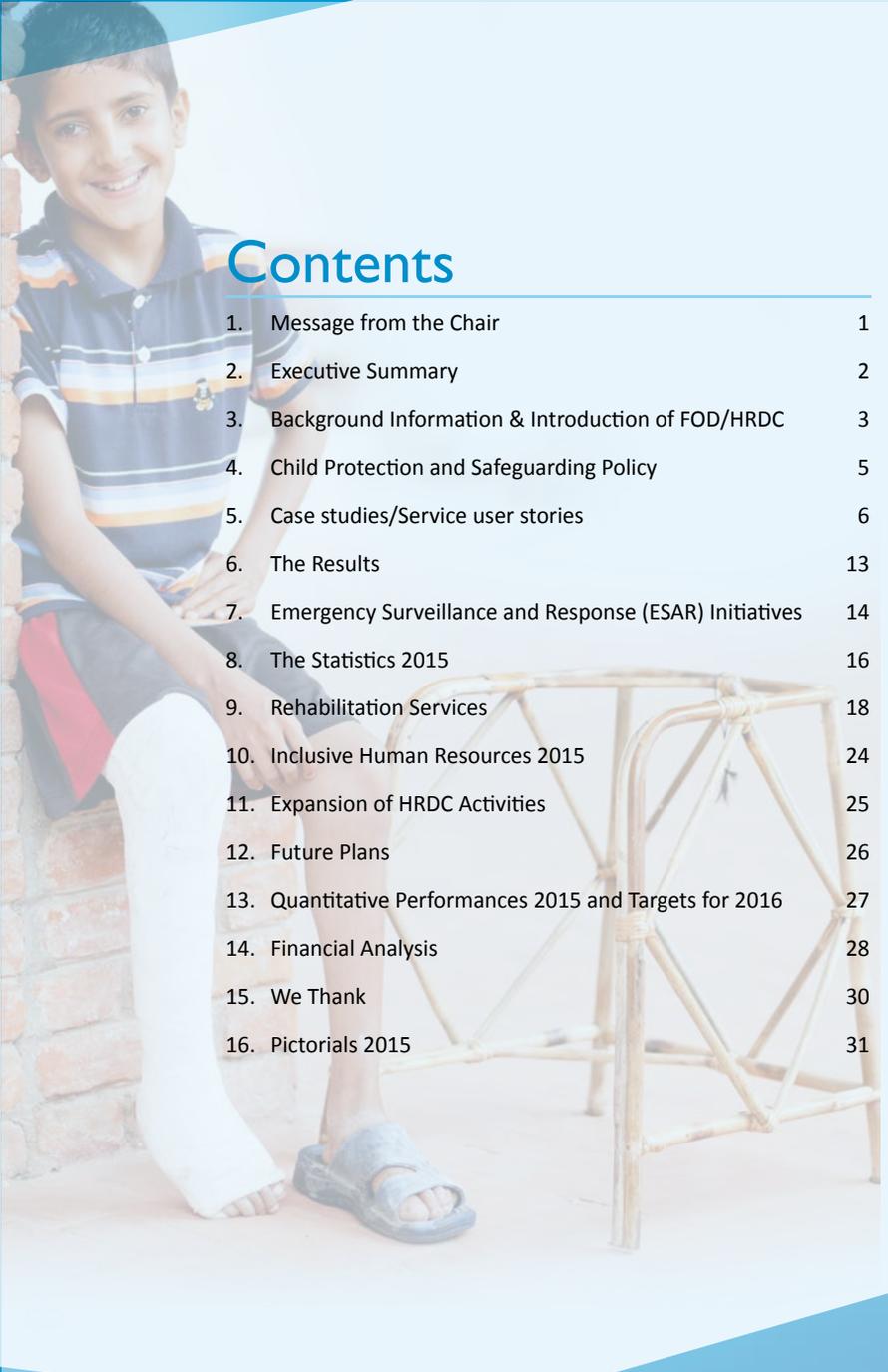
Vision

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

Mission

Children with physical disability enjoy rights and entitlements and live better life.





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Abbreviation

ADL	Activities of Daily Living
AHF	American Himalayan Foundation
B&B	Baidya and Banskota
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CDO	Chief District Office
CP	Cerebral Palsy
CRC	Child Rights Convention
CRCP	Comprehensive Rehabilitation of Children with Physical Disabilities
CWD	Children with Physical Disabilities
DHO	District Health Office
DID	Disability Inclusive Development
DPHO	District Public Health Office
DPO	Disabled People's Organization
ED	Elective Date
ERU	Emergency Response Unit
ESAR	Emergency Surveillance and Response
FCHVs	Female Community Health Volunteers
FoD	Friends of the Disabled
HDC	Hospital for Disabled Children
HOD	Head of Department
HRDC	Hospital & Rehabilitation Centre for Disabled Children
INGO	International Non-Governmental Organisation
IDD	International Disability Day
IPS	Inpatient Services
LCD	Leprosy Control Division
MoHP	Ministry of Health & Population
MPRT	Modular Primary Rehabilitation Therapy
NGO	Non-Governmental Organization
NHRC	National Health Research Council
P&O	Prosthetic & Orthotic
PRT	Primary Rehabilitation Therapy
PT	Physiotherapy
PWD	Person with disability
SWC	Social Welfare Council
Tdh	Terre des hommes
UNCRPD	United Nation's Convention on the Rights of Persons with Disability
UNICEF	United Nation's Children Fund
VDC	Village Development Committee
WHO	World Health Organization





Message from the Chair

Dear Friends,

Let me start by wishing all of you a very pleasant and more successful New Year. 2015 will be etched in our memories for a very long time to come for all the woes it brought to the people of Nepal, one and above the **existing** problem of political instability and poor economic growth. The children have had to bear the brunt of the burden for lack of the very basic commodities for the minimum existence with dignity.

The earthquake of April 2015 shook the hospital hard as it did the entire nation! The foundations stood the test, but became necessary in some parts of the hospital for almost 3 months, HRDC functional in tents, but we are now back indoors! We have been busy all throughout looking after the injured and following through with the post-quake surveillance and rehabilitation programs. This has been so generously supported by so many of you. (A more detailed earthquake report is available for those of you who are interested).

Political unrest and the blockade has brought untold miseries and sufferings to our people, and specially the children, keeping the services alive in the background of erratic power on tugs and fuel crisis has tested our tolerance to the limits, with the hospital on the brink of closure at times. Thank you politician and all else who have the blockade!

We continue to use firewood to cook food for the children. Nothing is easy and straightforward, as the results of political instability and insensitivity, we are however quite busy and continue to marvel at the determination of the parents and the children who make it to the hospital. The HRDC medical Performance Report 2015 shows HRDC has performed well beyond the anticipated. The capabilities and competence of the HRDC continue to improve by the year, all the results of good team work.

We are however always struggling to keep the various programs (Hospital based and CBR) alive the trust of the community in our services generate an ever increasing volume of work, for which matching funding becomes necessary. We thank each and every one of you for the assistance you are providing to the HRDC efforts and sincerely urge you to continue and do more wherever feasible with my sincere thanks.

Prof. Dr. Ashok Kumar Banskota
Chairman

Executive Summary

The Friends of the Disabled (FoD) has been actively working in the field of pediatric disability management since 1985 through Hospital & Rehabilitation Centre for Disabled Children (HRDC).

The dominant purpose of the Friends of the Disabled is changing the dilemma of children with physical disabilities through the services of the Hospital and Rehabilitation Centre for Disabled Children (HRDC) with the help of nationwide network for family based follow up care and social interventions carried out with the popularly accepted CBR approach.

67,617 children with physical disabilities have been benefitted from the HRDC service throughout the country since its inception.

As per the census of 2011, there are 205,597 (40%) persons with physical disability among 513,993 persons with disabilities. Therefore a lot need to be done to minimize and prevent the physical disabilities as far as feasible.

This program promotes social development and emotional well-being by incorporating frequent opportunities for age-appropriate recreational and academic activities throughout the children's hospital stay for rehabilitation process in view of HRDC's child protection and safeguarding policy (CPSP).

The services have been supported by various generous individuals and organizations unconditionally for the wellbeing of children with physical disabilities.

This year alone over 20,000 children with physically benefitted from HRDC by its hospital and non- hospital based activities. As usual HRDC spent 149 days in the field by conducting outreach camps in various parts of the country.

The recent devastating earthquake April 2015 and aftermaths shook the hospital hard as it did the entire nation. HRDC were busy all throughout looking after the injured and following through with the post-quake **Emergency Surveillance and Responses (ESAR)** programs apart from its regular activities with so many generous supports. The ESAR programs served nearly 45,200 earthquake victims from Kavre, Sindhupalchowk, Nuwakot, Dolakha, Dhading, Makawanpur, Chitawan and Lalitpur districts.

Political unrest and the blockade brought miseries and sufferings to children with physical disabilities keeping the services alive in the background of unpredictable situation and the fuel crisis.

HRDC started and continues to use firewood to cook food for the hospitalized children and their caretakers. Nothing is easy and straightforward, as the result of political instability and insensitivity. The 2015 report of HRDC shows that the performance were well beyond the anticipation. The capabilities and competence of the HRDC continue to improve by the year.

Background Information & Introduction

FRIENDS OF THE DISABLED (FoD)

HOSPITAL AND REHABILITATION CENTRE FOR DISABLED CHILDREN (HRDC)

Friends of the Disabled (FoD) is registered with the Kathmandu District Office, Government of Nepal under the Organization Registration Act of 2034 B.S. (1978 AD), and under the National Directives Act of Nepal, 1961 (2018 B.S.) as a non-profit making and non-political non-governmental organization. It received affiliation from the Social Welfare Council (SWC), the apex body of national and international NGOs working in Nepal in 2049 BS (1992 AD).

Hospital and Rehabilitation Centre for Disabled Children (HRDC) is the only program of the Friends of the Disabled (FoD) with the vision to **“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”**.

The services began at Jorpati as the Nursing-home for Disabled Children (NDC) way back in 1985 and in 1993, the FoD reinitiated the hospital and rehab program at Dhobighat as interim phase and started serving children with physical disabilities by **“enabling their abilities”** so that the children can assert their rights for mobility and functional independence.

In October 1997, the FoD’s HRDC relocated to its permanent setup located at Adhikari Gaon, Janagal, Ugratara VDC-6, Kavre District, about 25 kilometers east of Kathmandu on a small mound to the south of the Araniko Highway close to Banepa Municipality from where HRDC has been efficiently and effectively catering full fledged treatment and rehabilitation services utilizing 74 beds for medical and rehabilitation interventions with two inner court yards with ample parking facilities.

The chief purpose of the Friends of the Disabled (FoD) is **“changing the dilemma of children with physical disabilities”** through the services of the Hospital and Rehabilitation Centre for Disabled Children (HRDC) with the help of nationwide network for family based follow up care and social interventions carried out with the popularly accepted CBR approach.

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The children with physical disabilities and their guardians/parents attended with compassionate care and encourage them to take active participation in therapies (procedures) whatever way possible. They are given some insight and taught simple rehabilitation methods that can be practiced at home. Additionally, the clientele are educated on preventive measures and nutritional aspects that can be adopted in their communities to minimize disabilities.

HRDC as one of the largest dedicated tertiary level pediatric orthopaedic hospital and rehabilitation centers in Nepal, medical and social rehabilitation program embraces the children as a whole, and addresses their full spectrum of medical, therapeutic and social needs. This program promotes social development and emotional well-being by incorporating frequent opportunities for age-appropriate recreational and academic activities throughout the children's hospital stay for rehabilitation process.



At central HRDC and field, our trained and experienced staff members provide compassionate care, to the children with the highest quality medical and social rehabilitation services in a family environment. Specializing in caring for children with special needs, the HRDC team is always committed to create an intervention plan that meets children's individual needs.

HRDC operated three regional centres in Itahari, Nepalgunj and Baglung. Four project offices to cover Makawanpur, Chitwan and Dhading districts under CRC Project, Salyan under Disability Inclusive Development (DID) Project, Siraha under Club Foot Clinic project and Baitadi, Achham, Doti, Saptari and Dhanusa under ERICE project to improve access to HRDC services and networking through decentralisation for children with disability from disadvantage and marginalized communities. A total of 197 competent staff members fully engaged at different capacities.

HRDC's surgical suites equipped with 5 sophisticated operating rooms and are being used for selected surgeries.

The Typical surgical Procedures

- Orthopedic & reconstructive surgery (surgery concerned with conditions mostly involving the musculoskeletal system that include post burn contracture, hand-reconstruction, clubfoot and etcetera)
- Treatment of cerebral palsy
- Management of spine problems

The Children We Serve

As a tertiary level service provider in disability management, HRDC staff are child-centric in their approach to rehabilitation process in view of HRDC's child protection and safeguarding policy (CPSP). HRDC serves children with physical disabilities on an inpatient and outpatient basis as they recover from illness or injury in different level of functionalities throughout Nepal regardless of geographical and political boundaries.



HRDC's Target Group

Criterion for accessing treatment and rehabilitation services at HRDC

- Rehabilitation services is provided to the children with physical disabilities
- Priority is given to children with physical disabilities from disadvantaged communities.

Child Protection and Safeguarding Policy

HRDC commits itself to creating and maintaining an environment which promotes its core values and prevents child abuse and exploitation. HRDC strongly condemns all forms of child abuse and exploitation, be it within or outside our organization, and always respond to any case of abuse according



Children feel safer at HRDC with HRDC's CPSP

to its nature. Consequences and responses range from human resource development actions such as training and counseling to measures such as suspension, dismissal, and legal action.

In the quest to ensure that children at HRDC treated in a safer environment with adults who are committed to safeguarding them, HRDC set forth this policy as a general framework for its member associations. The policy highlights that the wellbeing of children is at the core of our work and reaffirms our commitment to ensuring that all children are protected from all forms of abuse and exploitation.

Ranjit dreams to be a doctor to serve the children with disabilities in future

A 6 year old boy Ranjit Bhujel from Mijure VDC-7, of Bangalthok of Kaski district with the great hope to be independent in his society. Ranjit with deformity of Pseudoarthrosis in left leg. The parents noticed the deformity at the age of 10 months when he started to walk. Immediately Ranjit was taken to Manipal Medical College in Pokhara where several casts applied for almost 3 months. When he started to walk again the same leg got fractured and again operated with implant in Manipal Medical College and the treating doctor advised them that they should wait for at least a year for further treatment.



Ranjit with his mother at HRDC



Ranjit after intervention at HRDC

Ram Bahadur Bhujel, the father, who was doing his bachelor's degree in Education at Prithvi Narayan College. His livelihood, from part-time job in a stationery shop, could not support any treatment despite seeing Ranjit suffering from irritating severe pain. One day, a neighbor, parent of HRDC's former patient, informed him about HRDC and how his son was rehabilitated, immediately, the family decided to take Ranjit to HRDC. The mother with the help of cousin brought Ranjit to HRDC.

Ranjit was suffering from the irritating and unbearable pain at the left leg below knee with slight swelling. After the assessment and evaluation at HRDC, Ranjit was admitted and started treatment so that the pain could be subsided.



Mother applying prosthesis

Ranjit's parents were provided a full insights and drawback of Pseudoarthrosis and the need of immediate removal of the implant as there were complications that may lead to amputation. Ranjit's left leg was amputated below knee (B/K) as there were no other alternatives. The team at HRDC decided to have a prosthetic leg and accordingly he was given a prosthetic leg. With the support and help of HRDC staff, Ranjit started walking slowly on parallel bars and then with the support of walker he gradually started walking on his own. Now Ranjit can walk without any support. He was so excited to walk while getting physiotherapy. The life of Ranjit was so tender before. No happiness at all as was under continuous pain. This had made his parents worried.

The family would never ever be able to have treatment of Ranjit, if HRDC support was not available to them.

These days Ranjit goes to school by himself. He plays with friends and participates in daily activities of life brought a happiness to the family. His parents are very hopeful of having bright future of Ranjit after HRDC's intervention. Ranjit dreams to be a good doctor and wants to serve the children with disabilities in future.



Ranjit on regular physiotherapy sessions at HRDC



Ranjit at HRDC during follow up

Anu is thankful to HRDC team members for new life

Anu Das an 11 year old girl from disadvantaged Madhesi community with acute burn came to our contact during health and rehabilitation mobile camp at Pathari, Morang District on March 10, 2014. The burn was from petrol as she was working in a small shop. Our mobile team examined Anu and referred to Morang Sahakari Hospital Biratnagar as it was an acute case.



As per instruction, Anu's mother took her to Biratnagar but they referred her to Kathmandu for further care. For lack of resources, instead they took her to a nearby health post where no adequate assistance was available. Her condition continued to worsen as the wound got infected. With difficulty, the family was able to take her to Dharan (BPKIHS) where initial treatment was done but not fully cured.

Ten months passed with no expected recovery. Her physical pain now was turning mental agony. She had started to feel that she was becoming a burden on her family and that



Anu at HRDC during Treatment: First in wheelchair and then in walker

people around had started to pass on comments as “poor girl – she has no future!?” which made her further depressed.

Time went on, her wound did not heal. So, she came to our next health camp at the same place on February 17, 2015 with severe contracture and infected wound.

After thorough examination and treatment, Anu was evacuated to HRDC, Banepa as advised by the camp team. On March 04, 2015 her contracture of the right leg was released.

Her first day at HRDC, February 27, 2015 has remained the most wonderful day. The disabled-friendly facility and caring staff at HRDC breezed a new lease of life into her. As she and her mother witnessed transformation in the lives of other children around her, they knew there was no looking back and a new life awaited ahead for Anu. The collective effort of HRDC team comprising of medical, nursing, prosthetist - orthotist and physiotherapist paid-off: Anu's infection came under control, her health condition improved to normal: First she was given wheelchair and later on other assistive devices. She practiced walking on bamboo-walkers, then with crutches and, soon she walked without any support. Anu gradually recovered to normalcy.

Smile at her face has come back and there is no more mental agony / depression related to her physical health as Anu resumed back her school which was dropped earlier due to disability and the poverty. Anu and her mother are thankful to all HRDC Team members for giving her new life.

HRDC appeals to individuals and agencies to support treatment and rehabilitation of physically disabled children who in future will be a bright hope for their family and society as a whole.



Anu at her home

Much more confident than ever before

Deep Timilsina born as the eldest son of Timilsina family in Chitwan some 14 years ago. Immediately after the birth pneumonia developed and he was taken to several hospitals for treatment but with some improvement. On later year, further complications developed and diagnosed as Cerebral Palsy that made him unable to walk. A doctor from Bharatpur Hospital suggested Bimala, the mother, to take him to the HRDC.



Deep with his parent at his home

Deep was brought to HRDC finally in the year 2004 A.D subsequently he received several courses of relevant treatments. The mother, Bimala and father, Dhanraj, were also taught physiotherapy techniques. The family continued physiotherapy sessions at home.

After sometime, the parents discontinued physiotherapy exercises therefore contracture developed on his knee & Ankle. His friends and relative started him calling with nicknames like Dundhe, Dhalke and due to this and his physical condition Deep slowly started isolating himself from others.



Trained HRDC CBR worker assessing Deep during the home visit



Deep during his Martial Art Class

It was a great grief to the Timilsina family to notice no changes in Deep's condition. Again the family brought him to HRDC. After the reassessment, Deep was provided AFO (Ankle Foot Orthosis) and required physiotherapy sessions and again the mother was also taught and instructed to follow up physiotherapy exercises strictly at home. Thereafter, she continued physiotherapy and even she quit her job to give time for Deep as a result the progress was visible.

Now Deep can walk; can perform every activities of daily life on his own; can play with his friends; can go to school on his own. He even has joined karate and he enjoys it a lot. He is 14 years old now and studies in grade 8 in Man Shiksha English Boarding School. He passed class 7 with 1st division. He shares his love to his family & friends; he even cracks jokes & laughs. He finds himself much more confident than ever before.



Deep is being loved by his friends

Needs no walking stick any more

Birmala BK is the eldest of all 4 siblings (2 daughters) of Rang Bir BK and Mrs. Gaumati BK. It takes 2 days to get to her VDC, Devisthan via a place called Burtibang. Everybody in the family was happy when she was born. When they realized that she had problem in the feet (clubfoot), the poverty stricken family became further worried.

Though the family depended on agro- farming, the product suffices only for 4 to 5 months in a year. Bimala's father Rang Bir goes to India every year for earning though daily labor which would makes up their living for the year. They were unable to treat her due to inadequate finances. Though when Inclusion and Non-Discrimination Project was initiated and Devisthan VDC was not in its coverage area but under the Gaja Youth Club (GYC), HRDC's Regional Office and the club coordinated with the family for referring Birmala to HRDC, Banepa for consultation, further diagnostics and corrective surgery of her severe bi-lateral clubfoot.



Birmala before & after treatment with braces



Birmala with her father during the treatment at HRDC

Birmala stayed at HRDC for six about months off and on during which she was admitted, thorough diagnostics, and subsequently corrective surgeries were performed twice: Illizarov ring fixator was used. The compassionate care at HRDC helped Birmala recover very well. At the end she was sent back home with plaster at her leg. Then she was followed at her home. Birmala received at her own home the club shoes fabricated at HRDC through the field worker. Her family, especially father, is very cooperative to Birmala for treatment and rehabilitation. Her father took her to HRDC time and again.

Birmala who was so quiet, introvert and unwilling to get involved with others due to her disability changed to outspoken and extrovert girl. She is in grade 7. Her teacher praises about her studious nature and improvement in education.

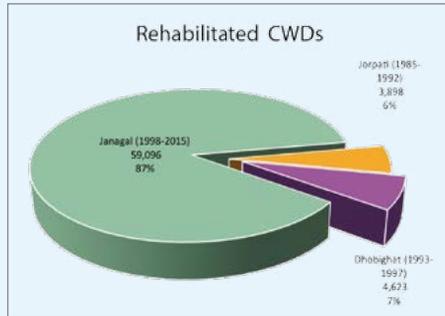
Birmala is completely independent and needs no stick any more. Her family is very happy in this development. They relay neighbors how she gained new life due to the HRDC's support. Birmala and her family whole-heartedly thank HRDC for all the support they received.



HRDC's CBR worker doing follow-up at Birmala's home

The Results

FoD's HRDC has been serving the pediatric population who suffer from physical disabilities beyond the geographical barriers since its inception. There are more than 31,300 CWDs reside in FoD/HRDC intervened 25 districts with a total population of 12.02 million.



In the year 2015 alone, more than 20,000 CWDs from FoD/HRDC working districts benefitted and still over 16,000 CWDs left behind in those districts only. Since HRDC returned, after earthquake, to providing full services to patients some 11,887 children have passed through its door, on their way to considerably better lives.

Since its inception more than 67,617 children with physical disabilities are being rehabilitated from FoD/HRDC. This included 26,566 girls.

Disability management is a never ending process. The types and nature of disability changes its form, as changes occur in our society. It is in this context; HRDC is operating as one of the referral centers with comprehensive management of children with physical disabilities and has successfully intervened more than 20,000 cases in 2015 alone under FoD/HRDC. This included 5,980 pathological services, and 3,356 imaging services that contributed in identifying the right causes of problems for further intervening the chief cause of impairments/disabilities.

HRDC is the pioneer in introducing the "Ponseti" (serial casts) technique in Nepal which has not only reduced the cost of clubfoot intervention but also shifted the intervention from complex to simple, cost effective, mostly, conservative management. Also spine (especially, scoliosis) and CP (cerebral palsy) management has received focus through early identification, medical and social intervention for the past several years.

Emergency Surveillance and Response (ESAR) Initiatives

Following the devastating earthquake on April 25, 2015 that saw over 8,000 dead and thousands more injured and displaced, the Hospital and Rehabilitation Centre for Disabled Children (HRDC) in partnership with the BBH, launched the Emergency Surveillance and Response (ESAR) campaign to identify, treat and rehabilitate victims and provide relief material and medical assistance in the earthquake affected areas. The ESAR camps began the very next day following the earthquake to reach the most unreachable areas in 9 districts (Sindhupalchowk, Kavre, Nuwakot, Dhading, Lalitpur, Bhaktapur, Kathmandu, Makawanpur and Chitwan) that were hit hard by this unprecedented calamity.

Before each camp, a pre-camp scouted the needs in a specific area, making sure that duplication of services didn't take place. Permission and help from local health authorities and security forces was taken to make sure that

the maximum number of turnout occurred and the camps ran in a smooth and organized manner. The initial rounds of camps were centred in the worst hit districts of Sindhupalchowk (3,000 deaths), Dhading, Nuwakot and Kavre. A lot of earthquake related injuries were identified and taken to hospital for treatment and rehabilitation. Gradually, this pattern made way to conditions that were secondary to living in open shelters, lack of clean drinking water, food and sanitation; post-traumatic stress and injuries sustained during clearing rubble.



Damaged and leaked wall of HRDC on April 25th 2015 Earthquake

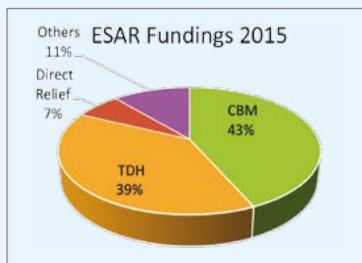


Collapsed house at Fatakshila VDC of Sindhupalchowk

98 comprehensive health and relief camps have been conducted, providing services to over 45,200 people. A total of 275 victims were admitted between the HRDC and B&B Hospital. Out of these, 240 patients underwent a total of 540 surgical procedures.



Chairman, Prof. (Dr.) Ashok Kumar Banskota examining child at ESAR Camp



The pie-chart clearly illustrates the supports for ESAR activities by various institutional and individual donors worth 77.19 million rupees.



Girl was rescued during ESAR Camp by HRDC Team



IV saline given to a pregnant woman at Sangachowk VDC, Sindhupalchok at camp for emergency management

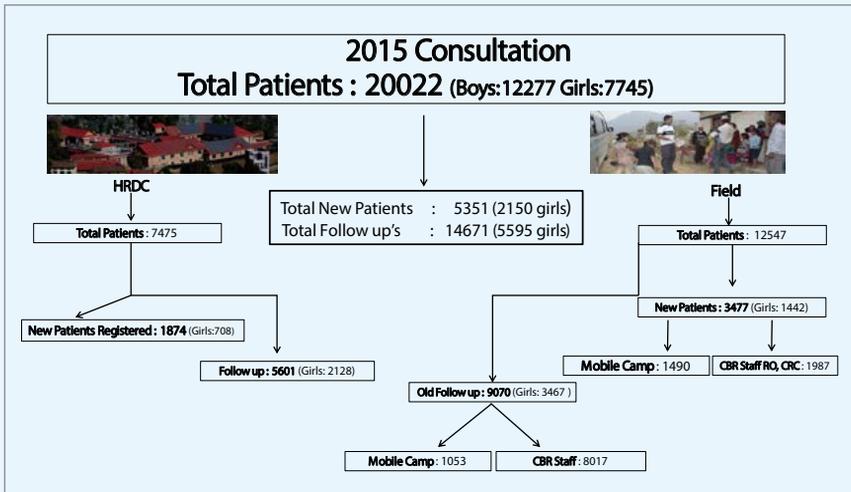
Staff Welfare

In the aftermath of disaster, social recovery is key. Thousands of individuals and families have been directly affected by the ongoing seismic activity in the Nepal. Some have had to leave their homes permanently, others have had to find temporary accommodation while their homes are repaired or rebuilt. Many people need help in organizing repairs. Most of the people need financial assistance and information, or referrals to various counselling and support agencies. There was a compelling need to develop a coordinated support service to facilitate recovery and strengthen community resilience. HRDC staff were not the exception and therefore HRDC supported the members of staff by providing them some financial assistance for reconstruction/repair of their damaged homes. The "HRDC Human Touch Fund" was established with support of various individuals including HRDC officials and their family members include Professor (Dr.) Ashok Kumar Banskota, Dr. Bibek Banskota, Dr. Alok Bhattarai, Mrs. Shanti Devi Ghosh, Mrs. Kamala Ghosh and many more. Apart from this, staff members were provided loan against their gratuity to support their reconstruction/repair work.

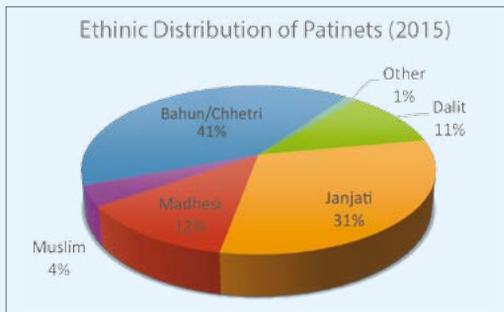
The Statistics 2015

Medical Services

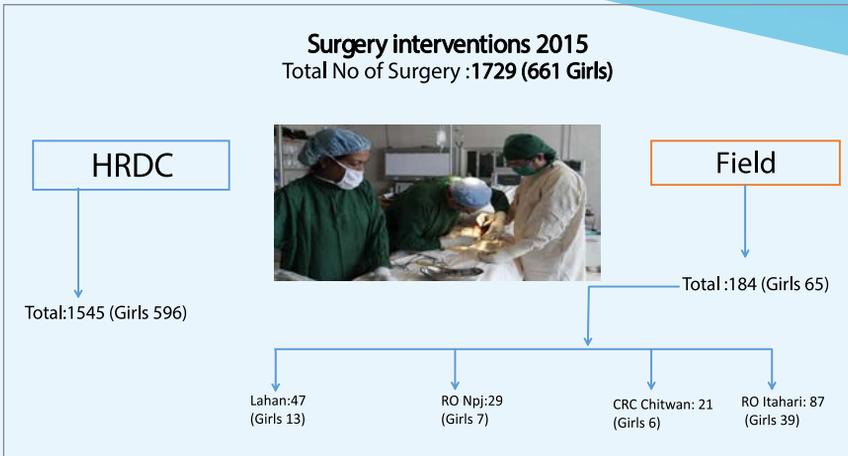
The FoD/HRDC medical team comprises of 12 orthopaedic surgeons, 2 anaesthetic consultants, 4 anaesthetic nurses, 2 plastic surgeons, 3 house surgeons and 30 other members in different capacities.



The medical team performed over 1,729 surgeries against 20,022 consultations in the year 2015. The graphical analysis at the right indicates the ethnic dispersal of the consultations of children with physical disabilities who received HRDC services for further intervention. Outreach clinics

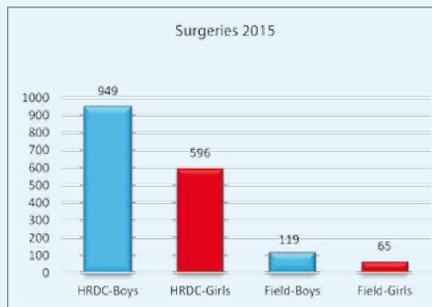
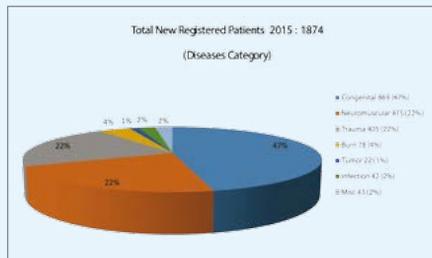


at field are an integral part of identification process. An average of 149 extra working days spent in field this year for screening new patients, following up of old patients and people affected by the earthquake to provide safer medical/surgical interventions including counselling apart from 85 additional travel days.



2015 a medical snapshot

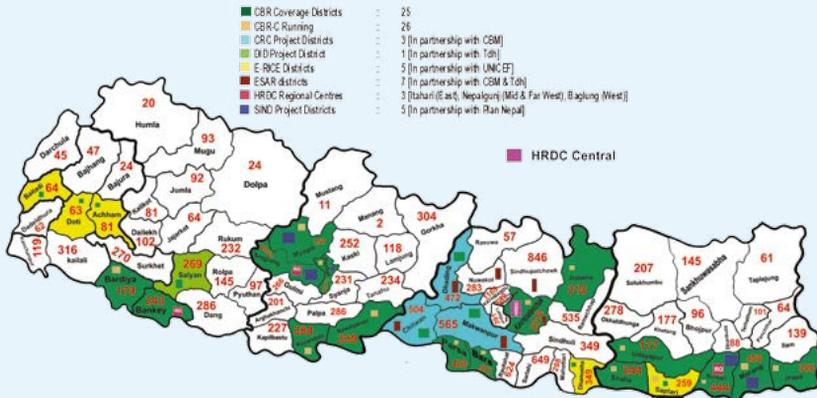
- A total of 20,022 CWDs consulted at hospital and field.
- Out of these 5,351 (2,150 girls) were new and 14,671 (5,595 girls) were follow up patients.
- A total of 1,729 (1,545 at HRDC and 184 through regional centres) surgical procedures carried out successfully.
- A total of 615 clubfeet treated among 405 (110 girls) patients.
- A total of 5,980 patients received pathological diagnostic services.
- A total of 3,356 patients received imaging services.
- A total of 1,240 (510 girls) CWDs were admitted at HRDC (included services of regional centres).
- Average length of stay of a CWD was 18 days with 78 percent bed occupancy.
- Average age of Admitted Patients was 6.44 (in years).
- A total of 281 (121 girls) children with physical disabilities completed their treatment/ rehabilitation process.



Rehabilitation Services

Community Based Rehabilitation Program

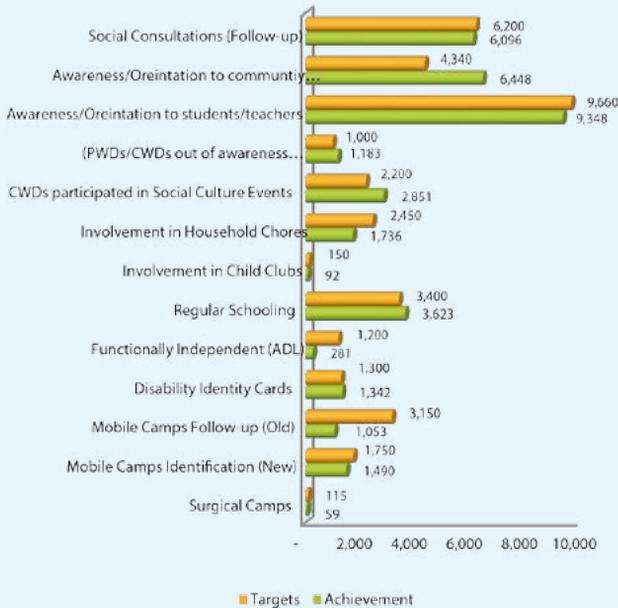
HRDC / Field Districts with Emergency Surveillance Response as of December 2015



The given map explains the intensity of HRDC's work throughout the country. The given numbers in the district boundaries represents the number of current patients being served through CBR and outreach activities of HRDC, this included the emergency surveillance response activities as well. The shaded part of the map denotes the regular coverage of CBR/project activities including follow ups of the CWDs in their home surroundings by the CBR staff.

HRDC's Community Based Rehabilitation (CBR) assesses, identifies, consults, motivates and refers clientele for rehabilitation through outreach activities. After initial treatment, CBR addresses systematic follow-ups (social consultations) of children with physical disabilities for continued primary rehabilitation therapy and social inclusion to improve their quality of life as equal citizens. This also develops links and networking with the government line agencies, CBOs, I/NGOs, DPOs, schools in order to sensitize for growth and socialization (GAS) with ultimate aim of mainstreaming. HRDC's approach to rehabilitation is based on the identification of individual needs, considering individual's situation, environment and the locally available services. The bases for HRDC CBR activities is depended on the WHO CBR modality approach briefly stated below.

CBR beneficiaries 2015



Increasingly, rehabilitation and prevention of disability take place in the community with active involvement and participation of community. CBR, defined by WHO CBR matrix, is understood as a multi-sectoral strategy based on community development model that empowers persons with disabilities to access and benefit from education, employment, health and social services ultimately linked to livelihood. CBR is implemented through the combined efforts of persons with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other service providers. These activities aim to empower people with disability and enjoy their rights.



Patients being registered at Okhaldhunga camp

Physiotherapy Services

Physiotherapy team aims to help CWDs to optimize their mobility, functions and independence. HRDC performed 56,370 physiotherapy session among 11,177 (4,370 girls) CWDs incorporating manual therapy exercises and the use of play therapy modalities to optimize functionality.

The physiotherapy supports rehabilitation of the children brought with severe deformed limbs / joints, contracted limbs cause problem in their mobility and activities of daily living (ADL).

In the year 2015 HRDC is able to add up a play oriented (gymnasium) model therapy in March 2015 focusing the children with cerebral palsy.



Children at play therapy

Prosthetic & Orthotic Services

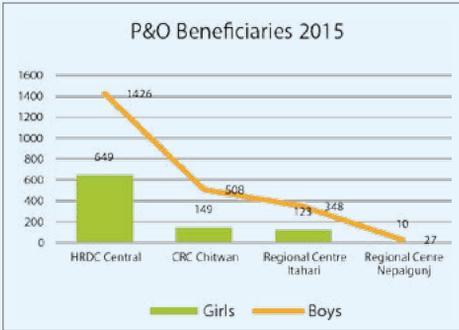
The orthotic & prosthetic services assess, prescribe, design, fit, monitor and educate on the use and care of an appropriate orthosis & prosthesis that serves individuals' requirements on mobility.

Children with physical disability may have trouble walking or moving around i.e. ADL. Tasks such as dressing oneself may be difficult. Assistive devices can help children with physical disabilities, function better and be more independent in daily tasks. These devices may help to ease the burden on parents. There are many different assistive devices to choose from. They can range from simple to complex. A



Customized low cost clubfoot shoes

total of 3,240 (931 girls) CWDs benefited from 4,115 assistive devices in the year 2015. This included the beneficiaries from regional centers and projects as well.



Customized low cost clubfoot shoes being manufactured at HRDC

Training and Education Services

Training and Education service chiefly coordinates and plans internal and external training programs, medical, non-medical research activities and provide library facilities as well as continuous health education/orientation to the clientele, stakeholders, DPOs including community as part of outreach/CBR activities.

The core training programs are Primary Rehabilitation Therapy (PRT) Training, CBR Trainings, Communication Skills Development Trainings and others as per the need assessment of HRDC and partners.

In March 2015, a school facility added up with dedicated teachers to meet the schooling gap during the hospitalization of CWDs. The following are the snap shot of training for this year:

- 3,479 guardians received preventive education on disability management
- 1,086 persons received orientation on health education
- 617 (280 girls) admitted CWDs attended HRDC School. The rest of admitted children fall underage (300), children with cerebral palsy (65) and 90 of them already completed schooling prior to HRDC enrollment. The rest have more complicated problems and some of them treated at regional centres (field).



Honorary consultant Dr. David Spiegel from CHOP Hospital Philadelphia, USA on CME at HRDC

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- 516 nursing students made observation/attachments to HRDC from different nursing colleges.
- 80 participants including visiting professors from Children Hospital of Philadelphia (CHOP), USA participated in the 11th Annual Ponseti Workshop.



Hospitalized kids at HRDC School

- 11 staff members participated in the National Summit on Health & Population
- HRDC presented a paper on “A Snapshot of 1001 children with cerebral palsy at HRDC” at the National Summit on Health & Population.

- Research paper “A Snapshot of 1001 children with cerebral palsy at HRDC” published on Journal of Nepal Health Research Council.



HRDC staff at earthquake drill

- 2 staff members were sent to the Netherlands for exchange program.
- 4 nurses trained in critical care unit.

- All of the HRDC staff members participated in different trainings as a part of capacity building including disaster preparedness in the year 2015. This included the earthquake drill as well.

- HRDC School initiated in March 2015.

- Abridged Primary Rehabilitation Therapy Training conducted between May 4 and 18 to project staff members.

- Psychosocial First Aid training provided to HRDC staff members in relation to the services of health relief camps during the ESAR activities.

- 20 FCHVs from Dhading, Makwanpur, Chitwan districts attended Modular Primary Rehabilitation Therapy Training at HRDC.
- Injury and Trauma Management Manual developed for Leprosy Control Division (LCD) of Health Division of Ministry of Health.
- 3 staff members participated on Master ToT on Injury and Trauma Management Training of LCD
- 4 CBR facilitators participated on DTOT on Injury and Trauma Management Training in different districts, organized by LCD.
- Training on CP, Clubfoot and Trauma Management organized for health personnel (Medical Officer, Public Health Officer of DHO) from Dhading, Makwanpur and Chitwan districts.



Hospitalized kids enjoy walking around within HRDC campus



Hospitalized kids enjoy the prescribed fruits on regular basis



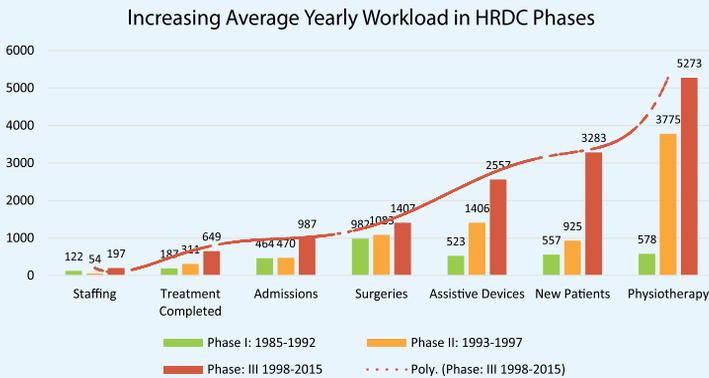
The smile comes back at HRDC



New friends at HRDC

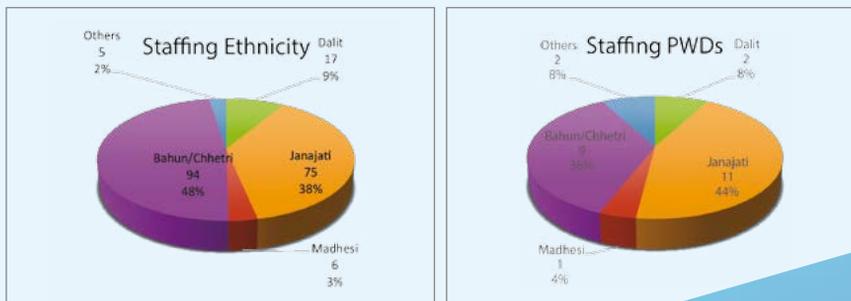
Inclusive Human Resources 2015

FoD's HRDC is a very unique example with minimal turnover. Majority of the members of staff have been associated for over two decades or even more with full integrity and ownership. The increasing trends of the staff demonstrated in the graph from 1993 onwards. This also indicates the increasing workload due to geographical as well as thematic expansions.



FoD reinitiated HRDC program with 54 staff members at Dhobighat in 1993 where 4,638 CWDs benefitted. This included 515 surgeries. Now at the end of 2015, there were altogether 197 (87 females) staff, performed 1,729 number of surgeries against 20,022 consultations, putting their full efforts to achieve the goal of HRDC.

Out of the 197 staff members, 25 PWDs (12 females) have been working at HRDC and all of them were the children with physical disabilities rehabilitated from HRDC.



Expansion of HRDC Activities

HRDC wishes to expand its services by adding up more and more facilities so that the CWDs can be intervened in more effective way towards their social and medical healing process. Due to resource constraints, HRDC is not been able to add up its physical facilities. In 2015, HRDC is able to secure 49.56 million resources for the planned expansion and the graphical analysis show the shortfall and availability of proportionate resources.



In addition to this the Rotary Club of Kopundol, Nepal, Rotary Clubs of Bellevue, Washington, Kirkland & Emerald City from Washington, USA initiated donation of an ambulance for HRDC purpose.



Rotarians bestowed ambulance for HRDC use

Future Plans

- Addition of 26 beds
- Construction of eastern regional centre cum training Infrastructure Itahari
- Capacity Building of field offices
- Consolidation of research activities
- Re-location of CSSD
- Re-location of Laundry
- Development of parking lot
- Digitization of Medical Record Management
- Hospital Information Management Software
- Drinking and utility water
- Health care waste management
- Installation of smart generator
- Resource mobilization/collaboration with multi-lateral/bilateral/multinational organizations
- Technology for the Provision of care... more than the building
- Vehicles for Mobile/Surgical Camps
- Website and Social Medias

Quantitative Performances 2015 and Targets for 2016

Headings / Indicators	Achievements 1985-2015	Achievements 2013	Achievements 2014	Achievements 2015	Targets 2016
1 Medical Consultation					
New Patients	67,617	4,665	5,643	5,351	6,050
Follow up	291,570	13,243	14,236	14,671	14,305
Radiology Services	49,902	2,720	2,926	3,136	4,100
Laboratory Services	69,008	3,810	4,248	5,980	6,150
2 In-Patient Services					
Admission	23,403	1,018	1,142	1,240	1,100
Corrective surgery	37,619	1,378	1,637	1,729	1,700
3 Community Based Rehabilitation					
Assessment in Early Identification camp	154,332	2,331	3,766	-	4,000
Disability orientation	92,127	9,319	14,150	15,796	12,000
4 Fabrication of Orthosis and Prosthesis	58,559		4,558	4,394	5,790
Beneficiaries	27,990	2,436	3,470	3,240	3,955
5 Physiotherapy Assessment	115,214	5,314	6,798	7,617	7,450
Clubfoot Management through the Ponseti method	4,009	354	375	405	420
6 Treatment Complete / ADL Independent	14,555	588	439	281	500
7 Training and Education					
Primary Rehabilitation Therapy Training	373	33	38	20	20
Ortho Shoe Training	22	2	4	1	N.A.

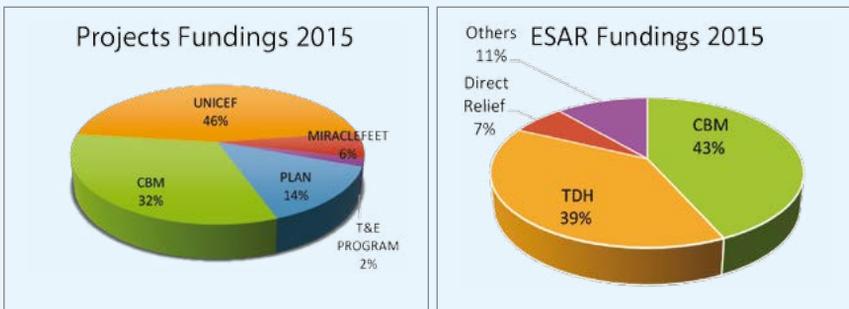
Financial Analysis

Since the inception, FoD/HRDC believes that it is always helpful to spend some time thinking through the questions with analysis so that tailor subsequent steps to suit purposes.

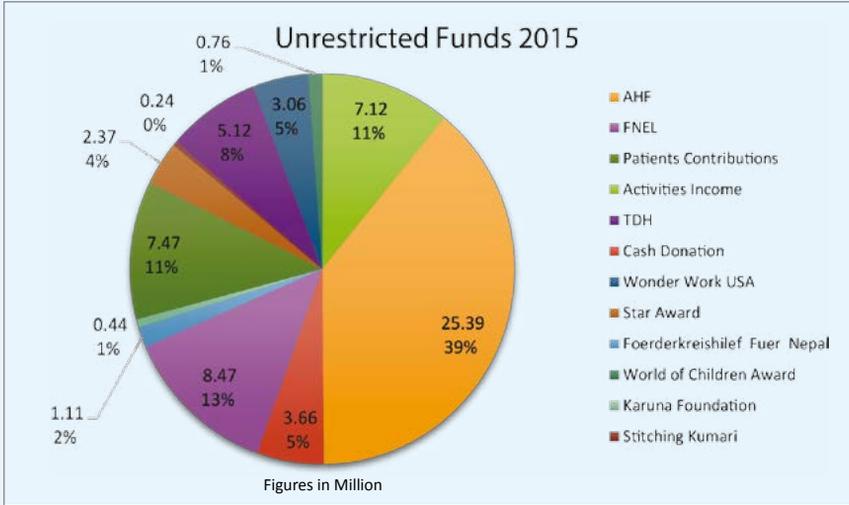
The primary reason for conducting cost analysis is generally to determine the true (full) costs of each of the programs/services to:

- Identify and prioritize cost saving opportunities for cost effectiveness
- Fundraise from donors to cover the true costs of delivering the program
- Report the true costs of a program. When combined with an assessment of a program’s revenue and degree of mission-alignment, understanding the true costs of a program will also allow understanding how each program contributes to social rehabilitation and overall financial health of HRDC. This information is instrumental to be able to:
 - o Prioritize core programs that must protect even in economically hard times
 - o Design smarter growth strategies
 - o Improve the financial health and mission alignment of the organization as a whole.

In the year 2015, HRDC generated a total 204.11 million fund inflow from various sources for gearing up its regular, projects, emergency activities including the upcoming expansion.



The graphical analysis explains the sources and the apportionment percentage of major donors.



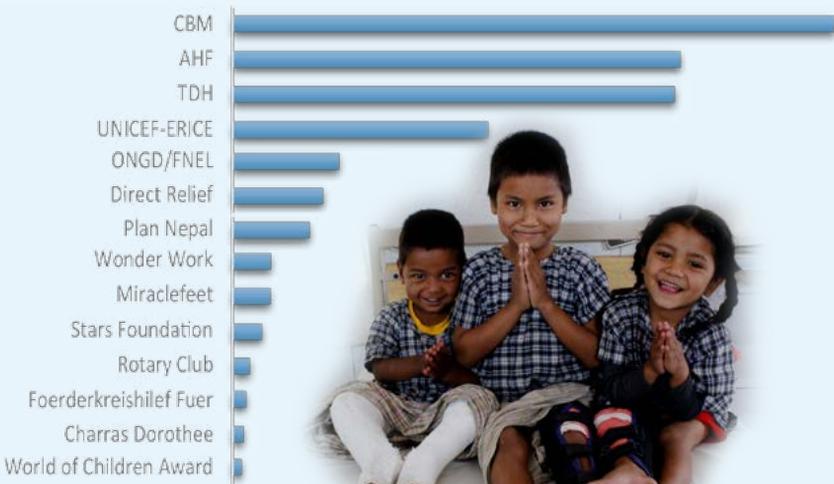
The following income vs. expenses graphical analysis clearly indicated the resource constraints for FoD/HRDC to carry out the activities towards the sustained both medical and social rehabilitation of the CWDs.

Income vs Expenses Trends 2012-2015 & Estimation 2016



We Thank

Every year we are humbled by the generosity of our supporters. You continue to inspire us with your dedication to changing the lives of the children with physical disabilities. In 2015, you went above and beyond, donating more of your time, energy, skills, and resources than ever before to making an even greater impact in the lives of the children we serve. Thank you for helping us reach new heights – we couldn't have done it without you!



Pictorials 2015



Chair, Prof. (Dr.) Ashok Kumar Banskota explaining the mother about her daughter's medical condition



Chair, Prof. (Dr.) Ashok Kumar Banskota explaining the details of the Prosthetic leg to the medical team as a part of CME



Admitted girl enjoys football as handball with her mother at HRDC



Application of Ponseti cast at Nepalgunj regional centre



At HRDC parents being taught on how to pay special attention to the hospitalized kid



Medicine Dispensing at HRDC



Admitted Patients queuing up for intervention at HRDC



Busy Pathlab at HRDC

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Diet Management at HRDC for patients and parents



Cast application in the field to treat deformities



CBR annual workshop



CDO from Kavre graced HRDC activity



Celebration of International Disability Day 2015 at HRDC



Chair, Prof. (Dr.) Ashok Kumar Banskota briefing delegates



Chair, Prof. (Dr.) Ashok Kumar Banskota observing the CP kid



Chair, Prof. (Dr.) Ashok Kumar Banskota taking ward round



Chair, Prof. (Dr.) Ashok Kumar Banskota welcoming the AHF officials (Richard Bloom, Erica Stone and Norbu Tenzing) at HRDC



CME by Chair, Prof. (Dr.) Ashok Kumar Banskota



Continued Medical Education at HRDC



Disability orientation session at school



Father helping the kid as Education is an integral part of hospitalization at HRDC



Holi (colour) festive celebration at HRDC



Home visit paid to the kid with clubfoot in Bankey. The family share space with buffalo



Hospitalized kids do enjoy jokes and laughs

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Hospitalized kids enjoying guitar in ward



Hospitalized kids feel more safer with HRDC's CPSP



Temporary ward setup in tent after the earthquake



Kids and guardians often enjoy magic shows



Kids enjoying at HRDC



Measurement of prosthesis taken at field



Medical Director Dr. Bibek Banskota examining patients in Diktel camp



Medical round in temporarily setup ward with tarpolin after earthquake



Ponseti cast demonstration by honorary consultant from CHOP as a part of CME



Observation of playtherapy room at HRDC by international visitors



Orthosis measurement taken



Patient followup by consultant orthopaedic surgeon at HRDC



Physiotherapy being taught to the mother for continuity of physiotherapy at home



Physiotherapy exercise being conducted at Achham camp



Nursing care to EQ victim



Rotarians with HRDC team



Temporary ward being setup after earthquake



The grannie with the kid pointing at her grand daughter's clubshoes



The mother learning to take care of braces of the child



Wound care during the EQ camp



Wound care in ward



On walker after amputation



Patients often do enjoy talks in inner courtyard

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Abridged PRT course introduced



Briefing on HRDC's CBR activities to the international visitors by the Medical Director



cbm delegates briefed on HRDC activities



FCHVs posed on graduation day after Modular Primary Rehabilitation Therapy training



Follow-up patient posed in front of IDD 2015 Banner



CP child walks around with the help of locally manufactured walker in background CP assesment being carried out

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Students are briefed about HRDC During their visit at HRDC



Parents often do help in shifting patients



Patient with grossly neglected Clubfoot post on wheelchair after surgery



Patient with mother enjoy the sun bath in inner courtyard of HRDC



Patients do love face paintings



Patient feel safer and moves around in HRDC courtyard



Patients have ample opportunities to participate in extra learning activities



Patients often do play with informative toys



Patients waiting for their turn for consultations at HRDC



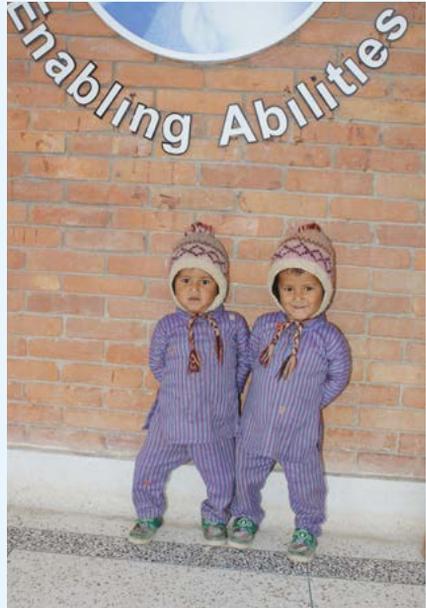
Staff and patients witnessed IDD 2015



Tender loving care by mother prior to surgical intervention



Everyday around 15 admitted patients do benefitted from play therapy



Twin brothers with deformative of Rickets before treatment at HRDC

DONATE AND HELP CHANGE LIVES

How you can help?	New Amount in NRs.	Amount in US\$
Cost of early identification (for scoliosis for example) screening camp for 800 students in nearby schools	40,000	\$400
Fabrication and fitting of ten low cost orthosis for ten children	60,000	\$600
Comprehensive Physiotherapy for ten children for a week at HRDC	20,000	\$200
Cost of one patient's medical & social rehabilitation for the whole year including follow up	120,000	\$1,200
Management of ten clubfoot children below 4 years of age, through Posneti techniques	267,000	\$2,670
Cost of one health and rehabilitation camp of one week duration in a remote district of Nepal	700,000	\$7,000
Cost of one surgical camp (with reconstructive surgery of 10 children in region)	1,200,000	\$12,000

2015: A YEAR OF POWERFUL PROGRESS FOR CHILDREN WITH PHYSICAL DISABILITIES DESPITE THE EARTHQUAKE

It's easy to turn away from the harsh realities that so many vulnerable children from Nepal face problems every day. From medical to social intervention for socialization of the children with physical disabilities in Nepal, your generous support has benefited children with physical disabilities. Your funding and support made a powerful impact.

Contact us:

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P.O. Box 6757, Kathmandu, Nepal

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

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