

**HOSPITAL AND REHABILITATION CENTRE
FOR DISABLED CHILDREN**

2002

T&M

Annual Report



Children become good friends during their stay at HRDC

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

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HRDC regularly takes children on outings to address their need for change.

Message from the Chairman

Dear Friends

Happy New Year 2003!!

Despite the continuous socio-political upheaval in the country, our work both in the Hospital and in the field continued in a satisfactory manner. We of course took sensible precautions to avoid the most troubled areas in our field work in 2002. The increased influx of patients to the Hospital speaks of the confidence our patients have in the Centre's capability and commitment. And all this is possible only with your continued valuable support.



More and more difficult and complex cases continue to present at HRDC and we are facing these new challenges through acquisition of equipment and more training of surgeons. This has got to be an on-going effort, and we will need help for this part of this activity as well.

The sustained and expanded activities of HRDC will require further collaboration both at the national and international level. A continuous effort is made by the HRDC management in this regard. Training has been an important aspect of such collaborative effort.

We thank you all for your continued support of HRDC.

Sincerely,

Dr. Ashok K. Banskota
Chairman, Friends of the Disabled

Working together to identify the desirable common denominators of disability - rehabilitation will help to show us the way ahead, because one human mind cannot contain all the wisdom.

I. SUCCESS STORIES:

Success Story 1:

Nava Raj Rai is a 12 year old boy from Solokhumbu District who has been undergoing treatment at the HRDC now for the past six months. When he was transferred to our Centre from another center both his legs were extensively burnt exposing the infected shin bones.



Nava Raj was baby sitting his younger brother in the cowshed of his farm, while his parents were away at work, when the accident occurred. Both his legs were badly burnt when he fell into the open fire place, which is a constant hazard in most village homes.



The initial treatment in the near by health post was far from adequate. His next treatment was at a district hospital, where again not much improvement occurred. In Kathmandu where he was finally brought, he received initial treatment at a major hospital where he remained for four months. Some healing did occur, but because of the extensive nature of his injuries, he was finally referred to HRDC in the condition shown in the picture above.

At the HRDC, Nava Raj received "Complete" care. His general nutritional status was improved, his functional goals were targeted and the leg ulcers and infection aggressively addressed! The results were nothing short of miraculous.

The smile in Nava Raj's face tells the happy ending of this tragic tale. He is a loving child and a wonderful patient to treat.

Success Story 2

Manju Chaudhari is a 9 year old Tharu girl from the South Eastern Plains of Nepal. The Tharu community had been exploited into bonded labour for their livelihood, and this system has only recently been abolished by law. Manju's life, difficult as it already was because of the social and economic conditions, was a continuous misery because of her severely deformed feet.



Congenital clubfeet come in a wide variety of shapes, sizes and severity at the HRDC. Manju's feet were severely deformed and the treatment needed to proceed one at a time. The left foot was



corrected first in two staged. She stayed at the Hospital for full five months for this initial treatment. The right foot is now being treated. She is currently "wearing" the ubiquitous HRDC ring fixator. Very severe deformities need to be stretched out and stabilized very gradually. Not all children are able to co-operate for this type of extended treatment

with a fixator. However the smile in Manju's face is testimony to the fact that she is very happy with whatever is going on with her treatment at HRDC.

Manju and her parents are ever so thankful to the village school teacher, familiar with HRDC activities, who recommended Manju for treatment with us.



II. INTRODUCTION:

The Hospital and Rehabilitation Centre for Disabled Children (HRDC) in Banepa represents the culmination of the past efforts to establish and improve upon the services to disabled children, begun by Terre des hommes (Tdh) in Jorpati in 1985. In 1992, the Friends of the Disabled (FOD) was established and this organization oversees the activities of HRDC.

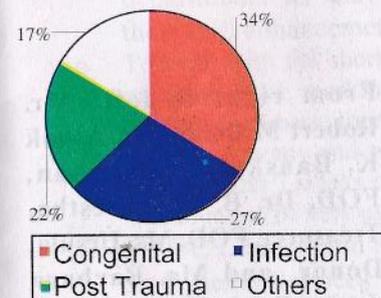


Senior Tdh Team with FOD Board Officials and HRDC Management Team

- (Front row – left to right) Mr. Shankar Malakar (Human Res. and Rehab Manager, HRDC), Mr. Ambika M. Joshee (FOD Official), Ms. Barbara Weyermann (Out – going Tdh Nepal Delegate), Mr. Arun M. Pradhan (FOD Official), Mr. Peter Brey (General Secretary, Foundation of Terre des hommes), Mr. Michael Sidman (Tdh Official), Mr. Krishna P. Bhattarai (Executive Director, HRDC)
- (Back row – right to left) Dr. Bisharad M. Shrestha (Treasurer, FOD), Dr. Ashok K. Banskota (Chairman, FOD), Dr. Ravi Thapaliya (Physiatrist, HRDC – partly seen) Prof. Batuk Rajbhandari (Vice Chairman, FOD), Mr. Reinhard Fichtl (In – coming Tdh Nepal Delegate) and Mr. Phillip Buchs (Tdh Official)

Disability care in Nepal receives scant or little priority because it is not immediately life threatening. A significant degree of the physical disability is preventable, and could be effectively addressed by improving nutrition, hygiene and education. Disability can pose severe burdens on the family and because of the unfriendly physical environment, disabled individuals often are unable to freely participate and contribute in the community.

Prevalence of disability in Nepal has been reported with tremendous variation. Among all types, physical disability is one of the highest. While the etiological distribution was obscure for quite sometime, patients' influx to HRDC has allowed for the conclusions indicated in the pie diagram, regarding the etiology and distribution.



HRDC has continuously contributed to the observance of the right of the disabled children to special care providing quality reconstructive surgery and rehabilitation at Hospital Complex in Banepa with follow-up in the field to facilitate social integration in their own community.

III : A BRIEF HISTORICAL ACCOUNT OF MAJOR EVENTS FROM 1998 – 2002

1998 - A Year of Consolidation

- **Dedication from the Senior Team:**
 - The challenges presenting to the leaders of the HRDC, following the termination of services at Jorpati in 1992 and the difficulties encountered during the interim phase at Dhobighat, led us to make long term plans to firmly establish services for a complete and comprehensive rehabilitation of the musculo-skeletally disabled children of Nepal. Responsibilities to realize this lofty goal were jointly shared by the Chairman, FOD, the then Tdh Delegate and the Director of HRDC. The impossible became possible through the generous support from many organizations and individuals and the new premises were formally inaugurated by His Late Majesty King Birendra on April 17, 1998.

- **Management and Administration:**

- His Late Majesty decorated the Chairman, FOD; Director, HRDC and Physician Assistant, HRDC for their contribution to disability care and rehabilitation of physically disabled children of Nepal. The Late King also decorated two dignitaries from the Scouts of Luxembourg and the then Tdh Delegate to Nepal for their valuable contribution to HRDC.
- Director, HRDC became National Coordinator of CBR National Network Nepal by election for a period of two years.
- Robert Millman, Tdh Delegate finished his 8 years of tenure of service in Nepal. His contribution to the establishment of HRDC was outstanding. Ms. Barbara Weyermann became new Tdh Delegate



From right to left: Mr. Robert Millman, Dr. Ashok K. Banskota, Chairman, FOD, Dr. B. M. Shrestha, Treasurer, FOD, Ms. Ursula, Donor and Ms. Barbara during Rob's farewell.

- Administrative Manager's post was made redundant. Medical Manager's post was created and Administrative Secretary was upgraded.
- Software for Medical Records developed in FoxPro.

- **Partnership:**

- Families have the biggest stake in the rehabilitation of their children. HRDC has thus worked out a system of financial partnership according to which minimal charge was levied for treatment and rehabilitation. This has led to a strengthening of the patients and program (HRDC) partnership. Even a token payment for services rendered leads to increased commitment to see through the treatment process which is by far long and challenging. Patients and their families value the services more than before.

- **Quantitative Achievement:**

- Gradual withdrawal of Tdh, the first and primary donor created a gap in the funding; seeking alternative sources of funding became necessary.

- Planning was begun to start Masters Program in Orthopedic Surgery in the near future in collaboration with B & B Hospital. A proposal was sent to Katmandu University for their review.
- Pending the full use of multi-purpose house as spine assessment and training centre, full bed capacity was operational only from November 1998

- **Training and Education:**

- Basic Training on Rehabilitation was conducted for 7 participants from different organizations.
- CBR Workers were placed in different departments as part of their skill enhancement.
- To cope with the shortage of field level workforce, piloting for a basic training in physiotherapy and rehabilitation was begun. It was a 12 week long intensive training with 7 weeks of theoretical and 5 weeks of practical work. The Training was found to be very useful by the participants.
- HRDC Library cum resource centre was established
- In-Patients Services Coordinator and Resident Doctor participated in the Orientation of TB drug monitoring approach, DOTS and TB Control.
- HRDC focused more on the orientation training and education for other organizations (SCF – UK, UMN, etc.).
- Orthopaedic Workshop staff attended "Anesthetic Foot Management" workshop at Anandaban Hospital.

New technology, just like new information, always sounds like static until you break the code.

- **Finances:**

- There was 20% shortfall in the operational cost which was covered by the strict monitoring of expenses and more fundraising initiatives.
- The System of cost partnership was introduced to clients, according to which clients are supposed to contribute, if they can afford, a nominal cost of treatment and rehabilitation. The contribution amounted to 1,261,127 rupees. For those unable to afford this, HRDC covers 100 % from its own resources and Disability Fund
- Tdh contribution was S.Fr.400,000.- which was 80% of the total expenditure projection (= S.Fr.499,647.-)
- American Himalayan Foundation also started contributing to the operational cost of HRDC.
- Christoffel Blindenmission, a German based NGO with its regional office in India started providing support to HRDC.

1999 - A Year of Education Initiatives and Quality

- “Post Graduate Training Program in Orthopedic Surgery” was started by Kathmandu University. HRDC became one of the two training centres for the Program.



Dr. Ashok Banskota discussing with junior Doctors about a case in the operation theatre.

- After positive conclusion reached from the Pilot Training Program in 1998, the first **Basic Training in Physiotherapy and Rehabilitation** to produce Physiotherapy Technicians was started. The Training imparted basic skills very useful for the field workers in “Primary Rehabilitation Therapy”.
- **HRDC’s Evaluation:** An independent team deployed by Social Welfare Council evaluated HRDC’s work from 1993 – 1997. The Team looked into technical, institutional and financial aspects. The Team evaluated the services being provided by HRDC of very high quality and recommended for its continuity.
- A total of 8250 consultations were provided – 1064 were new patients and the rest were follow up cases.
- Considering the influx of new cases of burn contracture, another plastic surgeon (Dr. Shankar Man Rai) was added in the Team for quality input.
- A pediatrician was added to the Team. The Pediatrician’s visit was organized initially for two days in a week and later on only one day per week.
- 348 patients completed treatment
- A barrier was constructed in one corner of the ward for infected cases.
- External Ring Fixator Technique was very successfully implemented.
- Average patient’s stay remained at 29 days which was less than 7 days in 1998.
- The volume of major surgery increased by 6% compared to 1998.
- The Physiotherapy Department started to function seven days a week to cover the increasing workload. This also helped in the delivery of quality services.

- **Assistive Devices:** Average monthly production of assistive devices remained at 134 appliances which was very good considering the fact that the Department was understaffed for the whole year.
- **CBR Department:**
 - The Department focused more on increasing participation in disability awareness through CBR Workers.
 - Jhapa was included in the CBR coverage and a CBR Worker was hired and trained for this.
 - CBR Worker from Sindhupalchok resigned. The district was covered from the centre as it is not very far from the Hospital.
- **Training and Education:**
 - 17 candidates from different organizations successfully graduated from the 3-month long Physio Technician Training. Two of them were hired at HRDC for further training and employment.
 - The following staff participated in Training and Seminars / Conferences:
 - Assistant Educator participated in Dyslexia and Learning Assessment training organized by Inter-School Activities Forum
 - Training In-Charge and CBR Coordinator participated in the Social Communication Workshop conducted by CBR National Network Nepal
 - Hospital Manager and CBR Coordinator participated in the NGO Coordination Conference jointly organized by CBR National Network Nepal and Social Welfare Ministry
 - Training In-Charge participated in a 3-day long Training Planners’ training in Sano Thimi.
 - Assistant CBR Supervisor participated in the Portage Training conducted by South Asian CBR Network, Bangalore, India.
 - Physiotherapy Staff participated in a workshop in Clinical Physiotherapy in Patan Hospital
 - Three Nursing Personnel attended a one-day conference on Nursing Education at Dhulikhel Hospital
 - The following trainings were organized in-house
 - Middle Level Managers’ Training and Communication Skill Workshop.
 - Logical Frame Work was introduced by Terre des homes to Executive Management Team members, Board Officials and Middle Level managers. This was a 3-day long training cum workshop.

- **Finances:**
 - Some revenue saved from the year was earmarked as endowment
 - Line Managers were made responsible for petty expenses
 - A General Asset Record was created in accordance with the feedback of the external Auditor.
 - Disability fund was used for those who could not pay. So nobody went back without receiving services from HRDC.
- **General:**
 - Based on the work requirement in the X-Ray development, the X-ray Technician's involvement was reduced to 3 days a week only with the possibility of increasing the work days when required.
 - Medical Manager and Administrative Secretary were respectively upgraded to the Head of Administration Department and Hospital Manager.
 - Anesthetic Assistant quit his job.
 - Liaison Office was closed and the Assistant Secretary was transferred to Banepa.

2000 - A Year of Institutional Strengthening

- The concept of **Assessment Team** was reviewed and implemented for quality work. Giving consideration to patient's family opinion on intervention options, the role of all members of the Assessment Team was also re-evaluated.
 - 8588 consultations were given (5163 children benefited)
- **Follow up cases** coming to the Centre decreased as a result of various factors, including patient - family education, interaction and improved collaboration with the communities and other organizations.
- **Major surgery** increased by 15 % compared to 1999.
- **Scoliosis** cases are difficult to treat and rehabilitate anywhere in the world. HRDC started to implement its spine program with the support from the "All Together Now International" group.
- **Community Based rehabilitation (CBR):**
 - Regular field follow up by CBR Workers was 3128 patients in 28 districts.
 - A total of 2130 patients from 43 districts received services from the Health and Rehabilitation Mobile Camps.
 - In coordination with the Tdh Nepal, a survey was carried out in Chitwan and Kapilvastu Districts with the support from the Special Education Department to identify the comparative impact and efficiency of the health and rehabilitation mobile camps and home visit program.

- **Appliances:** The Department fabricated a total of 1664 assistive devices in the year and 1145 children benefited from it. The average fabrication was 139 appliances per month which was 4 % higher than that in 1999.
- **Physiotherapy:** 4486 visited the department – 1331 were new cases needing thorough assessment.
- **Training and Education:**
 - **Basic Training in Rehabilitation** for CBR Workers / Facilitators, responsible for primary rehab therapy: 6 received training in 2000
 - **Basic Training in Physiotherapy and Rehabilitation:** 13 candidates successfully completed the training. It is a 3 month long intensive training with theoretical as well as practical exposure.
 - **In-house Training:** A week long training in practical management, report writing, supervision and communication was conducted in-house. Also practical computer training in word processing was conducted to middle level managers.
 - **HRDC staff participated in the following training:**
 - Awareness against child abuse – Hospital Manager (2 days)
 - Strategic and operational planning – Director (2 weeks)
 - Lower Leg Amputee Management Training. – One Physiotherapy Assistant (4 days)
 - Painting and Handicraft Training – Assistant Educator (6 days)
 - Project Management – Hospital Manager (2 weeks)
 - Vitamin A Workshop – In-Patients Service Coordinator (2 days)
 - Immunization Refresher Training - One Auxiliary Nurse Midwife (2 days)
- **Administration and Management:**
 - A Partnership agreement covering the period of 1999 – 2001 was signed with Tdh for a contribution of about 30% of the total annual resource requirement.
 - HRDC became a voluntary member of NGO Coordination Committee in Kavre District
 - Vision, Mission and Strategic Objectives for FOD / HRDC were developed collectively.



Board Officials with HRDC Staff discussing to develop the Business Plan

• **Finances:**

- Recovered 2.3 million rupees from partnership contribution
- Sixty patients benefited from the disability fund amounting to Rs.13,775.- HRDC waived an amount of Rs.475,285.- for 347 children.
- Some saving from this year was also earmarked as endowment.
- Internal Auditor was appointed.

2001: A Year for Retrospection, Awards and Achievements

- Total staff evaluated HRDC's performance in 2001. They rated HRDC performance very well.
- **In-Patients Services:** A total of 765 patients were admitted in the Hospital. 1174 surgeries were carried out in 2001. Bed occupancy remained at 72.3%.
- **CBR Department** was functional in 28 districts. Outreach services were re-organized in November and December due to worsening internal conflict in the country.
- **Physiotherapy:** The Department assessed 1269 in-patients and 3260 out-patients
- **Training and Education:**
 - Counseling Training was given to more than 70 staffs that come into direct contact with patients and their families.
 - Two orthopedic surgeons participated in International Conferences (Japanese Orthopedic Association meeting in Okinawa and Japanese Arthroscopic Association in Sapporo).
- **Environment Minister of Luxembourg and senior FNEL – ONGD Officials** visited HRDC. They were highly impressed with what they observed.
- **Medical Records:**
 - Medical Records In-Charge (Bhim Subba) reviewed all files from the very beginning. The following were the results:
 - On average 20 new files were added in the Records every day.
 - Nearly 50 new files increased with each mobile health and rehabilitation camp
 - 45% of patients were found fully rehabilitated in CBR Worker regions whereas it was only 11% in non-CBR Worker region. This was an indication of the importance of follow up care.
 - Patients missing follow – up or contact with HRDC for 3 years and more were defined as "Lost". Of the lost cases, only 35% were from CBR worker regions whereas it was 84% in non-CBR Worker region.
- **Prosthetic Orthotic Department:** Lower Limbs orthotic and prosthetic training was conducted by Handicap International Technician for HRDC as well as staff from other organizations participated.

• **Resource Mobilization / Finances:**

- 17% contribution was received from local sources and 83 % from institutions abroad.
- Income – expenditure was reached to break even
- Strategic actions / program briefings were in focus for sustainability
- Dr. Ravi Thapaliya, Physiatrist was added in the Team, thus increasing the capability of the Team.
- Teaching and Projects Abroad, a UK based organization began collaboration with HRDC. Through the collaboration, students spent time at HRDC (several weeks on average) before returning home to embark on a career.
- **Dr. Ashok K. Banskota's service** to the needy was **recognized** by St. Xavier School and Bhupal Man Singh Karki Foundation
- **"Tulsi Mehar Social Service Award"** was given to FOD / HRDC in recognition of its outstanding service to the community.
- **Anniversary** celebration went very well.
- Dr. Ashok K. Banskota established the **"Narayan – Rama Children's Education Fund"** in memory of his father's interest in education.

2002: A Year of Service Accessibility

IV. OPERATIONAL MONITORING

Outcome: HRDC has provided quality care in the Hospital Complex in Banepa

A). Medical Services:

The Hospital has seen an unprecedented increase in the influx of new patients every year. Number of new patients seen in the outpatient department in 2002 was 1584 which is 3.6 % more than in 2001. 992 patients were admitted, 29.7% more than 2001. This increase was mainly due to the improved system of managing patient flow and allowing admission.

In total, 1363 surgical interventions were carried out in 2002 which is 16.1% more than in 2001. Major surgery increased by 39.8%. The surgery was conducted in all the major subspecialties of orthopedic surgery including the spine. HRDC is working to further develop the treatment of spinal deformities (e.g. scoliosis, etc).



Doctors in Surgery

Since the inception of the Program in September 1985, a total of 15,482 physically disabled children have been served as of December 2002.

B). Orthopedic Assistive Devices:

The workshop of HRDC has fabricated 1,846 assistive devices. This fabrication is 7.3% more than in 2001. Two of Prosthetic Orthotic Technicians returned to work at HRDC after completion of a two year training in Peshawar, Pakistan. Another orthopedic technician is undergoing a one year long training in prosthetics and orthotics with Mobility India, Bangalore under the financial help from Handicap International.



Prosthetic Orthotic Technician in action

C) Physiotherapy:

The BTPR was conducted in the second half of 2002 for 18 new persons from different organizations. The department also carried out 34,750 physiotherapy sessions for in- and out-patients (an average of 132 sessions / day). The number of sessions in total including those for conservative cases increased by 8.6 % compared to 2001.



Physiotherapy Technician at HRDC treating and counseling a patient and his guardian

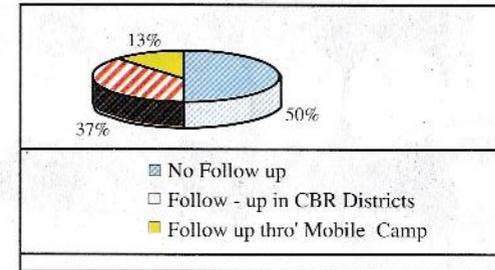
D). Completion of Rehabilitation:

In spite of the increased influx of patients, only 288 cases were closed. It has to be taken in mind that for many cases, rehabilitation process takes years and for some it is life long.

E). Community Based Rehabilitation (CBR) / Follow – up Activities:

Outcome: 60% of patients had access to follow-up care in the field

The pie chart below shows the need for field level collaboration to increase follow up coverage as much as possible. Follow up treatment (including mobile camps) provides services to a little more than 60% of the total patients. As follow up complements the intervention made at the Centre (reconstructive surgery, physiotherapy, etc) and helps to maintain gains, much is at stake without adequate follow-up care. Follow up coverage has been a tougher challenge for HRDC.



Patients were regularly followed in the 22 CBR districts and assistance is provided for continuing the activities (such as primary rehabilitation therapy, use of appliances, etc.) to reach rehabilitation goal. A total of 3706 patients are being regularly followed in CBR districts compared to 3380 in 2001.

Field level collaboration is being carried out for mobile camps and other follow up activities including clients' costs: Banke and Makawanpur – Plan International Nepal, CBR Palpa, Sarlahi - Prerana, Parsa (Birganj) – Relief Society of Commerce, UMN, Bajra Foundation (Sindhupalchok.)

Flexible approach was adopted to deliver rehabilitation and outreach program services to cope with the disturbances created by the political unrest: Relocation of CBR Workers (Facilitators), shift of mobile camps to more safe and central locations, roles of CBR Staff redefined, etc.



Refer physically disabled children under 16 years of age to HRDC and get them intervened in time so their functional independence is restored to the fullest possible



CBR Team after the annual meeting

Front row – left to right: Basu Dev Joshi, CBR Facilitator (CBR/F), Yoga L. Shrestha, CBR/F, Nitra Deuja Asst. Supervisor, Yogendra Basnet, CBR/F, Shyam Pokhrel, CBR/F, Tok Bdr. Lama, CBR/F, Hari Tamang, Asst. Supervisor, Madhu S. Adhiakri, CBR/F, Ganga R. Mahato, CBR/F, Shankar Malakar, Human Res. and Rehab Manager

Back row – Right to left: Tej P. Bastakoti, CBR/F, Rudra Sapkota, CBR/F, Damodar Pandit, CBR Coordinator – (left HRDC from 2003), Chandra P. Bhattarai, CBR/F (transferred to Domestic Services), Laxman Thapa, CBR/F, Bhairab Pyakurel, CBR/F, Keshav Bastakoti, CBR/F Jeevan K.C., CBR/F (currently working at the Hospital as Secretary), Bam Bdr. Khetri, CBR/F, Nati B. Bhatta, CBR/F, Hira K.C. CBR/F

F. Human Resources:

The person In-Charge of Training and Education Department left HRDC due to his personal reasons. Through internal competition, we have selected one of the Asst. Supervisors of CBR Department to work as Training Instructor / Logistician. Major training and education activities of 2002 have been summarized below:

Training and Education: Apart from on-going routine Thursday and Friday sessions for all staff, awareness as well as educational recreational activities for patients, HRDC staff participated in the following training / workshop / seminar and education activities at different dates of 2002:

- 1) HRDC, Executive Director participated in the Fund raising Workshop conducted by the South Asian Fund Raising group.
- 2) Manager of Fundraising and Finances participated in a week long workshop on “Developing Project Proposals” conducted Education and Language and Development (ELD) Organization
- 3) Two CBR Facilitators participated in the CBR Supervisors Training organized by the CBR National Network Nepal.
- 4) The Training Instructor participated in a day’s orientation session on “Reproductive Health Services” conducted by ADRA.
- 5) Two senior staff attended a one day workshop on “The Role of Mass Media in Creating Awareness in Disability Issues”.
- 6) HRDC, Executive Director attended a 3-day workshop on “Organizational Assessment Tool” conducted by Handicap International.
- 7) Head of Physiotherapy Department attended a two day workshop on the development of curriculum in physiotherapy organized by Council for Technical Education and Vocational Training.
- 8) Orthopedic Technician has joined a-one year long training in Mobility India with financial support from Handicap International (HI). HRDC is thankful to HI for the support.
- 9) CBR Coordinator participated in the two day workshop on “UN Standard Rules on Equalization of Opportunities for Persons with Disabilities”.
- 10) One physiotherapy staff participated in a two day long continued medical education conducted by Nepal Physiotherapy Association in Pokhara.
- 11) Under the skill exchange, Head of Prosthetics and Orthotics Department, HRDC worked in Green Pasture Hospital, Pokhara for 2 weeks.
- 12) Three HRDC staff participated in the national conference of CBR National Network Nepal.
- 13) Orientation Training on Community Approach in Handicap and Development was conducted for staff in January 2002.
- 14) 18 candidates from different organizations participated in the three month long Basic Training on Physiotherapy and Rehabilitation from July to October 2002.



- 15 Child Abuse and Code of Conduct: Tdh Program Officer and Human Resource / Rehab Manager worked in phases to sensitize staff child abuse issues and develop a Code of Conduct shared by all staff. The process is still going-on and will be finalized in the first quarter of 2003.
- 16 The First All Nepal Prosthetic Orthotic Conference was jointly conducted by HRDC and Handicap International from September 9 – 10, 2002 focusing on mapping of needs and expertise so that assistive devices service accessibility could be improved throughout Nepal. With the purpose of continuous exchange of skill, knowledge and experience, and promote availability of quality assistive devices through better decentralized coordinated systems. All 11 organizations working in appliances production participated in the Conference. An Adhoc Committee has been formed to formulate a constitution and formally organize the forum.

- 17 Two trainings in prosthetic orthotics were conducted at HRDC with experts from Handicap International (HI). The trainings were significantly important in the light of the fact that we have been trying to develop HRDC Appliance Department to a National Resource Centre on Prosthetics and Orthotics. Thank you HI Nepal for assisting us in this matter.



Mr. Amadou, the Prosthetic – Orthotic Expert from Handicap international providing training at HRDC.

G). General Administration and Management:

1. Resource Mobilization:

Outcome: *Resources have been mobilized and utilized efficiently*

The following activities took place for optimum use of available resources:

- As per the schedule, the Physical Verification of all HRDC assets was carried out in the beginning of the year.

• Briefing Programs:

- The German Ambassador and representatives of organizations affiliated to the German government and non-government bodies were invited over for briefing on the HRDC activities. The German Embassy pledged an amount of Rs. 2,50,716.- to purchase a Diathermy machine.



His Excellency Rudiger Lemp is being welcomed by a child at HRDC

- The Ambassador of People's Republic of China informally visited HRDC.
- The Ambassador of Australia also visited HRDC informally.
- American Ambassador also visited HRDC and inaugurated the First All Nepal Prosthetic Orthotic Conference on September 2002.
- A delegation from the China Association of the Blind and UNICEF / China visited HRDC.
- Financial Partnership is being implemented routinely. The decision of increasing optimum range of partnership contribution has yet to be worked out and implemented. However for genuinely poor clients, charitable financial coverage is made available up to 100% through HRDC's resources including Disability Fund for which staff, Board members and others have voluntarily contributed.
- To focus more on fundraising and resource mobilization, a Fund Raising Department has been established and will function from 2003.
- A project on Reproductive Health / Responsive Parenthood worth US \$ 30,000.00 is being implemented from January 2003 which will integrate Reproductive Health services to field activities. This is supported by Rotary Club of Kathmandu Mid -Town and UNFPA.
- Volunteers from Teaching and Projects Abroad, UK are being attached to different departments. The purpose is to expose them to the discipline of their interest in which they eventually develop their career. The volunteers' registration fees received in 2002 amounted to Rs. 297,593.-
- There is slight decrease in per patient cost in 2002 compared to 2001.

2. **Policy Review and Approval:** HRDC Management periodically reviews Policies of the Program formulated and approved by the Friends of the Disabled in 1993. The review aims to make the Policies / By-laws simple and practical based implementers' feedback.

• **Personnel and Administrative Manual (PAM):**

- In 2002, the Executive Management Team reviewed the Policies, presented the amendments to the Board and got approval with some suggestions. The revised PAM will be in effect from January 2003.

• **Financial Rules and Regulations (FRR):**

- Similarly, FRR was also reviewed, amendments presented and approval received from the Board. The revised FRR will also come into effect from January 2003.

3. **External Resources**

Ms. Barbara Weyermann, the Tdh delegate participated in the regular meetings of the Executive Management Team. She also supported the revision of the monitoring system, gave ideas on fundraising events and development of CBR program. She finished her four years' term of office in November 2002.

Thank you Barbara for your valuable contribution to treatment and rehabilitation of children with physical disability and the sustainable development of HRDC.

Also we welcome Mr. Reinhard Fichtl, the successor of Ms. Barbara Weyermann to be part of HRDC team.

Mr. Bruce Moore, the AHF / Nepal Director participated in the discussion of HRDC's senior staff and Executive Board Members of the Friends of the Disabled for the development of the Strategic Fundraising Document for HRDC and in the "end of the year gathering". Thank you Bruce for all the contribution we have been receiving from you and the AHF.

4 **Material Resources (Major)**

- Acquisitions of machines / equipment to furnish the 4th Operating Theatre from the amount contributed by **Mr. Mike Klien, Lawyer**. HRDC / FOD are very thankful to you Mike for the support. This has enabled us to reduce the list of patients waiting for surgery.



Mr. Klien with Dr. Banskota during his visit to HRDC

- **Danielle Fund:** Ms. Helma van der Hoven from the Netherlands, one of volunteers from Teaching and Projects Abroad, UK contributed her valuable services to HRDC for more than six months on two occasions. Her dedication and willingness to be involved in all sorts of activities related to the children at HRDC made a profound impression on us all. She was very serious about seeking financial support for HRDC and turned her desire to reality by facilitating the contribution of 11 million rupees from Danielle Fund for HRDC. Thank you very much Helma for your exemplary services and your love for HRDC and what it represents.

Helma, please accept our heart felt-appreciation from all of us at HRDC / FOD and relay the same to all your relatives and friends of the Danielle Fund back in the Netherlands.

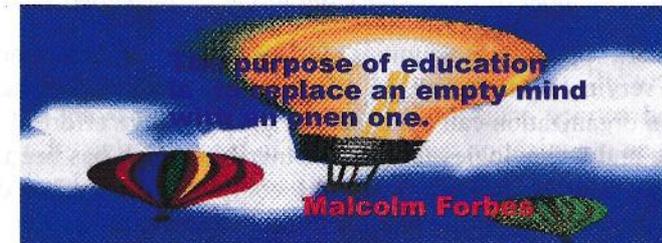
**Ms. Helma van der Hoven
with Asst. Educator at HRDC**



5. **Financial Resources**

Summary of income and expenditure analysis from the Accounts Section, HRDC is included in this report for your information. Every year formal audit is organized within the 1st quarter of the subsequent year. Major highlights are indicated below:

- **Institutional donation** was pledged by the organizations as promised. The contribution from the Austrian Round Table is yet to be received.
- **Local Donation:** Despite the set target of 15%, we achieved only 7% Reason: The target was set high; less fund raising events were organized
- Only 1.2% was accrued from **Bank interest** out of a target of 3%.
- **Clients Partnership:** Target was 9%, but achieved only 6.7 %. Reasons :
 - Implementation of "adjusting the optimum contribution limit of the cost recovery system" is still pending.
 - The target set in 2002 was high.



• **Revenue and Expenditure Summary:**

SN	Revenue Sources	Total
A	Institutional (Foreign) Contribution	39,382,725.02
1	M/S Terre des hommes	13,137,878.40
2	M/S American Himalayan Foundation	14,095,200.00
3	M/S Christoffel Blindenmission	1,088,619.44
4	M/S Danielle Fund	11,061,027.18
B	Local Donation	2,975,026.15
1	Social Welfare Ministry	200,000.00
2	Plan International Nepal	270,190.00
4	Embassy of Fed. Republic Of Germany	250,716.40
5	Cash Donation	1,629,656.88
6	Goods Donation	60,000.00
7	Training Fees	564,462.87
C	Endowment returns	457,692.63
D	Clients' Partnership	2,657,468.59
E	Miscellaneous Income	296,076.00
	Total	45,768,988.39

Note: Miscellaneous income includes reimbursements.

Total Income	45,768,988.39
Total Expenditure (Outstanding payment included)	39,590,749.49
Saving	6,178,238.90
Grant for PG Scholarship (AHF)	770,000.00

- 6 **Agreement:** The project agreement of the Friends of the Disabled with Terre des hommes was signed for 2002 – 2004 in the presence of Member Secretary of Social Welfare Council.
7. **Networking and Benefits:** HRDC Director finished his 4 years' tenure of social work with the CBR National Network Nepal. Representing HRDC / FOD, he was elected as the National Coordinator of the Network. HRDC / FOD is still a member of Executive Committee of the Network.

The Network opens opportunities for exchange of information and for improved service accessibility. In addition to improving contacts inside the country, an organization can contribute to the collective effort of sharing skill, knowledge and technologies through partnership which has been a mandatory approach to comprehensively tackle the complex problems of disability and rehabilitation. HRDC contributed to the Network as much as it could.

- 8 **Our Strategy for sustainability** continues to focus on improved resource mobilization, additional fundraising work both nationally and internationally and development of human resources, for leadership roles of the future.

HRDC will continue its effort to convince member of our community to contribute towards HRDC activities regularly. We take this opportunity to thank Dr. Yadav P. Pant and Mrs. Pant who contributed Rs.60,000.- to HRDC in 2002 and has expressed their willingness to making yearly contributions in the future.



Dr. Yadav P. Pant & Mrs. Pant

9. **Support from the Luxembourg Scouts:**

Even after the massive contribution towards the cost of the construction of the HRDC Complex, Banepa during 1995 - 1997, the Scouts (FNEL – ONGD) have kept on supporting HRDC. FOD/HRDC is very thankful to the FNEL – ONGD for their generous assistance to HRDC's work. The Projects they supported in 2002 have been summarized below:

• **Voltage Stabilization:**

Every day the fluctuation range of the power from the main transmission line (11000 KVA) is very large. This had resulted in the damage of the costly equipment at the Hospital. So, on our request, FNEL – ONGD financed the purchase and establishment of the **Voltage Stabilization Unit** at the Hospital. No incidence has occurred since then indicating that the safety has improved.



Maintenance staff with the supplier's expert during the establishment of the Unit

• **Sewerage System:**

A large safety tank was constructed from the financial support of the FNEL – ONGD to stop the overflow of waste and stop the potential health hazards in the community.

• **Operation Cost:**

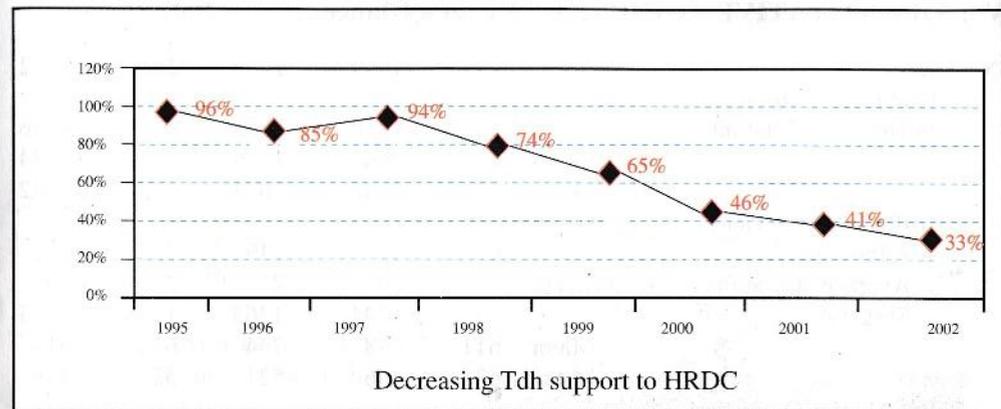
The FNEL – ONGD also assisted HRDC for the surgical cost of 50 physically disabled children.

- **Accessibility:**

All services being delivered to patients from the Hospital are physically accessible after the construction of the ramp leading to the “Training and Education Hall, Library” and the “Rehab and Overflow Ward”. This project also received financial support from the FNEL – ONGD.



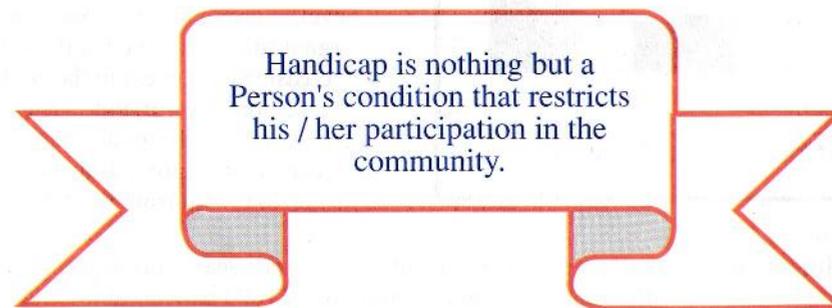
The Ramp starts almost from the point in the ground floor where the Financial and Fundraising Manager (Aruna) is standing and leads one around to the Training Hall, Library and Overflow – Rehabilitation Ward in the second floor.



Instead of supporting day-to-day, Tdh has focused on capacity building of HRDC: strengthening of management systems, reorganization of the outreach system, fundraising strategies to diversify donors and increase income generation by the program. The strategy for HRDC’s viability depends on

- Efficient mobilization of resources and control the cost per patient
- Increase in the local revenue including from the Hospital resources
- Diversification of donors both individual and institutional
- More local collaboration and partnership
- Strengthen the Fundraising activities.

Over the last four - five years, HRDC has developed a clear vision and strategy for its development and has been successful in increasing resources. The management has become increasingly self-confident. The hospital is widely accepted as the leading referral center for children with a physical disability in Nepal



IV : SUSTAINABLE EFFORT – AN OVERVIEW:

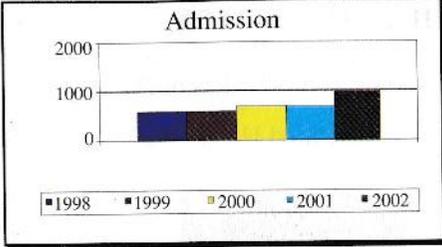
Despite the political unrest (which hopefully will now be history!), the increased flow of new patients’ in 2002 has kept us busy. This is no doubt indicative of the confidence the patients and their families have in our Centre.

With the shift in policy and priorities of Terre des hommes (our primary and single donor till 1995), the Hospital and Rehabilitation Centre now receives only partial funding from this old valued partner. Terre des hommes has indicated its interest in partnering with us in more non-hospital based disability care related work. It has also pledged its commitment to further strengthening of management systems, reorganization of the outreach program and the development of the fundraising strategy. And the Friends of the Disabled has been successful in garnering additional financial support to meet the on-going needs of HRDC. The following line graph shows decreasing dependence of HRDC on Terre des hommes over the past eight years.

V : QUANTITATIVE ACHIEVEMENT at a Glance: 1998 – 2002

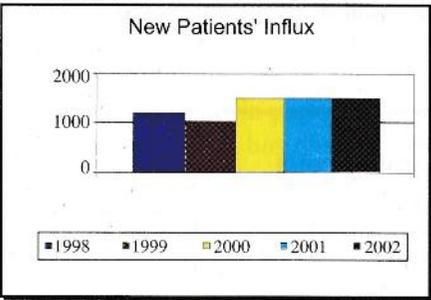
SN	Areas	1998	1999	2000	2001	2002
1	Out-Door Patients					
	Total Consultation	9202	8250	8588	8150	8086
	New patients	1271	1064	1513	1529	1584
	Follow up	7931	7186	7075	6621	6502
2	In-Patients Services					
	Admission	623	641	739	765	992
	Average stay at the Hospital (days)	36	29	21	22	19
	Surgery	1246	1244	1265	1174	1363
	Major	611	648	744	654	914
	Minor	635	596	521	520	449
3	Prosthetics Orthotics					
	Assistive Devices (ADs)	1539	1676	1700	1721	1846
	Patients benefited from ADs	1030	1085	1145	1128	1221
4	Community Based Rehabilitation					
	Home visits	5939	5521	5778	5332	4317
	Regular follow up coverage	2540	2830	3128	3380	3706
	Patients seen in Camps	2052	1767	2125	1557	1272
5	Physiotherapy					
	Physiotherapy Assessment	4488	4504	4486	4529	4917
	Physiotherapy Sessions	18506	24107	33055	31991	34750
6	Total patients under follow up	5791				9951
7	Files closed	474	348	449	1105	288

- improved medical team work and the aim of reducing the waiting list.
- Demand of assistive devices is increasing at an average rate of 3.6% per year and accordingly beneficiaries are also increasing.
 - Despite the fact that CBR Facilitators (Workers) and number of districts they regularly follow up have been respectively reduced to 15 from 18 and 22 from 30, the number of patients in regular follow up is increasing. Patients seen in health and rehabilitation mobile camps have decreased as a result of the political disturbance in the country. We have started following demand driven approach to run camps. Community requests for the Camps and we organize to address the demand.
 - Cycle (session) of physiotherapy treatment is increasing which will bring quality in the work of HRDC.
 - The number of patients under active follow up was 5791 in 1998 whereas the number reached 9951 by the end of 2002. Thus the increase was 14.4% per year. This explains the need for increased resource requirement. The solution for this also lies in the empowerment and involvement of the family / community through a collaborative approach. The approach will not only reduce costs but also transfer responsibility to the family and the community.
 - Total files were thoroughly reviewed in 2001 and closed after taking the last necessary action.



Discussion:

1. **New patients' influx** is increasing at an average rate of 6.2% per year whereas follow up patients' number is dwindling down as expected at the rate of 3.8%. Changing political situation, service delivery in the community level, growing number of local organizations involved in disability and increasing awareness in the community are responsible for this change. Also, decrease in hospital stay is the indicator of improved quality of work which is visible from the data tabulated



above.

2. **Admission** is increasing at average rate of over 5% per year. This is going according to the 3-year plan of reaching the annual admission to 1000 patients at the end of 2004. Also major surgeries are increasing at an average rate of 11.8% per year. The result is

VI. QUANTITATIVE TARGETS for 2003

- Assessment
 - New patients = 1620 (29% from femote VDCs)
 - Follow up = 7000
- Admission = 1000
- Surgery
 - Major = 1000
 - Minor = 480
- Physiotherapy
 - New:
 - In = 936
 - Out = 816
 - Total influx:
 - In = 1560
 - Out = 3660
 - Sessions = 37380

- CBR
 - Home visits = 2990
 - MC Rnds/Pts = 11/2750
 - Schooling = 90%
 - Collaborate = 12 MCs
- Appliance:
 - Number = 1800
 - Patients = 1400
- Resources:
 - Organization = 85%
 - Local Contribution = 10%
 - Individual Contr. = 5%
 - Pts Cost 10% less of 02

VDC = Village development Committees, Rnds= Rounds, Pts = patients
MC(s) = Health and Rehabilitation Mobile Camp(s), Contr. = Contribution

VII : CONCLUSION:

Dear Friends / Partners,

Belated Happy New Year 2003!!!



HRDC is going through its adolescence and we still have much to learn to provide better treatment to the increasing influx of children with physical disabilities. The Centre continues to make slow gains. And all this is possible only through dedicated teamwork, which is our hallmark. We thank every one of you for your kindness to our needy children, and we hope that you will continue to be with us in this partnership for many years to come!

Visiting Medical Faculty:

1. Prof. Jwala Raj Pandey, Professor and Consultant Orthopedic Surgeon
2. Dr. K. D. Joshi, Consultant Plastic Surgeon
3. Dr. Dujun Prasiko, Anesthetist
4. Dr. Shankar Rai, Plastic Surgeon
5. Dr. Babu Kaji Shrestha, Orthopedic Surgeon
6. Dr. Ishor Pradhan, Orthopedic Surgeon
7. Dr. Abhiram Singh, Orthopedic Surgeon
8. Dr. Saroj Rijal, Orthopedic Surgeon
9. Dr. Triratna Man Tulachar, Anesthetist
10. Dr. Basanta Mathema, Plastic Surgeon
11. Dr. Sri Krishna Bharta, Anesthetist
12. Dr. Imran Ansari, Pediatrician
13. Sister Krishna Shrestha, Anesthesia
14. Sister Hari Maya Gurung, Anesthesia

Also the contribution from other team members below is equally important in the smooth functioning of HRDC Activities:

Supporters of System Maintenance:

1. Mr. Mani Nath Paneru, Consultant Bi-Medical Engineer
2. Mr. Gyanendra Shrestha, Prosthetic Orthotic Expert
3. Mr. Surendra Mathema, Incinerator Expert
4. M/S Integrated Computer System
5. Ms. Sajani Amatya, Teaching and Projects Abroad

Institutional Donors / Partners / Contributors:

We cannot praise more for the invaluable support from the Institutional Donors / Partners / Contributors. Without your support, HRDC would not be in the situation it is now:

1. M/S Terre des hommes
2. M/S American Himalayan Foundation
3. M/S Christoffel Blindenmission
4. M/S Austrian Round Table
5. Danielle Fund c/o Helma
6. M/S FNEL - ONGD (Luxembourg Scouts)
7. M/S All Together Now International
8. M/S Handicap International

In addition, I really appreciate the relentless support and priceless contribution from all of you who I have missed the names of, which include:

- Both national and international individuals and organization
- The Local NGOs, INGOs and UN Agencies functioning in collaboration with HRDC for mutual undertaking on rehabilitation of children with participation restriction
- All HRDC clients and stakeholders for resource partnership for the right cause of comprehensive rehabilitation of children with participation restriction.
- All Executive Management Team members and HRDC Staff for exemplary commitment and smooth delivery of professional and high quality treatment / rehabilitation services.

Thank you very much!!

Sincerely

Krishna Bhattarai
Executive Director
HRDC

**What lies behind us and what lies before us are tiny matters
compared to what lies within us.**

-Ralph Waldo Emerson

Major News of 2002 in Pictures:



From left to right: Dr. Ravi Thapaliya, Dr. Esparanzo (from International Red Cross), His Excellency Mr. Crispin Conroy, the Former Ambassador of Australia, Krishna Bhattarai, Dr. Ashok K. Banskota during the Ambassador's visit to HRDC.

Mobility aids were produced at HRDC and distributed to the patients in the eastern region of Nepal on the occasion of the International Disability Day. The cost of production was supported by the Social Welfare Ministry. CBR Biratnagar and Women Development Branch, Morang were also involved in identifying the patients in need and in the distribution.



His Excellency Mr. Zeng Xuyong, the Former Ambassador of The People's Republic of China also visited HRDC in 2002. Dr. Ravi (in blue gown) is explaining a patient's problem to His Excellency (in ash gray suit)



News In Pictures (Continued):



The play-structure seen in the picture was constructed in 2002 for children with help from M/S Montview Boulevard Presbyterian Church, USA

His Excellency, Mr. Michael Malinowski, the US Ambassador to Nepal also visited HRDC and inaugurated the First All Nepal Prosthetics Orthotics Conference held at HRDC. Dr. Banskota took His Excellency around.



His Excellency, Mr. Rudiger Lemp, the Ambassador of Germany visited HRDC. Dr. Banskota is presenting HRDC to the His Excellency and other visitors. (First row: Second from left)

Positive Outcomes of Intervention at HRDC



LIST OF DONORS OF 2002

Institutional/Organizational Donors

- M/S Terre des homes, Switzerland
- M/S American Himalayan Foundation, USA
- M/S. Christoffel-Blindenmission, Germany
- M/S. All Together Now International, USA
- German Embassy, Nepal
- Danielle Fund, Netherlands
- M/S. PLAN Int'l, Nepal
- Handicap International, Nepal
- His Majesty's Government, Nepal
- Nepal Youth Opportunity Foundation

Local Contributors

- All Patients Contributing under Partnership
- All individuals of Teaching & Projects Abroad, UK
- All participants of Basic Training on Physiotherapy and Rehabilitation
- M/S. Nepal Federation of the Disabled
- M / S Dhulikhel Hospital

Individual Contributors

- Mr. Mac Adams, Canada
- Mr. & Mrs. Serge & Nicole Rutheli & Friends
- Mr. Joachim Reinhardt, Germany
- Mrs. Butler, UK
- Ms. Ursula Conrad, USA
- Mrs. Usha Pradhan, Nepal
- Dr. Yadav Prasad Pant, Nepal
- Ms. Isabel Martin, UK
- Mr. & Mrs. Ramesh/Pramila Dhungel, Nepal
- Ms. Kate Lipsky, USA
- Ms. Kopila Karki, Nepal
- Ms. Barbara Weyermann, Tdh Delegate, Nepal
- Mrs. Margit Richter (c/o Mr. Johannes Borger), Germany
- Mr. Michael Klien, USA (c/o American Himalayan Foundation)
- M/S Bhakta Store, Nepal
- M/S Relief Society of Community, Birgunj, Nepal
- M/S Gupta Trading Concern, Nepal
- M/S B.K. Cold Store, Nepal
- M/S Kishan Printing Press, Nepal
- M/S Harati Overseas, Nepal
- M/S Pharma Med Int'l, Nepal
- Shooting Team (Hulas)
- M/S Capital Enterprises, Nepal
- M/S Montview Boulevard Presbyterian Church, USA
- M/S Integrated Computer System
- M/S Int'l Marketing Trading Co. P. Ltd., Nepal
- Ms. Christina Anthony, Australia
- M/S Pharma med International
- All people who donated in the Box directly



FOR FURTHER INFORMATION CONTACT:

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Chairman, Friends of the Disabled

OR

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Executive Director, HRDC

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www.nepaldisability.org

BANK ACCOUNT:

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OR

Standard Chartered Bank, A/C No. 01-0137499-01