



## Annual Report 2005

A Program of The Friends of the Disabled (FOD)



# CELEBRATING 20 YEARS OF ENABLING ABILITIES!

We celebrated the 20<sup>th</sup> anniversary of bringing direct treatment and rehabilitation services to poor physically challenged children in Nepal in successful partnership with Terre des hommes (Tdh), the International Non-Government Organization which initiated the Program in 1985 and solely funded the program for more than a decade. In 1992, Tdh transferred the management of the program to The Friends of the Disabled (FOD), a non-government organization. The FOD is rendering treatment and rehabilitation services to children with physical challenges through its one and only program, the "Hospital and Rehabilitation Centre for Disabled Children" (HRDC).



Tdh delegate (left) with a guest in the Wards of HRDC.

HRDC has been a leading referral centre for reconstructive orthopaedic/musculoskeletal surgery and pediatric rehabilitation in Nepal and beyond. Summary of achievements from 1985 to 2005 is presented below:

- Since 1985 the program successfully treated a total of 24,415 disabled children (15014 boys and 9401 girls) mainly from poor families from 74 districts, except Manang district. Over 15% of all children with physical disabilities in Nepal have been treated so far.
- Out of the total, 12,393 (7523 boys and 4870 girls) were admitted for surgery or other interventions. 22,730 operations have been successfully carried out (11,678 were major).
- A total of 154,375 cases were followed up: 76,374 cases in the hospital and 77,991 in the field by CBR Facilitators and through mobile camps.
- Physiotherapy: 56,914 assessments were conducted for treatment planning.
- 130,448 children throughout Nepal were screened for identification, treatment and care.
- 6,084 children successfully completed treatment and 18,331 are still under active follow-up care.
- HRDC is covering over 40 districts in Nepal, through home visits (20 districts), mobile camps and with assistance from local partners.
- The program is engaged in capacity building of local partners (training and education; disability orientation; primary rehabilitation therapy; sharing referral information, organizing health and rehab mobile camps, etc.)
- In order to reach more patients, the HRDC has been decentralizing its services by setting up a sub-station in Nepalgunj and another in Biratnagar area. The one in Nepalgunj has been already established.
- Since 1985, the prosthetic and orthotic workshop at HRDC fabricated and distributed 25,523 assistive devices (excluding repair work).
- Parents and / or relatives are encouraged to stay in the Hospital with their child while the child is admitted for intensive treatment and care. They are considered the major support for successful rehab / treatment / intervention of their children and are involved in the decision making process from the very beginning.

*Ability is what you're capable of doing.  
Motivation determines what you do.  
Attitude determines how well you do it.*

*~ Lee Holz*



# Message from the Chairman

Dear friends,

Please accept our heartfelt gratitude from HRDC which has completed another very challenging but successful year in this crusade to help the physically challenged children. The year 2005 was marked with further advancements in our technological expertise at the centre with more complex surgeries and the beginning of subspecialty Fellowship training for some of our young orthopedic surgeons. We have also seen record number of patients both at the centre and in our community programs. Despite on-going conflict in the country, our services are very much in demand and our patients make great efforts to get to us for care. We hope and pray that this scenario takes a turn for the better soon.



HRDC is one of the leading centres in the world for clubfoot management. Exciting, innovative, simpler treatment methods are showing very encouraging trends, as in the selected centres in different parts of the world. At our centre we are streamlining this simple treatment method (Ponseti treatment) and trying to transfer the expertise to our paramedical staff. The goal is to launch (at an appropriate time) a National Program for Clubfoot treatment.

We also need to digitalize our x-ray services – in the long run we save much by this technology. We also need to set up a two bedded critical care unit to enhance the management of our complex cases. This has been long overdue!


Thank you all for your kindness in our most challenging and noble work. We need all the support we can muster not only for on-going activities but also to meet the new challenges that we are facing.

Sincerely,

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







## Success Story



### **Bhog Bahadur Bayambu**

Bhog Bahadur has bilateral club feet and he came for treatment to HRDC from Palpa district in the western region of Nepal. This birth disorder involving the feet is one of the commonest problems seen at HRDC, which has now a vast cumulative experience in treating this problem. As the pictures show, Bhog Bahadur has excellent results from our operative treatment. However simpler methods of treatment are showing very encouraging results. Our Centre is also pioneering controlled studies in this type of treatment, popularly known as the Ponsetti method. Since this treatment method can be applied at the community level with trained paramedical workers, a National Program could be envisaged to tackle the problem on a National scale, and prevent many severe deformities, that are the natural sequelae in untreated cases. Bhog Bahadur is happily living a normal life like other children after his treatment with us.





## Success Story

### Santa Ale Magar

Santa is a young girl from Janakpur where her parents are farmers. She was born with a lump on her lower back and it did not give her any trouble at the beginning, but after the age of 7 years, she started to experience tingling sensations progressing to sensory loss in her left foot. An injury in the left foot became complicated into a large trophic ulcer which failed to heal. The leg became swollen making walking difficult. Santa also developed urinary incontinence (i.e. loss of control of urination)

Santa's father had heard about HRDC from fellow villagers and he brought her to Banepa where her condition was diagnosed as Myelodysplasia, a condition in which the spinal nerves are damaged. The problem can worsen as the child grows as was the case with Santa. It was collectively decided to amputate the diseased leg and Santa was successfully rehabilitated with a limb prosthesis fabricated at HRDC. Her smile is ample proof of how satisfied she is after treatment.





# Success Story



## Kaji Sherpa

Kazi Sherpa is a 4-year-old boy from a remote village in Okhaldhunga district in the north eastern part of the country. His parents are subsistence farmers etching out a meagre living from a small plot of land. When Kazi was only two and a half years old, his father noticed a small swelling on the right side of his neck. This swelling broke open and soon started to discharge purulent material. Hoping against hope for a natural remission, Kazi's father Mingma and mother Sani watched with horror as their child gradually loose power, first in his hands and then in all his four limbs. A local Health Assistant was coaxed with great difficulty to come and evaluate Kazi at his home. He suggested urgent care in a hospital!

With no financial security and no specific address, Mingma set out with his paralyzed son for Kathmandu where his contact was an uncle working at a place nearby Godawari. The travel was a nightmare for Mingma having to obtain permission in many places for travel from the warring parties on his way out of Okhaldhunga

The uncle at Godawari had already brought a patient to HRDC for treatment, so this was the natural suggestion to Mingma. And so Kazi Sherpa came to be under our care. His condition was promptly diagnosed as tubercular spine disease with secondary paralysis. Treatment was begun and the results were nothing short of a miracle. Kazi continued to make steady progress and by six weeks was back on his feet and ready to head back home! Ongoing care will be required of course to fully control the infection and prevent future complications.







Executive Board of the FOD: (left to right) Mr. Arun M. Pradhan, Dr. B. M. Shrestha, Dr. A. K. Banskota (Chairman), Mr. Ambika M. Joshee, Prof. Batuk P. Rajbhandari, Mr. K. P. Bhattarai and Mr. N. K. Agrawal.

(Note: Mr. Radhesh Pant missed the photo session.)

## Introduction

Treatment and rehabilitation services for physically challenged children were initiated in 1985 by Terre des hommes. In 1992, the program's ownership was transformed to The Friends of the Disabled (FOD), a Nepali non-profit, non-government organization (NGO) established to provide health, education and social service without associating itself with any political party or ideology.

According to priority and commitment to provide comprehensive treatment and rehabilitation to the poorest of the poor children, the FOD prompted the establishment of Hospital and Rehabilitation Centre for Disabled Children (HRDC) where treatment and all subsequent modalities of rehabilitation are being made available. This includes surgical treatment, specialized nursing care, physiotherapy, assistive (orthopedic) appliances, community rehabilitation and outreach services.

From 1993 to 1997, the thrust of our activities were to continue providing care to our patients (new and old) and to develop our permanent centre. We were able to successfully move into our new Hospital Complex at its hilltop location in the outskirts of Banepa in 1997. This Complex provides us with all the facilities to address

comprehensively all the needs of physically challenged children.

HRDC conducts medical intervention for physically challenged children up to the age of 16 years and rehabilitation up to 18. HRDC has several visiting doctors, surgeons and consultants. Currently, HRDC has 72 beds and separate residential quarters for key staff.

## Vision

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

## Mission

Provide comprehensive quality medical care, rehabilitation and integration to children with participation restriction due to physical challenges

## Goal

HRDC, a leading national referral centre in Pediatric Orthopedics; ensures physically disabled children's right of participation in their own rehabilitation and persistently empowers clients and community for continuation of intervention so that the children attain functional independence which facilitates their integration into the society.



# TARGETS AND ACCOMPLISHMENTS

1. i) Counsel 125 new and 500 follow-up patients per month.
- ii) Set short and long term rehabilitation goals for every patient with him / herself and his/her guardians.
- iii) Plan and execute activities to address the rehabilitation goals.

*Treatment : 24,415 (15014 boys and 9401 girls) patients have been registered at the Hospital of which 6084 (3799 boys and 2285 girls) have completed treatment from 1985 to December 2005.*

- 3507 new patients were counseled in 2005 exceeding the target by 70 %. As opposed to projected follow up of 6000, a total of 10,392 patients have been followed up in 2005 exceeding the target by 73.2%. 1055 patients were admitted specific interventional treatments undertaken, followed by complete post surgical rehabilitation treatments.



HRDC surgical team in action.

*Operation : 22,730 operations have been conducted (11,678 were major) from 1985 to December 2005.*

- For every single patient who came under our care, short and long term rehabilitation goals were set with the clients (patients + guardians).



Prof. Banskota teaching Doctors/Residents during hospital round.

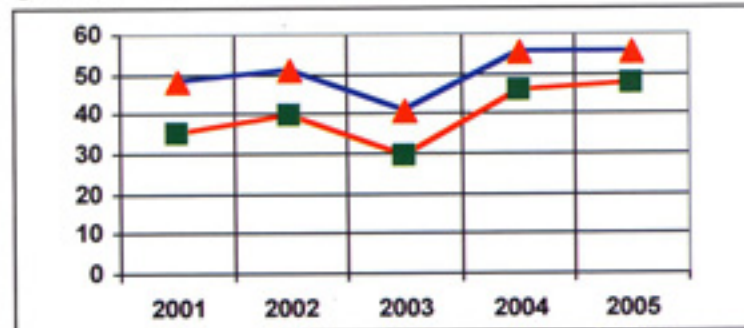
- Counseling, consultation, surgery and post surgical care and follow-up services at the hospital and in the field were planned and implemented to reach the goals set initially.
- Increasing inflow of new patients at the hospital is in itself an indication of growing patient confidence in us.

*Admission : Out of 24,415 patients, 12,393 (7523 boys and 4870 girls) admitted for operation or other intervention from 1985 to December 2005.*

**2. The "In-Patient Service"** has the responsibility of admitting patients, preparing them for specific treatments (operative or non-operative) and following through with further specific care. They also educate clients (patients and their guardians) in disability management issues. The following data show comparative accomplishment in the last 5 years and this information is very encouraging indeed.

	2001	2002	2003	2004	2005
<b>Admission</b>	636	994	1004	977	1055
<b>Surgery</b>					
Major	553	914	898	726	732
Minor	453	449	566	523	704
Total	1006	1363	1464	1249	1436
<b>Hospital Stay</b>	21.91	16.26	11.79	17.88	14.51

**Bed Occupancy:** (Based upon the total hospital strength which was 66 till recently, but has now increased to 72). The following line graph presents bed occupancy by clients (children - blue line and guardians - red line).



Notes:

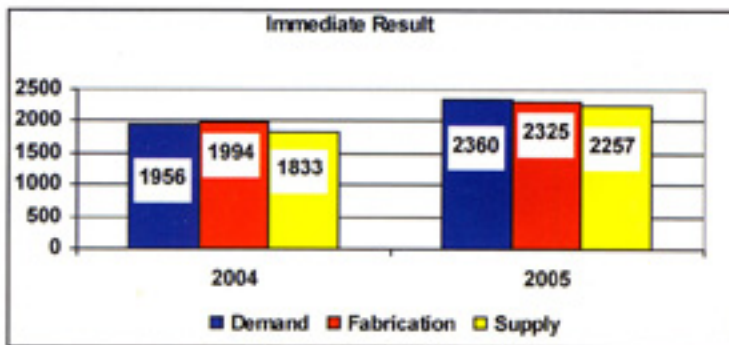
- The average occupancy remained at 83.7% in 2005.
- Guardians are encouraged to stay at the hospital during their children's admission. 86.2% guardians of the admitted children stayed at the hospital making available opportunities for their 'education'.

*Orthopedic Appliances : 25,523 (excludes repair work) assistive devices were fabricated and distributed to patients from 1985 to December 2005.*

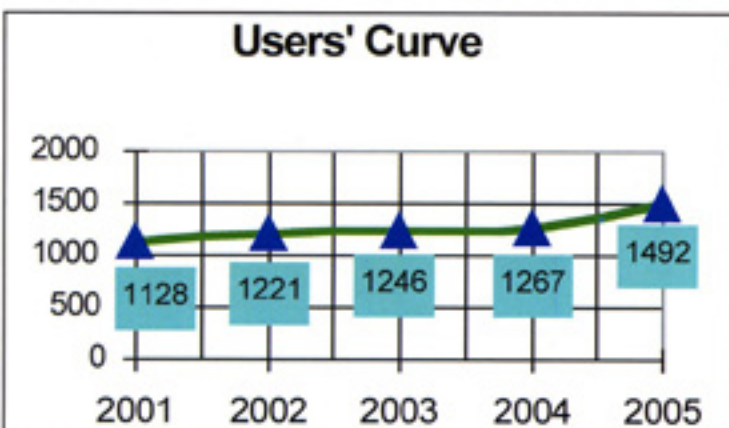


# TARGETS AND ACCOMPLISHMENTS ...

**3. Prosthetics and Orthotics:** Our goal was to fabricate 1800 assistive devices for nearly 1400 children. Our on the premise workshop has exceeded the target, as the graphic illustrations show. The workshop also continues to innovate, using locally available materials wherever feasible in the fabrication process.



Also the number of patients using orthopaedic devices is increasing. This increase is illustrated by the data presented below.



**4. Physiotherapy:** Set goals for functional self-dependence for each patient, organize and provide physiotherapy to achieve the rehabilitation goals and evaluate impact of activities:

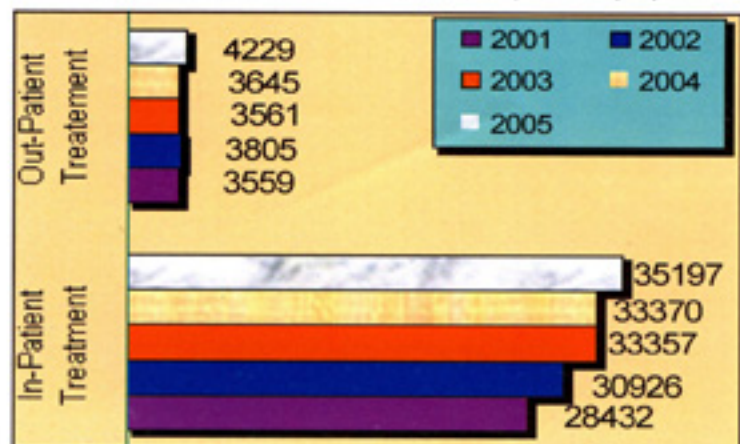
- 4.1 Thoroughly assess 1,896 patients.
- 4.2 Provide therapeutic exercises to patients (total 40,428 sessions).

Physiotherapy services are available 7 days a week. The services include:

- Thorough assessment of muscle tone and degree of functional independence and setting of benchmarks and implementation of activities to reach the benchmarks so that rehabilitation goals for each patient are reached. In 2005, 1896 patients were thoroughly assessed and detail objectives and activities for each patient were set and implemented.

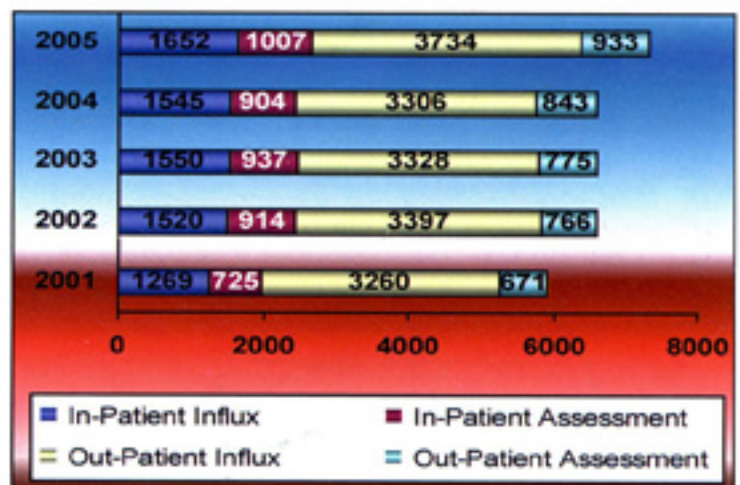
*Physiotherapy: 56,914 assessments were conducted for treatment planning from 1985 to December 2005.*

- Assist in the preparation of admitted clients for surgical intervention and provide post surgical therapy so that patients improve or maintain functional independence. This is an on-going activity carried out at the hospital and followed up in the field during home visit and health and rehabilitation mobile camps. In 2005, physiotherapy staff participated in each rehabilitation camp for the purpose.



- Provide patients tailored physiotherapy aids i.e. splints, etc. to either prevent further deformity or increase functional independence or both. 691 physiotherapy aids (177 crutches, 70 walkers, 453 splints and 1 wheel chair) were fabricated and distributed to needy children.
- Involve HRDC staff and staff from other organizations in teaching and learning activities at the HRDC. The department led Primary Rehabilitation Training for new batch and refresher training for previous batches in 2005.

Diagrams below show immediate output of physiotherapy activities in the last 5 years:



Service delivery has been proportionate to the increasing demand which is obvious from the diagrams above.



# TARGETS AND ACCOMPLISHMENTS ...

**5. Community Based Rehabilitation (CBR):** As per the FOD's high priority to a concurrent program of community rehabilitation for coupling with follow-up program of patients treated at the hospital, CBR program has been established and is transferring knowledge and skill to community-based organizations, communities and families. Under CBR, we are extending access to HRDC services through collaboration with local I/NGOs and community based organizations.

- **Satellite:** HRDC has decided to decentralize services to key locations in the country. A Satellite has been already established in 2005 in Nepalgunj. Effort is going on to strengthen it. Another satellite will be established in Biratnagar Area in 2006.
- The CBR program does its best to trace the patients who miss elective and follow-up appointments. Home visits and health and rehabilitation mobile camps are organized to ensure follow-up care and family-based rehabilitation of the patients. Furthermore, these home visits and mobile camps are useful to identify new patients and provide appropriate treatment and rehabilitation services on the spot also.



Prof. Banskota addressing audience during the inauguration of satellite in Nepalgunj.

- In 2005 the progress of 3205 (76.34 of total target) patients in reaching their functional independence was monitored through follow up / home visits in 20 districts. The field visits also focused in sensitization of the community on prevention of disabilities and rehabilitation.
- **School Screening Program:** 23,909 students from 69 (primary, lower secondary and secondary) schools of six districts (Kathmandu, Lalitpur, Kavre, Nuwakot, Bhaktapur and Morang) were screened for spine problems (especially scoliosis). 32 cases were suspected. The cases are being further medically evaluated by HRDC experts.

**Follow-up :** 76,374 cases were followed up at HRDC OPD and 77,991 in the field by CBR Facilitators & through Mobile Camps from 1985 to December 2005.

- **Health and Rehabilitation Mobile Camps:** Nine rounds of health and rehabilitation mobile camps were conducted

in 72 days. The camps covered a total of 26 districts and provided consultation services to 3028 children with physical challenges. Of the total, 2088 were newly identified: 42% were girls. 25.2% of the total received elective dates (date for surgery).

- 211 children with physical challenges completed their treatment in 2005.
- **RH Pilot Project:** With financial assistance from UNFPA and Rotary Club of Kathmandu Mid-Town, HRDC has been piloting reproductive health (RH) services in Chitwan and Makwanpur districts to families of physically challenged children and integrating disability management into reproductive health services. Major services are sensitization of RH services in the community, and strengthening local network for quality services.



Deputy Representative Dr. S. Anderson UNFPA offering fruits to children.

**6. Training and Education:** Training of personnel in different area of physical rehabilitation is given priority. At HRDC, the component for personnel training is being strengthened. Effort is being made to take staff skill development hand in hand with all levels of rehabilitation work. In this context, the Training and Education department is organizing education and training activities both for staff and clients.



Helping children learn at HRDC.



# TARGETS AND ACCOMPLISHMENTS ...

- Assistance is being given to school-aged children to continue their education during treatment at HRDC. Their guardians are also involved in the educational activities whenever applicable. Therapeutic stimulating and vocational activities being successfully carried out at HRDC accelerate patients' rehabilitation.



Vocational training to children and their guardians at HRDC.

- Master Degree Program:
  - In partnership with BB Hospital, HRDC is conducting a Master Degree (MS) Program in Orthopedic Surgery under partnership with Kathmandu University chain of Teaching Hospitals. The MS Program is 3 year long training program and the first 3 batches have already graduated with the 4th batch about to graduate very soon.
  - Research will be strengthened taking it hand in hand with curative and rehabilitative aspects in the years to come. At the present it is restricted to clinical prospective and retrospective studies of work done at HRDC.



Prof. (Dr.) Banskota (far right) commenting on the presentation by Residents.

- Primary Rehabilitation Training:
  - a. Abridged Module of Primary Rehabilitation Therapy (PRT) was conducted for 15 CBR Facilitators.
  - b. Eighth PRT training for 14 participants from different organizations.

- c. Second PRT Refresher Training for 14 participants from previous batches.



Recent graduates of Primary Rehabilitation Therapy training.

- Organize internal and external training: 15 in-house training programs were organized. HRDC staff participated in 10 external various training activities. HRDC staff also conducted 5 training activities for staff from other organizations.
- Training need assessment was carried out in-house, and as per the finding, training on "Participatory Planning, Monitoring & Evaluation and Leadership Development" was conducted towards the end of December 2005.
- Additional to developing skills of support staff according to the changing needs of the organization, parallel focus has been given to orientation on prevention of disability and health education to clients and caretakers, vocational activities and play therapy for children. A total of 46 Friday simple sessions were organized to staff and 50 Sunday sessions to physically challenged children in 2005 on prevention of disability and rehabilitation.
- HRDC has been accepting visits of students from different nursing schools and some other institutions and this trend is increasing every year.

## 7. Mobilize resources so that adequate funding is available for HRDC activities.

Marketing and Fund raising: Major Initiatives were:

- Following consultancy agreement with J & T Associates, Marketing Manager was hired in February 2005 for apprenticeship with J & T Associates. This filled up the need of a position responsible for organizing fundraising and marketing of HRDC.
- Formative initiatives in marketing and fundraising in 2005 included:
  - Identifying and accepting new identity/logo for HRDC
  - We picked up a catch phrase "Enabling Abilities" to represent HRDC's work.



# TARGETS AND ACCOMPLISHMENTS ...

- Collaterals were designed with HRDC's new identity: Annual Report, Brochure, Greetings Cards, Donation Jacket. Greeting cards were printed from children's drawings.
- "Count Me In" Donation Jacket is an envelope containing brief information about HRDC with appeal for donation for guests. The Jackets are put in rooms of some luxury hotels in Kathmandu with their consent in the "Count Me In" Scheme. The idea is to disseminate HRDC's information to guests as well as raise fund.



Prof. Banskota addressing the guests during mass awareness event.

- "20 years of Enabling Abilities" was celebrated at Soaltee Crowne Plaza on Tuesday, the 31st of May 2005 by organizing a function inviting potential supporters and briefing them about the development of HRDC.



Abilities Cup 2005- A Golf Tournament for fundraising.

- HRDC on Limelight:
  - A golf tournament, "Abilities Cup" was organized in Gokarna. The NEWS on the "Abilities Cup" Golf Tournament and Dr. Banskota's interview was aired in Nepal TV, Image Metro and Kantipur TV.
  - Soon after the "Abilities Cup", Kantipur TV crew visited HRDC and interviewed the Executive Director.
  - "Aba Hamro Palo" a weekly Kantipur TV program featured HRDC and interviewed the Medical In Charge, Marketing Manager and a former HRDC patient. "Aba Hamro Palo" was aired on KTV on the 12th of September 2005 and has been re-telecasted time and again.
- HRDC has updated its website, [www.hrdcnepal.org](http://www.hrdcnepal.org).
- A total of 4 hundred thousand plus rupees was raised from different fundraising events 2005.

## 8. Implement administrative and managerial policies approved by the Executive Board, The Friends of the Disabled:

- HRDC has been striving to set the highest standards in care for the disabled, through direct or indirect associations with centres of excellence nationally and internationally. It is also functioning as the sounding board for the numerous other problems related to disability management, and taking whatever measures are deemed essential to promote, expand and maintain quality work.
- Centre-based, very specialized tertiary-level medical intervention and family-based rehabilitation services are successfully complementing each other at HRDC.
- On January 21, 2006 - General Annual Gathering 2005 was organized at Hotel Ambassador, Lazimpat to update development of HRDC in 2005. Also it helped Board members to mingle with consultants, heads of department and section in-charges of HRDC and know each other better. We also got consent from the general assembly to continue working with the services that complement medical rehabilitation (orthopaedic) intervention at HRDC.
- Disability Fund: A fund has been established since 1998 from the voluntary donation of all staff, some Board members and individual donors. The fund is used when the clients cannot even contribute the token amount they are required to pay against the cost of treatment and rehabilitation. 66 patients were benefited with the Rs.13,584 rupees used from the disability fund in 2005. Rs. 339,399.- was waived for 286 patients which forms about 10 % of the expected contribution from the clients according to the cost recovery system of HRDC. Please note that this contribution is nominal (only about 8% of the total need) and for those who cannot afford to pay even this sum we ensure that they do not go back without receiving the services. The status of the fund is as follows:

• Opening balance of 2005	=	Rs. 110,870.39
• Expenditure in 2005	=	Rs. 13,584.25
• Closing balance of 2005	=	Rs. 99,698.49

- Accounts: The following summary of income - expenditure of HRDC in 2005 was reported by the Accounts Section:

• Total revenue in	=	Rs. 42,693,304.00
• Expenditure (excluding depreciation)	=	Rs. 39,733,400.00
• Saving (No Saving if depreciation (7.6 million rupees) is taken into account)	=	Rs. 2,959,904.00

Note that we have been including annual depreciation as expenditure in the projected expenditure. This normally forms the fund raising target for the year. More effort is still needed to meet this target.



## Targets and Achievements of 2005:

Items	2005		2004	Remark	
	Actual		Actual		
	Boys	Girls	Total		
Total Inflow			9925	9165	8.29% increased
New Clients	2106	1401	3507	2994	17.13% increased
Old Clients			6418	6167	4.07% increased
Admission	610	445	1055	977	7.98% increased
Surgery			1438	1249	15.13% increased
Physiotherapy					
New Patients	1172	768	1940	1545	25.57 % increased
Treatment Cycles			39426	37015	6.51% increased
Ortho Devices					
Fabrication			2325	1994	16.60 % increased
Beneficiary	946	546	1492	1267	17.76% increased
CBR: Home Visit	2389	1585	3974	4719	15.79% decreased (Camps cancelled)
Mobile Health Camp	1803	1225	3028	2597	16.60% increased
Scoliosis			23900	11367	110.26% increased

- ❖ On an average, 72.38% of physically challenged children are attending school in CBR districts. More work is essential to increase schooling.
- ❖ Despite difficult political situation, 76.3% of the targets (4200 physically challenged children) in CBR districts, received follow up services through home visits.
- ❖ Some resource contribution was received from local partners for health and rehabilitation mobile camps. Effort is being made to increase and regularize the participation. Nine mobile camps were conducted in 2005, two less than planned.
- ❖ Effort is being made to establish comprehensive monitoring system so that information included in logical frame work is retrievable:
  - Referral from network partners. Information collection has started only from the last quarter of 2005 - 91 children were referred by the partners in the last quarter.
  - Parameters for labeling a VDC/district as remote.
  - Patients rehabilitated after treatment and rehabilitation at HRDC involved in vocational training. Only 17.1% of follow up children in CBR worker region are in legally acceptable age-group for vocational training and job. In Chitawan and Makawanpur districts, four such persons with disabilities are involved in vocational training through our help.

### Projected Targets of 2006

#### Medical Services:

- Assessment
- New patients = 1200
- Follow up = 6000
- Admission = 1000
- Surgery = 1768

#### Rehabilitation:

- Physiotherapy:
  - Thorough assessment = 1972
  - Treatment cycle = 42000
- Prostheses and Orthoses:
  - Fabrication = 1800
  - Patients (benefited) = 1400
- Community Based Rehabilitation:
  - Follow - up of patients :
    - Home visit = 5200
    - Mobile Camps = 10,000
  - Screen of students = 30,000

Note:

Planning is going on to establish 'Vision Unit' targeting to "refraction error", identification and correction in children.

### Pictures Speak





# Epilogue

*Hi, Friends!*

*2005 has also been a hallmark in the history of HRDC. It brought more complex surgical treatments into a routine, further augmenting the more routine and established services provided by HRDC. Collaboration at the national and international level also further increased.*



*Armed conflict, strikes and road blocks in the country posed difficulties to clients to reach us, but they made their way through and offered us the opportunity to serve them. Our partnership with grass-root organizations and clients has been expanding and becoming stronger every year. New patients' increasing enrollment has proved the fact. Our undertaking of "disability plus" services in mid-west of the country has opened up new opportunities to dispense assistance to physically challenged children of the region for their functional independence. We are experiencing this responsibility to be as challenging as it is interesting.*

*We are very thankful to all of you for joining hands with us for the treatment and rehabilitation of the children with activity limitation and participation restriction. On behalf of all clients, stakeholders, HRDC staff and FOD Board, I express our gratefulness to Terre des hommes, American Himalayan Foundation, Christoffel Blindenmission, Austrian Round Table, FNEL - ONG'D: The Scouts of Luxembourg, Plan Nepal, ECHO - Humanitarian Aid Office, UNFPA, Rotary Club of Kathmandu Mid-Town, All Together Now International and Social Welfare Ministry, HMG and many other national and international contributors for your continued support.*

*I relay our heartfelt appreciation for your kind support and expect that your association with us will continue in the future!*

*Thank you very much!*

*Krishna Bhattarai*

*Executive Director, HRDC*

*A man's true wealth is the good he  
does in the world.*

*- Khalil Gibran*



## Contributors of 2005

### Organizations

M/S Terre des hommes - Nepal  
M/S American Himalayan Foundation  
M/S FNEL - ONGD: The Scouts of Luxembourg  
M/S All Together Now International  
M/S Christoffel Blindenmission  
M/S Austrian Round Table  
Ministry of Social Welfare, Nepal  
M/S Uchit Pharma  
M/S Plan Nepal  
M/S UNFPA  
M/S Club Himalaya Nagarkot Resort  
M/S Capital Surgicals  
M/S ECHO - Humanitarian Aid Office  
M/S Rotary Club of Kathmandu Midtown

M/S Delta Multimedia Production  
M/S BAAT Medical Engineering  
M/S Integrated Computer System  
M/S Khada Devi Nirman Sewa  
M/S CBR National Network Nepal  
M/S Envirotech P. Ltd  
M/S Gorkha Brewery  
Nepal Investment Bank

### Individuals

Siddhartha Raj Pandey and Shreeyukta  
Kishor, Uttara & Samrat Pandey  
Ms. Ruth Steinmann  
Ms. Ursula Conrad

Ms. Ruth Battig  
Mr. Karl Battig  
HRDC Clients  
Ms. Kopila Karki  
Mrs. Usha Pandey  
Mr. G. B. + Mrs. J. Martin  
Dr. Jagadish Lal Baidya  
Mrs. Rehana Baidya  
Mr. Thorsten Hitz,  
Ms. Usha Dugar  
Mrs. Jinu Shrestha  
Ms. Ursula Conrad  
Mrs. Ambika Shrestha  
Mr. Kishor Manandhar  
Mr. Joachim Reinhardt  
Mr. Pravin Chandra Mehta



FNEL - ONGD, Tdh



Christoffel Blindenmission



Plan Nepal



All Together Now International



Rotary Club of Kathmandu Mid-town



Austrian Round Tables



ECHO - Humanitarian Aid Office



Ministry of Social Welfare, Nepal



UNFPA Nepal



AHF Team with Dr. Banskota and Krishna Bhattacharai



Major Supporters of HRDC





## Hospital and Rehabilitation Centre for Disabled Children

P. O. Box: 6757, Kathmandu - Nepal

Telephone: 00 977 11 661666, 661888

Facsimile: 00 977 11 661777

Email: [hrdc@wlink.com.np](mailto:hrdc@wlink.com.np)

[www.hrdcnepal.org](http://www.hrdcnepal.org)

