



Hospital and
Rehabilitation Centre
for Disabled Children

Annual Report 2004



A Program of
the Friends of the Disabled (FOD)





Happy Narendra
in the process of
rehabilitation at
HRDC...

Narendra Bohara

Eleven year old Narendra Bohara from a poor Bohara family of Gulmi district is undergoing correction of his severe right foot deformity in a special ring device. Foot deformities of this type are commonly seen at HRDC and very challenging to manage.

Narendra is very interested in drawing and painting and is very good at it. He demonstrated his passion for it by genuinely involving himself in the painting work organized by HRDC's education and training department. He is studying in 5th grade. Before coming to treatment at our Hospital, he used to go to school with great difficulty. Rehabilitation intervention at HRDC will improve his mobility facilitating his schooling. During his stay with us for about 3 months, Narendra has made very satisfactory progress. Completion of treatment can extend into many months. We are hoping that the physical independence gained at HRDC will help Narendra move ahead for his continuous growth.

MESSAGE FROM THE CHAIRMAN



Dear Friends,

The past year has ended in the most turbulent note for the entire world and our hearts go out to the millions of people who have suffered. The conflict in Nepal rages on and this has affected some of the HRDC's field activities. To maintain services and at the same time to ensure the safety of patients and staff, we have started providing services through two satellite centers at Nepalganj and Biratnagar.

The hospital based services have continued with increased number of complex interventions, including spine surgeries. We are of course affected by the unpredictable politics and the infamous *Bandhas* that cripple movements to and from the Hospital. Our affiliation with Kathmandu University has augmented our educational responsibilities at the MBBS level and in the other paramedical disciplines (nursing, physiotherapy, etc.).

Our work would come to a grinding halt, if it were not for the support provided by all of you for HRDC. We look forward to your continued help in the years ahead. We hope that the New Year brings peace and progress to all!

Sincerely,

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



Dr. Banskota reassessing a patient in the wards of HRDC



Smiling Saraswati has a hope of being able to walk as normally as any other person and go to school...

Saraswati Bhandary

Saraswati Bhandary is a seven year old girl from mid west Nepal undergoing correction of her severe left foot deformity in a special ring device. She is among those lucky girls whom the family decided to bring to HRDC for medical care. Girls are frequently ignored for medical treatment and education in preference to boys. Saraswati attends third grade and is looking forward to pursue education on completion of treatment.

INTRODUCTION

The HRDC is a program of a non-governmental organization, the Friends of the Disabled. Its services are aimed at under privileged children with physical challenges. The program has been providing comprehensive rehabilitation care continuously since 1985.

Located, 25 Km east of Kathmandu, in the beautiful natural surroundings of Banepa valley atop a small promontory south of Arniko

Highway, HRDC is a leader in the rehabilitation of orthopedic related disabilities.

Children and their family members are attended with compassion and encouraged to actively participate in their therapies in whatever way possible. The children and guardians are taught rehabilitation methods that can be done at home and also educated on preventive measures that can be adopted in the

villages to minimize disabilities in the future.

It should also be noted that more than 50% of the disabilities can be prevented if the over all development of the population (in health, education, awareness, poverty, etc.) is increased.



The HRDC Complex, Janagal, Kavre

... "Dr. Ashok K. Banskota's pioneering effort in the field of disability in Nepal led to the establishment of HRDC, and to-day, the support and cooperation of highly motivated medical, administrative, financial and academic staff have made HRDC a premier centre for care and rehabilitation of disability."

*Prof. Jwala R. Pandey, FRCS, M.Ch.
Team Leader, Project Evaluation 2001*

BARSA STANDS ON HER OWN FEET

Barsa Shrestha, a 10-year-old girl from Butwal (400 Km west from Kathmandu) is the only living child among four in her family. She was born normally at home. Her mother noticed a small peanut sized lump on her back which she was told by a health worker that the lump was self- subsiding. So she ignored it and just had oil massage over it till 2 months. But it increased in size for next 2 years and growth ceased.

One day Barsa developed high fever with distention of abdomen. So she was carried to Palpa Mission Hospital where she was admitted for 1 month for symptomatic treatment. In the mean time her father left them and never returned. Their relatives also denied helping them. Her mother was not able to take her to Kathmandu for the treatment due to declining family income and she was ignored for almost 5 years.

Difficulty in micturation, knee flexion with contracture started, so she couldn't stand on her own feet. Her mother had to carry her all the time because the alternative was to

"CBR Services" Pokhara, referred her to "Manipal Teaching Hospital" where she was treated with traction for 3 weeks for flexion contractures of both knees. The brace and caliper as recommended by orthotist were simply beyond their means. Finally with the help of Manipal Teaching Hospital and Asha Clinic of Pokhara, she was referred to HRDC, Banepa, Kavre, to consult with Prof. (Dr.) Ashok K. Banskota.

At the time of presentation she was wheelchair bound, she had urine incontinence and 12 x 15 cm soft lump at thoraco-lumbar region. She was admitted for rehabilitation and stayed at the Hospital for 44 days. Between these days, treatment started by inserting catheter to ease urination. After 2 weeks she was trained for bladder management by clamping and releasing catheter. When she was able to tolerate the discomfort for 2 hours her catheter would be removed and side by side physiotherapy was carried out.



... "Equipped with a moulded orthosis that helped Barsa to stand and walk some distance, the tear of joy was visible in her mother's eyes."



crawl to move from one place to another at the age of 2 years. The unpleasant smell due to uncontrolled urination made it more difficult for her to make friends and she was denied admission at schools. At the age of 5, she was taken to 'HATEMALO' (a non-government organization that works for disabled children) where she was diagnosed with the most severe form of Spina Bifida. She was referred her to 'Bal Mandir' at the age of 8 years for her studies. After 6 months she left this place - she was cast out by class mates because of the stench of uncontrolled urination caused by her ailment.

After her father deserted the family, her mother started to work at a factory to survive and was unable to manage a catheter for her daughter. Due to this Barsa developed severe urinary tract infection. Barsa was then taken to Kanti Bal Hospital in Kathmandu (one of the biggest Childrens' Hospital in Nepal) as well as Patan Hospital but they returned without any significant improvement.

Barsa, through physiotherapy is now able to micturate independently. She is now equipped with a moulded Ankle, Knee Foot orthosis that helps her to stand and walk for some distance. The tears of joy in her mother's eyes, Barsa's cheerful laughter at being able to reach her mother's hips are the beginning of her journey towards self confidence, social integration and independence - after a 10 year wait. Her mother is consulting with "Sathi Nepal" Pokhara for her studies. She is happy and hopes to be in school soon and we wish her luck and success.

At HRDC every success is celebrated but the quest to do more, the need to do more is never forgotten. Because there are more Barsas out there who need to walk and stand tall.

And they need you!



2004 ACHIEVEMENTS VERSUS TARGETS

TARGET I

- i. Counsel 125 new and 500 follow-up patients per month
- ii. Set rehabilitation goals collectively for every patient and execute activities to meet the goals.

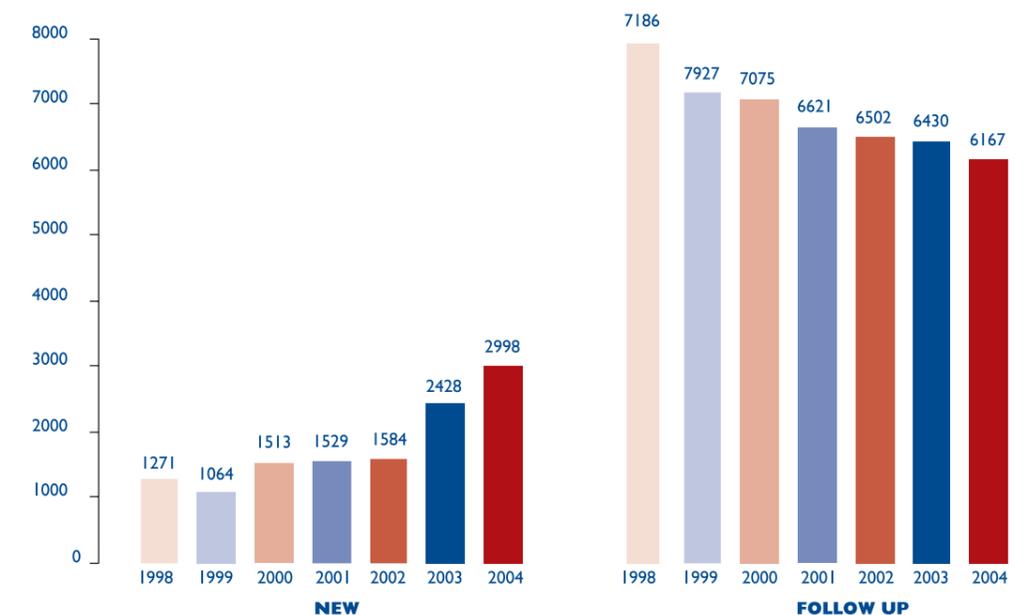
ACHIEVEMENT

- Clinical assessment, counseling and more complex rehabilitation management, both conservative and surgical, were efficiently carried out in 2004 with better standards than in previous years.
- New initiatives in clubfoot management (Ponsetti), early identification and intervention of spine problems (especially scoliosis), managing more fracture cases, decentralization of follow up responsibility to partners in the grassroots level, development of new strategies in the evaluation and management of cerebral palsy cases, etc. are a few of the new initiatives undertaken in 2004.
- 242 patients' files were successfully closed at HRDC.
- 2998 (1815 boys and 1183 girls) new and 6167 (3894 boys and 2273 girls) follow-up patients were counseled in 2004.



Compassionate care is the hallmark of rehabilitation at HRDC

The comparative trend of new inflow and follow up care from 1998 - 2004 is shown in the bar diagram below:



Note: The bar diagram above doesnot include follow-up done by CBR facilitators under home visit program

TARGET 2

Admit 1000 patients, prepare them for surgical intervention, execute the surgery and provide post surgical care.

ACHIEVEMENT

- 977 children (611 boys and 366 girls) were admitted at the Hospital. We almost met the target of 1000 admissions per year. The following chart shows distribution of admitted cases:

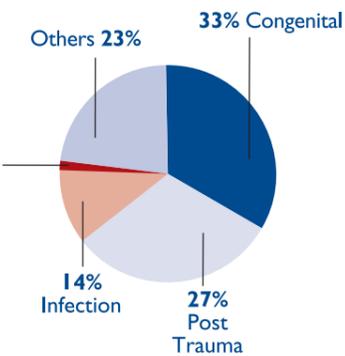
introduced at HRDC in July 2004 and 70 patients have already been treated using this technique. The technique eliminates the need for surgical procedures and instead utilizes a series of, on average, six plaster cast applications, over a given period. The beauty of this technique is in its simplicity and can even be carried out by field workers.

- Average hospital stay per patient was 18 days.
- On average, 83% of the 67 beds were occupied in 2004. 78% of the children were attended by their guardians during hospitalization.

- Surgery was carried out on a total of 92 days, with a total of 1249 surgeries, 58% of which were major procedures. On average, 14 surgeries were done per operation theatre day. Vacuum Assisted Machines were used for 8 children. 17 spinal surgeries were carried out in 2004 as opposed to just 4 in 2003.



Medical team at HRDC has become stronger every year in its capability and is carrying out very complex surgical procedures of higher quality



COMMENT

Interventions for 326 children with clubfoot were carried out in 2004. This is the most common deformity seen at the Hospital. The "Ponsetti" technique of clubfoot management was



The custom-made prosthesis fabricated at the HRDC workshop has made the boy physically mobile

TARGET 3

Measure, fabricate and distribute more than 1800 orthopedic assistive devices for more than 1400 children, distribute and evaluate the usefulness of appliances.

ACHIEVEMENT

- 1994 orthopedic mobility aids were fabricated and distributed, benefiting 1267 patients. The target set was overly optimistic. The table below shows types of aids:

	Measured	Supplied	Fabricated
Spinal & Upper Limb Orthoses	68	64	69
Lower Limb Orthoses	1789	1694	1836
Upper Limb Prostheses	6	6	5
Lower Limb Prostheses	91	67	82
Wheel Chair	2	2	2
Total	1956	1833	1994
Total Repair	330		

COMMENT

We are doing our best to train local people to repair the assistive devices in the villages. This has resulted in the expected decrease of repair work at the hospital.



A busy leather worker fabricating orthopaedic shoes at HRDC workshop

TARGET 4

Set goals for functional independence of patients, organize and execute physiotherapy activities to achieve the goals and evaluate impact of the activities:

- Thoroughly assess 1824 patients
- Provide therapeutic exercises to patients (total 38868 sessions)
- Fabricate 480 custom made physiotherapy aids (splints, etc.) and distribute to the clients



HRDC's doctor diagnosing the problem of a girl at the clinic

ACHIEVEMENT

Physiotherapy Department operates 7 days a week and

addresses both in - and out - patients' requirements. Progress of 2004 is listed below:

	In-Patients	Out-patients	Total
Patients	1545 (585 girls + 960 boys)	3306 (1163 girls + 2143 boys)	4951
Assessment	904 (343 girls + 561 boys)	843 (334 girls + 509 boys)	1747
Treatment cycles	33370 (13176 girls+29194 boys)	3645 (1229 girls + 2416 boys)	37015
Physio Aids	Mobility Aids (wheel chairs, walkers, etc)		251
	Immobility Aids (casts, hip Spica, etc)		1365

TARGET 5

4200 patients' progress will be monitored in reaching their functional independence which will also be facilitated by the field network of partners in 12 districts. HRDC is equally involved in sensitization of the community on reproductive health services and prevention and rehabilitation issues in disability. Develop at least 6 networking centres for regular communication.



One of the CBR Facilitators conducting a disability orientation session to families of disabled children under reproductive health integrated pilot project.

ACHIEVEMENT

Major regular activities conducted under Community Based Rehabilitation Department include the following:

PATIENTS FOLLOW UP AND SOCIAL REHABILITATION

- Under the follow up program, CBR Facilitators visited 3587 patients out of total of 3999 (2426 boys and 1573 girls) in the patients' homes. This is almost 90% of the total regular follow up care in the districts.

- 14 CBR Facilitators established 33 service centres and conducted

various activities such as group sensitization, checking and reinforcement of hospital instructions and feedback on the use of assistive devices. 1371 (843 boys and 528 girls) patients received different rehabilitation services from the centres.

HEALTH AND REHABILITATION MOBILE CAMPS

- 898 follow-up (368 girls and 530 boys) and 1699 (698 girls + 1001 boys) new patients were counseled during nine rounds of mobile camps which covered 29 districts (11 in CBR regions and 18 in non-CBR regions) in a total

of 44 clinic days and 490 patients received elective dates for surgery.

- 26 patients' files were closed in the field.

TRAINING, CONFERENCES AND WORKSHOPS

Major training and education activities included in 2004 were:

- In-house skill development and experience sharing workshops of CBR facilitators were conducted.

- 4 CBR facilitators participated in the CBR supervisor's training conducted by the CBR National Network Nepal.

- Orientation training in reproductive health and disability was conducted in Chitwan and Makwanpur Districts.

- A one-day workshop was conducted in Nepalganj for potential partners to identify the role of a HRDC satellite center. Three areas of involvement were clearly visible at the end of the day: primary rehabilitation therapy, production of low cost / affordable assistive devices for person with disability and effective networking.

"On HRDC, the strengths are that it has good staff, almost complete rehab team and program with follow up care reaching over 30 districts, and is well managed ..."

Team Leader, Project Evaluation 2003

COORDINATION / NETWORKING

Disability Coordination

Committees were initiated in Kavre, Banke, Nawalparasi, Kanchanpur, Bara and Tanahun Districts. Work is in progress for the formation of similar committees in Nuwakot and Makawanpur districts. See Annex - B for the list of partners with whom collaborative activities were conducted.

SUPPORTIVE SUPERVISION

- Human Resource and Rehabilitation Manager and CBR Supervisors carried out several supervision visits to support CBR

facilitators, reinforced coordination and evaluated the local situation to establish HRDC satellites in Nepalganj and Biratnagar.

CURRENT REGULAR COVERAGE

- The map of Nepal below shows, by district, the distribution of patients as of December 2004 in CBR districts. The regular coverage under home visit program extends to 19 districts with a total of 3999 patients. This number fluctuates based on new patients' identification, registration and closure of files

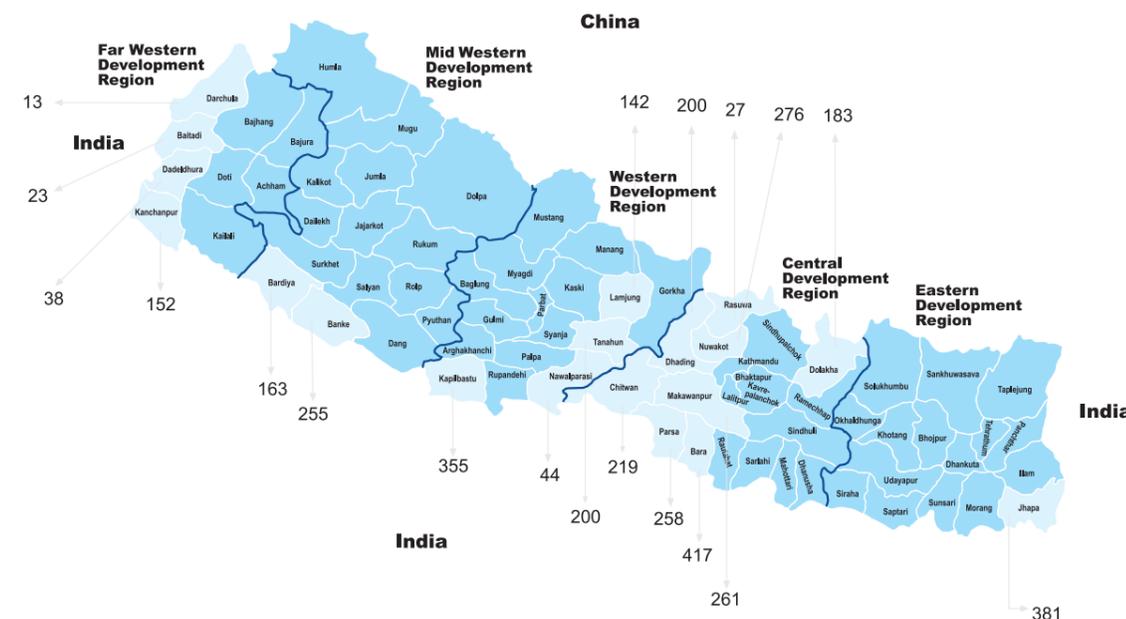
when no further intervention is deemed essential. We close files of patients who complete the rehabilitation and of those who are over age (above 18 years) and refer them to other organizations.

- Special Camp** A special camp was organized for the distribution of assistive devices in Bara District. 19 children received 26 mobility aids.



One of the CBR facilitators with a disabled boy and his father during a recent field camp

Through CBR Program and outreach services, we cover more than 40 districts. The Map below shows our regular follow-up care with the number of children we are providing the treatment and rehabilitation services:



Achievement - output level

- 20,908 patients already served as of December 2004
- 15,035 plus patients are under follow up care
- 21,292 surgeries, both major and minor have been performed so far
- 23,163 orthopedic assistive devices fabricated and

- distributed. Approximately 70% of disabled children need assistive devices
- More than 15% of the pediatric population served
- Health and rehabilitation mobile camps cater more than 2500 patients every year.

TARGET 6

Plan and execute education and training activities for clients and staff on matters of their immediate concern and preventive aspects of disabilities.

ACHIEVEMENT

- At least 20 innovative papers were presented by the medical team, HRDC in 2004 at different forums.

- Primary Rehabilitation Therapy Training
 - The sixth batch in primary rehabilitation therapy (PRT) training was successfully completed on the 21st of January 2004. There were a total 18 participants from different organizations.
 - Week long refresher training was conducted for 12 older graduates of PRT. This gave us an opportunity to re-validate our input level self-appraisal and get first hand feedback of the graduates after their field experience.
 - The PRT training for the seventh batch with 17 participants from different organizations commenced in August 2 and ended on October 18 with a positive appraisal from the participants.

- The head of Physiotherapy department participated in a conference organized by Physiotherapy Association, India from February 13 - 15, 2004.

- HRDC is organizing anaesthetic practical training to its nursing personnel for back-up support. In 2004, one staff nurse received practical training in Anesthesia at B & B and Patan Hospitals.

- Two "Train the Trainer" workshops were conducted at HRDC - one utilizing the skills of internal staff and the other using a trainer from Social Work Institute to empower core staff in training / session delivery skills.

- Mass sensitization education sessions were conducted twice in Banke District and a few times in Makwanpur district to more than 947 individuals who have stake in prevention and disability management.

- A teaching learning activity on physical medicine and

rehabilitation was conducted at HRDC jointly with BPK Institute of Health Sciences, Dharan, Nepal from September 27 - October 01, 2004. Residents of MS Programs in Orthopedic Surgery, Kathmandu University and MS (Ortho) Program, BPKIHS greatly benefited from the activity.

- Skill training was given to staff of three grass root level non-government organizations (Bal Kalyan Society- Bara, COSAN - Rautahat and Prerana - Sarlahi) on the fabrication of simple orthoses as part of empowering local organizations with an eventual increase in easy service access.

- HRDC staff from different departments participated in Orthopaedic Conference (ORTHOCON), Physiotherapy Conference, CBR National Network Conference.



Human resource and rehab manager talking to training participants



One of the graduates of primary rehabilitation training is reading out the text of the gift offered by the graduates to the team of trainers at the conclusion of the training

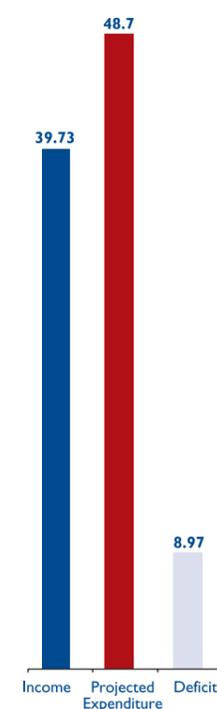
TARGET 7

Mobilize resources so that adequate funds (48.7 million rupees) are made available for HRDC activities.

ACHIEVEMENT

- The diagram below shows the summary of income and expenditure (in million rupees) based on the projected comprehensive cost (which includes depreciation also).

- Estimated income for 2004 was 34.6 million rupees. Though actual income exceeded the estimated income, we were still far behind meeting the comprehensive budget (48.7 million rupees) of



- Income and expenditure summary on operating cost:
- Income = Rs.39.73 million rupees of which 21.44% (8.51 million Rupees) was local income.
- Expenditure = Rs.37.35 million

Note: There is some saving on operating cost but deficit on comprehensive cost.

2004. There was a deficit of 8.43 million rupees (see the diagram on the right side).

DISABILITY FUND

- The pie chart (right) shows use of disability fund. A total of 252 patients benefited from the transaction (207 from partial waiving and 45 from the use of disability fund). There is a cash balance of Rs.110,870/- in the disability fund.



SPECIAL FUNDRAISING EVENT

A special event was organized on March 05, 2004 at Yak and Yeti Hotel to raise funds for, and raise awareness about HRDC to the society. The Fundraising manager Ms. Chetana Banskota planned, coordinated the ticket sales and secured sponsorship for the event. The event was a great success with a net profit of Rs.928,770.- The board and executive management team express their heartfelt thanks to

Chetana for her dedication and hard work in making the event such a success. We would also like to thank all the members of the HRDC team, their families and all supporters for their individual assistance in making the event such a success

For information, transaction statement of the Event is provided below:

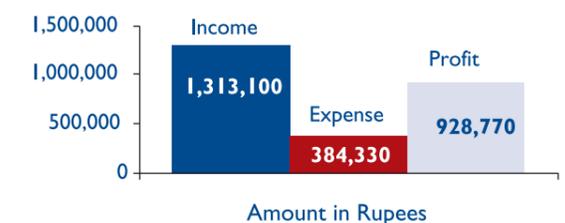


Chetana Banskota with her elder brother, Anil

"The Project is successful in controlling the administrative overhead, which is 2% (on an average) of the total income..."

Charter Accountant, Project Evaluation, 2001

Special Fundraising Event



Amount in Rupees

TARGET 8

Implement administrative and managerial policies approved by the executive board of the Friends of the Disabled.

ACHIEVEMENT

In general, the policies and by-laws approved by the board were implemented without hitch.

GENERAL ANNUAL GATHERING

In January we organized the second 'General Annual Gathering' the main purpose being to update HRDC's stakeholders on its development. Following a welcome by the chairman of the Friends of the Disabled, Dr. Ashok Banskota, the heads of departments presented a summary of their departments' progress during 2003. Reinhard Fichtl, from Terre des hommes also made a presentation on dealing with the current conflict situation.

communication among senior staff so that concerns could be dealt with transparently, establishing "Advisory Council, FOD" is in process.

MEDICAL IN-CHARGE

The medical in-charge Dr. Ravi Thapaliya resigned from his post at HRDC and left for Australia in March 2004. The second batch of two MS Students Dr. Binod Bijukachhe and Dr. Tarun Rajbhandari who graduated in September 2003, and continued their service at HRDC as registrars are assuming the responsibility of medical in-charge on a six month alternate basis.

and implementing a marketing plan. A few initiatives taken have been listed below:

- A half day long orientation on "Basics of Marketing" was organized in May 2004 for all board members, advisory council members and heads of departments and sections of HRDC. Mr. Bruce Moore, field director of Nepal for The American Himalayan Foundation gave us a good orientation on the subject. Based on the orientation a team was formed to select a marketing consultant for HRDC.
- The position was advertised and following review of the applicants and presentation from three, the consultancy J&T Associates was selected.
- In addition Ms. Raksha Bajracharya was appointed following an open advertisement and interview, as HRDC's new marketing manager.

DECENTRALIZATION OF HRDC'S SERVICES

Due to rising armed conflict in the country it has become extremely difficult to accurately predict the situation at a certain location and organize follow up care and outreach service. Therefore it has been decided to progressively devolve services to strategic locations in the country and manage the services from these locations. This ad hoc decision has been made for safety of all involved - the clients and HRDC staff. Preparation for implementing the decision is ongoing.

MARKETING

- Ms. Chetana Banskota who joined HRDC in the last quarter of 2003 as fundraising manager continued with us till May of 2004.
- Terre des hommes is supportive of our effort of seeking alternate avenues of sustainability. In 2004, Tdh allocated a budget for developing

CREATION OF ADVISORY COUNCIL, FRIENDS OF THE DISABLED

With the purposes of offering advice to the FOD that may bring far reaching results, creating young generation resources to compliment the management now and later to sustain the quality of HRDC's services and opening



Executive Board officials, major donor representatives, consultants, executive management team members and middle level managers of HRDC at the end of the annual general meeting of 2004

Comparative Achievement

	2004	2003		2004	2003
■ Patients			• Assistive Devices		
• New Identification	2998	2428	• Demand	1956	2036
• Follow up	6167	6430	• Supply	1833	1787
■ Medical			• Fabrication	1994	2009
• Admission	977	1004	• Repair	330	406
• Surgery	1249	1464	• Patients benefited	1267	1246
• Bed Occupancy	90%	82%	• Physiotherapy		
■ Rehabilitation			• In-patients	1545	1550
• CBR			• Out-patients	3306	3328
• Camps	2597	2546	• Treatment cycle	37015	36918
• Home visits	4719	4802	■ Treatment completion	242	100
• Districts	37	42	■ Annual cost per patient*	38332	30000

*Note: Annual cost per patient, in rupees, includes investment for total package of services.

Concluding Words From Executive Director

Dear friends,

Belated happy new year!

During 2004, your continued assistance kept us busy and your belief kept us energetic. Thank you very much for your confidence in us. On behalf of HRDC, may I take this opportunity to reaffirm our promise to address every need of physically challenged children in Nepal, with total dedication and the highest level of professionalism.



Despite the security situation remaining uncertain, an increase in the flow of patients, quality and compassionate work continues to be the hallmark of HRDC. In 2004, we overcame the challenge of managing an uneven influx of patients due to unpredictable occurrences of road blockade and strikes. We have maintained focus on opening up access to quality medical services and treatment at the hospital as well as via outreach programs for children with musculo-skeletal problems. No stone has been left unturned to make our presence useful to them.

The present political scenario has led the country and its regions into isolation. Aware of this, we plan to have more remote service centers at strategic locations throughout the country. This will not only help us to reach the previously unreachable but will also keep us focussed on empowering local networks. We have endeavored to progressively decentralize HRDC's regional services to two satellite centres in 2005 - Nepalganj in the Western region and Biratnagar in the East.

On behalf of the children and team at HRDC, I am very thankful to all of you for your invaluable contribution during these difficult times. We are fully committed to high quality treatment and rehabilitation services and any change in face of difficulties will not deter us from bringing positive change to the lives of physically challenged children. We are dedicated, as ever, to materialize the "hope on the hill Top" and to "enabling abilities" in the days to come.

Thanking you for your continued support.

Krishna P Bhattarai
Executive Director
HRDC

ANNEX A List of Donors, 2004

REGULAR INSTITUTIONAL DONORS

Terre des hommes, Switzerland
 American Himalayan Foundation, USA
 NGOD-FNEL, Luxembourg
 Christoffel Blindenmission, Germany
 All Together Now International, USA
 Ministry of Women, Children and Social Welfare, Nepal
 Rotary Club of Kathmandu Midtown and UNFPA

2004 INSTITUTIONAL DONORS

M/S H. Refrigeration & Electric Industries
 M/S Integrated Computer System
 M/S Movie Nepal Production
 M/S Bhakta Store
 M/S Economic & Counselor's Office (Chinese Embassy)
 M/S Rabina Construction Pvt. Ltd.
 M/S Kishan Printing Press
 M/S Mont View Presbyterian Church
 M/S Gupta Trading Concern
 M/S Rajbhandari Pharma
 M/S East West Concern Pvt. Ltd.
 M/S Great Himalayan Traders
 M/S Tirupati Pharma
 M/S Exclusive Nepal Tibet Carpet
 M/S Pharma Med International
 M/S National Electro Tech
 M/S Mediaids (Nuraz) Pte. Ltd.

M/S Siddharth Bank Ltd.
 M/S Anup Printing Press
 M/S Air Tech
 M/S Liberty Shoes
 M/S Agrawal Impex
 M/S Stabiline System Nepal
 M/S Sag Tani Overseas
 M/S P. K. Impex
 M/S Sugam Transport
 M/S Shishash Trade Link
 M/S CE Construction Pvt.
 M/S B. R. Group
 M/S Creative Builders Concern Co. Pvt.
 M/S Gupta Trade Concern
 M/S Orthopedica
 M/S Ethos Trade Concern
 M/S World Link Communication
 M/S Alliance Insurance Co. Ltd.
 M/S Nepal Investment Bank Ltd.
 M/S Rabina Construction Pvt. Ltd.
 M/S Nepal Lever Limited
 M/S PLAN Nepal
 M/S Austrian Round Table

INDIVIDUAL DONORS

Ms. Kopila Karki & Mr. Nil Bahadur Karki
 Ms. Deepa Pandey
 Ms. Sarah Miles, Canada
 Mr. Sanjeeb Prasad Shrestha
 Ms. Ursula Conrad
 Pt. Swasthani Bogati
 Pt. Santana Rai

Dr. Balram Joshi Gyan Bigyan Award
 Mr. Yadav Prasad Pant
 Mr. Beryl Fredrick, Spain
 Ms. Sheena Blackford, UK
 Dr. Charles McAdams
 Ms. Chetana Banskota
 Mr. Gavin Glascodine, Scotland
 Mr. Jochen Ohlmann, Germany
 Ms. Ram Devi Shakya
 Ms. Marilyn Lerner, USA
 Mr. Siddharth Raj Pandey
 Mr. Amy B. Yehling, USA
 Mr. Kishor Manandhar
 Mr. Subash Gupta
 Mr. Bhai Raja
 Mr. Rahul
 Dr. Karmacharya
 Mr. Manoj (Pearl)
 Mr. Suk Dev Joshi
 Mr. & Mrs. Omkar Lal - Shanti Shrestha
 Ms. Viola Pandey
 Mr. Manohar Prasad Sherchan
 Ms. Usha Dugar
 Mr. Chetu Prasad Regmi

ANNEX B List Of Collaboration Partners

1. PLAN Nepal, Banke, Makawanpur and Morang
2. Handicap International
3. Prerana, Sarlahi
4. UNICEF
5. CBR Biratnagar
6. Patan CBR
7. CBR Bhaktapur
8. Nepal Disabled Association: Kailali, Bara and Sarlahi
9. Nepal National Society Welfare Association, Mahendranagar, Kanchanpur
10. Apang Kalyan Sewa Sangh, Mahendranagar
11. World Vision, Sunsari, Lamjung
12. Palpa CBR
13. BASE Palpa
14. District Welfare Committee, Kapilvastu/ Ilam/ Nuwakot & Rupandehi
15. Himalayan Community Development Forum (HICODEF), Nawalparasi
16. Disabled Rehabilitation Center Nawalparasi
17. Partnership for New Life, Butwal, Rupandehi
18. Maitri Community Development Forum, Gaidakot, Nawalparasi
19. CBRS Pokhara, Kaski
20. INF/Partnership for New Life, Pohara, Kaski
21. Bardia Rehabilitation Center of the Disabled, Gulariya, Bardiya
22. Nepal Disabled Association, Biragunj, Parsa.
23. Sarbodaya Youth Club, Birgunj, Parsa
24. District Child Welfare Society, Kalaiya, Bara
25. Nepal Apanga Sewa Sang, Simara, Bara
26. Gramin Nari Utthan Sangh, Sarlahi
27. Community Organization Support Association Nepal, Makawanpur
28. Community Welfare Center Makawanpur
29. CARITAS Damak, Jhapa
30. Human Rights Consciousness and Development Centre, Panchthar
31. Helping Hands: Shankhuwasbha/ Panchthar
32. Apang Sewa Sangha, Dhanakuta
33. Center for Community Department and Research, Gorkha
34. GORETO, Gorkha
35. Tulasi Mehar UNESCO Club, Gorkha
36. Rehabilitation Center for Disabled, Damauli, Tanahun
37. Apanga Utthan Samaj Kapilvastu
38. Nepal Red Cross Society
39. 20 District Development Committees, 26 Municipalities, 1500 Village Development Committees

Quantitative Tragets of 2005

Assessment

New patients = 1200
 Follow up = 5400
 Admission = 1000

Surgery

Major = 988
 Minor = 780

Physiotherapy

	New Patients	Total Influx	Sessions
In Patient	1008	1680	36084
Out Patient	888	3960	4344

CBR

Home Visits = 4200
 Mobile Camp Round = 12
 Patients (Old & New) = 5398
 School screening camp = 30,000

Resources

Organization Funding = 80%
 Local Contribution = 20%

Note: Effort is going on to reduce external dependence

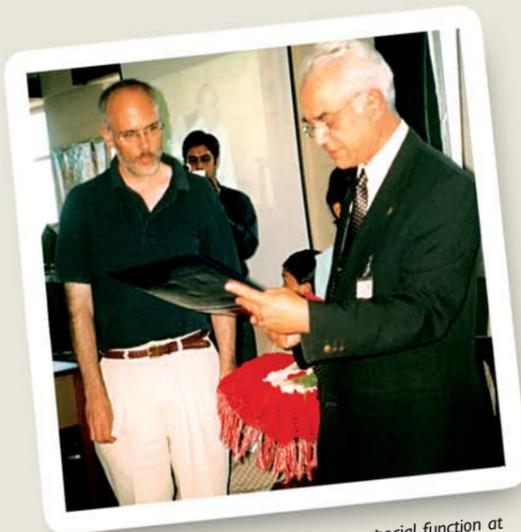
Appliance

Fabrication = 1800
 Beneficiaries = 1400



Vice Chairman of the FOD offering 'Tika' to a patient at HRDC during 'Dipawali' festival

NEWS IN PICTURE



Dr. David Spiegel being honored at a special function at HRDC, as honorary consultant orthopedic surgeon. Dr. Spiegel is in the Faculty of the Children's Hospital of Pennsylvania (CHOP), USA and has contributed to the development of post graduate pediatric orthopedic education at HRDC in collaboration with Dr. Banskota.



Prof. Jwala R. Pandey and other members of HRDC Faculty and staff look on as Prof. Banskota honors Dr. Spiegel



Dr. Banskota thanks a young Nepali business entrepreneur (Mr. Siddhartha Raj Pandey with blue t-shirt in the photo above) who generously donated one hundred thousand rupees to HRDC.



In the workshop on 'Mapping of Health Services in Disability' was organized in Biratnagar by CBR National Network Nepal, the director of HRDC played a major role. The chief district officer and other local government and non-government officials are seen in photo.



'CBR Regional Network (South Asian)' is conducting the 4th regional conference in CBR in Sept 2005 in Sri Lanka. The executive director of HRDC who is also regional coordinator of the network participated in the 'Preparatory Meeting' of the conference held in Dec 2004 with delegates from six neighboring countries.



A half day long 'disability orientation' was jointly organized by HRDC and Red-Cross in Parsa district. The director of HRDC made a presentation to local government authorities and representatives from non-government organizations.



The Rotarian Mr. Arun M. Sherchan handing over the cheque to HRDC's executive director. Note that HRDC is involved in awareness campaign of the reproductive health to families of disabled children. This is an integrated pilot project being run in two districts of Nepal with financial support from UNFPA and Rotary Club of Kathmandu Mid-Town.



National Civil Forum Nepal felicitated HRDC and its executive director for the contribution made towards children with physical disabilities of Nepal



Terre des hommes Nepal, Country Representative Mr. Reinhard Fichtl receiving the Organizational Honor from the then Prime Minister for its invaluable contribution towards the rehabilitation of physically disabled children through HRDC. The honor was organized by National Civil Forum Nepal.



Mr. Richard Blum, the chairman of American Himalayan Foundation (AHF) was felicitated by National Civil Forum Nepal for the continued valuable contribution to the rehabilitation of physical challenged children through HRDC. Mr. Blum was represented by Mr. Bruce Moore, the field director of AHF Nepal.



Participants of a Workshop in Nepalganj: A one day workshop was organized in Nepalganj to identify areas of involvement of HRDC's Satellite Centre.



The HRDC's executive director joined a team from Nepal to study 'Social Welfare and Security Systems' in Japan. The Chairman and officials of 'The Foundation for the Welfare and Education of the Asian People', Nepal's acting ambassador to Japan and his wife and other delegates are seen in the photo.

This picture shows the participants of the 2nd 4N Conference held in Kathmandu, Nepal. The Nippon NGO Network Nepal (4N) is the network of NGOs based in Japan. They work very closely with Nepali counterpart NGOs and Individuals. There are also efforts being made to establish a network of Nepali NGOs working with the 4N partners. The executive director of HRDC is the coordinator of the network.



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Majority of HRDC staff