

Since 1985

Hospital and Rehabilitation Centre for Disabled Children (HRDC)



Annual Report 2018

(2074/075)

Bridging Communities: Impacting Lives

A Program of the Friends of the Disabled (FoD)



"Let the Children Walk"

Progressive contribution in Pediatric Physical Disability Management

"The past showcases Significant accomplishments; the future promises a lot more."



HRDC in 2018

90,518 (35,666 girls)

Children benefitted

24,874 (9,520 girls)

Consultations

7,239 (2,899 girls)

New Children

44,214 (16,360 girls)

Surgical Interventions

2,244 (830 girls)

Surgical Interventions

Service Decentralization

2

Regional Centres
Nepalgunj & Itahari

7

Project Locations
Kavre, Dhading, Makwanpur, Rupandehi,
Gulmi, Arghakhachi & Lahan

50

CBR Workers

Quantitative Performances of 2018 and Targets for 2019

Headings / Indicators	Achievements						Target 2019
	1985-2018	2014	2015	2016	2017	2018	
1 Medical Consultation							
New Patients	90,518	5,643	5,351	7,322	8,340	7,239	6,080
Follow up	3,52,196	14,236	14,671	16,181	18,314	17,635	16,160
No. of Patients Received Radiology Services	64,389	2,926	3,136	4,314	5,014	5,159	6,000
No. of Patients Received Laboratory Services	97,627	4,248	5,980	7,785	10,641	10,193	14,522
2 In-Patient Services							
Admission	29,154	1,142	1,130	1637	2,077	2,037	2,000
Corrective surgery	44,214	1,637	1,729	2029	2,322	2,244	2,250
3 Community Based Rehabilitation							
Assessment in Early identification camp	1,60,218	3,766	-	4,037	705	1144	4,500
Disability orientation	1,13,949	14,150	15,796	8,653	11,022	13,169	10,000
4 Fabrication of Orthoses – Prostheses	75,128	4,558	4,394	4,975	5,545	6,049	6,300
Beneficiaries	38,811	3,470	3,240	3,041	3,824	3,956	4,200
5 Physiotherapy Assessment	1,39,164	6,798	7,617	7241	9077	7,632	7,700
Clubfoot Management through the Ponseti method	5,546	375	405	463	551	523	520
6 Treatment Complete / ADL Independent	15,003	439	281	55	108	285	350
7 Training and Education							
Primary Rehabilitation Therapy Training	425	38	20	29	31	12	15
Ortho Shoe Training	21	4	1	-	-	-	1

List of Abbreviations

ADL	Activities of Daily Living
AHF	American Himalayan Foundation
B.S.	Bikram Sambat
CBM	Christoffel Blindenmission
CBR	Community Based Rehabilitation
CFC	Clubfoot Clinic
CP	Cerebral Palsy
CPSP	Child Protection & Safe Guarding Policy
CSSD	Central Sterilized Supply Department
DAO	District Administration Office
DCC	District Coordination Committee
ERICE	Empowerment for Rights, Integration & Children's Equitable Choices
FoD	Friends of the Disabled
FWD	Female With Disability
HICBR	HRDC's Inclusive Community Based Rehabilitation
HOPS	HRDC's Orthotic Prosthetic Services
HPS	HRDC's Physiotherapy Services
HRDC	Hospital & Rehabilitation Centre for Disabled Children
INGO	International Non Governmental Organization
IDC	Inclusive Development of Children with Physical Disability
IDD	International Disability Day
IPS	Inpatient Services
LDO	Local Development Officer
MWD	Male With Disability
NGO	Non Governmental Organization
NPR	Nepalese Rupee
OPD	Out Patient Department
OR	Operating Room
PERIP	Post Emergency Response Implementation Plan
PRT	Primary Rehabilitation Therapy
PWD	Person with disability
RRC	Regional Rehab Centre
SWC	Social Welfare Council
TCL	Tender Loving Care
Tdh	Terre des hommes
UK	United Kingdom
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization

Presented with the **World of Children Award 2010**, **Stars Impact Award 2014** and **World of Children Alumni Award 2016**, and other numerous awards like the AHF Sterling Awards etc. in recognition of its adoption of the highest standards of governance. The Friends of the Disabled (FoD) is registered as a not for profit organization in Nepal.

It is a charity welfare organization run by and for the benefit of children with physical disabilities. It is a full member of the National Council of Social Service.

Our Vision

Creating an inclusive, compassionate and caring society, in which children with physical disability enjoy equal opportunities and optimum quality of life.

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Our Mission

Ensure equitable access to quality of life through appropriate interventions and enabling environments, for children with physical disability.

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Values and Principles

Values / Principles	dfgotf / I; 4f6tx?
1. Compassionate care with quality 'state-of-the-art' services.	!= pRr: t/sf]; eMaenKOf{; }f .
2. Support and promotion of enabling environments for social and economic re-integration.	@= ; fdlhs cly\$ Psls/ofsf nflu ; xofyl jftj /of >[hgdf ; xofyl .
3. Promotion of transparency and accountability	#= kf/blz{f / lhDd}f/lnf0{; Da\$ ug{.
4. Adherence to the fundamental principles of human rights and HRDC's approach base.	\$= dfgj clwsf/ / ; fdlhs ; /lffsf cfwf/e't l; 4f6tsf]cj nDag .
5. Adopting balanced approach to transparency and rights to information.	%= kf/blz{f / ; rgsf]clwsf/df ; Gthg .
6. Ensuring partnership and alliances at all levels including duty-bearers (government stakeholders) Rights-holder's community, service providers: NGO, INGOs, DPOs.	^= ; /f\$]jfnfx?; G ; femf/l tyf ; -hfnls/of ugI.
7. Respecting for confidentiality .	&= ufklgotfsf]; Ddfg ugI.
8. Adherence to principles of child protection and safeguarding.	*= afn ; Afof glt ckgfpg].
9. Regularizing appraisals/monitoring and evaluation and feeding back to improve services.	(= cfj lws nylfhlyf u/L ;]fdf ; wf/ Nofpg].
10. Respecting equity and diversity.	!)=; defj / lj lj wtsf]; Ddfg ugI.

The HRDC is a quiet oasis where disabled children can comfortably rest and receive the specialized treatment they so desperately need.

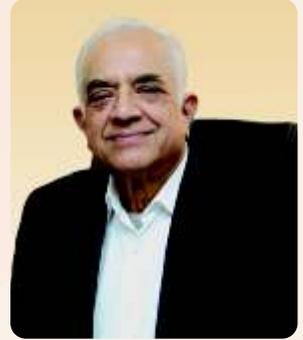
Contents

	Page No.
Enabling Abilities	I
Quantitative Performances of 2018 and Targets for 2019	II
HRDC Field Districts as of December 2018	III
List of Abbreviations	IV
Our Vision Our Mission	V
Message from the Chair	1
An Overview of FoD / HRDC	2
About US	3
Core Operation	6
The Typical Surgical Procedures	6
The Children And Child Protection & Safeguarding Policy	6
Our People (Target Beneficiaries)	7
Criteria for Accessing	7
Education at HRDC	7
Prosthesis and Orthotics at HRDC	8
Physiotherapy at HRDC	8
Research at HRDC	9
Expansion of HRDC	10
Decentralization of FoD/HRDC services from east on permanent structure	10
Stories	11 - 14
Our Objectives and Activities	15
Total Consultation	16
Our Finances	18
Thank you to our supporters	19
How You Can Help	20
Looking to the Future	22
Pictorials	23 - 28
What Parents have to say	28

Message from the Chair

Dear Friends,

Greetings to all our worldwide friends whose support has taken HRDC to newest heights in its quest to improve the plight of physically disabled socio-economically disadvantaged children. Our expertise at our hospital center continues to get better with our patients receiving the best possible comprehensive care delivered through a large committed multi-specialty team. This treatment is delivered in a homely environment respecting and protecting all children's rights through the vibrant implementation of our own child protection rights policies.



Our community outreach programs continue to grow and the volume of work output on all floats has reached new records. Although this is rewarding news demonstrating the extreme popularity of HRDC services, the ever-increasing workload is placing heavy financial burdens on our operations. We are engaged in an intensive and desperate effort to engage local and central government and to also seek assistance through near friends!

Our past earthquake construction which has been stalled several times is finally showing some endpoints. A new children's ward was brought into operation recently and hopefully, we will gradually conclude the remaining near construction ones the next few months.

It is always a great privilege to be able to express my sincere thanks to each and every one of you who has contributed to the HRDC, through this annual newsletter. Please follow us on our re-formatted website and don't hesitate to garner near friends who might be able to further assist us to help those children. Wishing you all health, happiness and success.

Prof. (Dr.) Ashok Kumar Banskota
Chairman
FoD / HRDC

Although the world is full of suffering, it is full also of the overcoming of it.
-Helen Keller

Our Brief History

In 1985, Dr. Banskota started out in Jorpati, where a small hospital was built with help from Terre des homes (Tdh). In 1988, a new relationship was established with the American Himalayan Foundation, which helped HRDC further, expand its services.

In 1992, the ownership of the program was transferred to the Friends of the Disabled (FoD), a Nepalese non-governmental organization. The HRDC's growth continues to benefit the children with physical disability in Nepal. In 1993, our 54 staff members provided services to a total of 4,638 children with physical disability; of these, 515 cases included surgeries.

By 1993, FoD/HRDC entered into a general agreement with the Nepalese Government's Social Welfare Council, which sparked the process in building a hospital designed for children with physical disabilities. With the support of donors such as the Luxembourg Government and Luxembourg scouts, HRDC was able to move in to our current facilities in Banepa in 1997. In another relationship initiated 1998 with CBM and the American Himalayan Foundation (AHF).

The Friends of the Disabled continues to increase the number of children reached, by providing a comprehensive, high quality package of services; including hospital care and community based awareness efforts on disability in Nepal.



Initial HRDC at Jorpati



Interim HRDC at Dhobighat



HRDC Complex, Banepa

Life is like riding a bicycle. To keep your balance you must keep moving.
- Albert Einstein

Since its first step in 1985, HRDC has seized every opportunity to grow its commitment and capabilities to deliver more every day. It all started as Treatment and Rehabilitation Program on September 05, 1985 which evolved to what we now call Hospital and Rehabilitation Centre for Disabled Children (HRDC) managed by The Friends of the Disabled (FoD). And from its very inception HRDC has been exceptionally committed to its mission of ensuring equitable access to quality of life through appropriate interventions and enabling environments, for children with physical disability from its current location at Adhikari Gaon, Janagal, Ugratara Banepa 11 and through its Community-Based Rehabilitation Programs. Given the resource and regulatory constraints, its impact has been phenomenal earning several national and international awards for its service to disadvantaged children from institutions like World of Children of USA, and Stars Foundation of UK amongst others.

Given the fact that the Government of Nepal has yet to initiate tertiary pediatric orthopedic care and its closely allied disciplines such as Physiotherapy, Prosthetics – Orthotics in provincial and in district hospitals, HRDC's contribution in the field is irreplaceable. Tertiary care in private set-ups is limited and HRDC almost single-handedly has carried the responsibility and come to a stage where it has evolved to provide care to more than 24,000 children with physical disability per annum reaching communities in the most rural corners of the country riding on the strengths of its inclusion programs through Community Based Rehabilitation (CBR) approach.

Our delivery model has touched nearly 90 thousand children. It has touched lives with our characteristic Tender Loving Care (TLC) and continues to be inspired by our quest to create new paradigms. We are constantly thinking beyond today's realities, and evolving smarter and better care for tomorrow. We recognized evolving trends in socio-economic conditions and lifestyles and anticipated their consequent implications on Nepal's pediatric disability management framework and demand curve. We responded by ramping-up our facilities — from 25 beds, we are now reaching to 100 beds soon; continuous investments have been made to introduce cutting-edge technology and engage doctors with proven expertise. Facilitating the highest standards of pediatric disability management delivery remains our enduring mission.



HRDC CBR team

HRDC's integrated Community Based Rehabilitation (CBR) has been the other strategic additionality that has enabled HRDC to reach far and wide into the rural corners of the country identifying, assessing, consulting, motivating and bringing children through its outreach activities. The escorting service to the target group (children and families) initiated

The only way to build resilience is to set a goal and go after it.
– Kurt Fearnley

in 1988 has seen exponential growth and is functioning most effectively with a strong community network of service providers and stakeholders. This multi-sectoral approach focused on the community has empowered children with disability to access the benefits of health, education and social services to improve the quality of their lives.

HRDC is Nepal's leading not for profit healthcare services provider in pediatric physical disability management under the Friends of the Disabled (FoD), and is among Nepal's largest CBR networks. It was founded by Prof. Dr. Ashok Kumar Banskota, a recipient of the prestigious World of Children Award (2010), Stars Impact Award (2014) and World of Children Alumni Award (2016).

Prof. Dr. Ashok Kumar Banskota was conferred with these awards by the World of Children (US) and Stars Foundation (UK) in recognition of his pioneering contribution to Nepalese healthcare in physical disability management. The World of Children Award is, the highest honor, felicitates for untiring efforts to take quality healthcare over nine million lives.

Our continued work has been made possible, because of your care and concern for our needy children with physical disability, our ethos and our cause.

Over the years, we have strengthened healthcare delivery, focusing on high-end tertiary care to quaternary care, secondary care, primary care and day-care facilities across India. Our expansion of HRDC services — testifies to our commitment to provide quality healthcare to the children in need. We have been and continue to remain committed to delivering superior HRDC service in an environment of continuous improvement. We innovate, embrace change and run the extra mile to deliver on our promises, safely and responsibly.

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

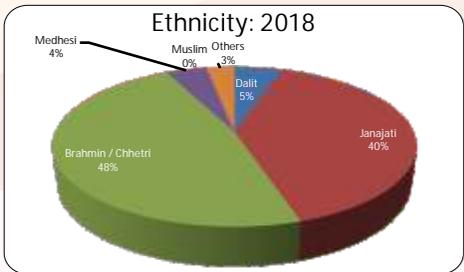
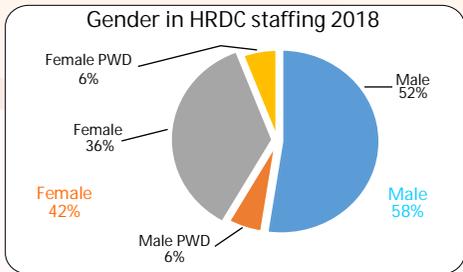
HRDC as one of the largest dedicated tertiary level pediatric orthopedic hospital and rehabilitation centers in Nepal, medical and social rehabilitation program embraces the children as a whole and addresses their full spectrum of medical, therapeutic and social needs. HRDC further promotes social development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

It was ability that mattered, not disability, which is a word I'm not crazy about using.
- Marlee Matlin

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

	Totals	Female	Male	Total PWDs	FWDs	MWDs
Dalit	11	3	8	2	1	1
Janajati	88	37	51	10	5	5
Brahmin/Chhetri	91	40	51	9	5	4
Madhesi	9	2	7	1	0	1
Muslim	0	0	0	0	0	0
Others	7	4	3	2	1	1
Totals	206	86	120	24	12	12

HRDC operates two regional centers. Itahari in the east, Nepalgunj in the west and four project offices to improve access to HRDC services and networking through decentralization for children with disability from disadvantaged and marginalized communities. A total of 206 (42% female) competent inclusive staff members fully engaged at different capacities and out of those 24 (12%) are with disabilities and the given graphical analysis clearly explains the inclusive staffing at HRDC.



HRDC's surgical suites equipped with 6 sophisticated operating rooms and are being used for selected surgeries. Special thanks to the AHF for the support for the addition of a new operating room at HRDC for reduced surgical waiting time. In the year 2018, over 2,200 surgical interventions carried out of those 24,874 consultations.



Ilizarov ring being fixed



HRDC's new OR

There is no greater disability in society than the inability to see a person as more.
-Robert M. Hense

Core Operations

Relying heavily on donations from, and the support of, the public, and individuals to defray its operational costs in carrying out HRDC work, FoD/HRDC aims to further the cause of our community members with disabilities, by providing programs and services to their benefit, ranging from medical and social rehabilitation therapy and to social support & reintegration.

Upholding the belief that children with disabilities should not be denied opportunities, the HRDC services introduced on September 5, 1985, and this was the initiation of the affordable HRDC services for the physically challenged children, allowing them access to an affordable, as well as reliable and safer care. These have helped to fill the gap allowing them access to affordable services, as well as reliable and safer means.

The Typical Surgical Procedures

Orthopaedic & reconstructive surgery: concerned with conditions mostly involving the musculoskeletal system that include post-burn contracture, hip fracture, foot and ankle, hand-reconstruction, spine, hand & wrist, clubfoot and etcetera, hip replacement.



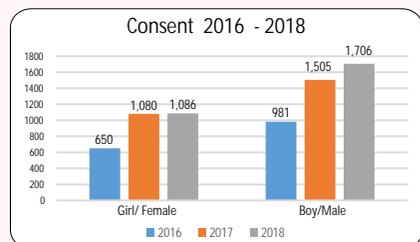
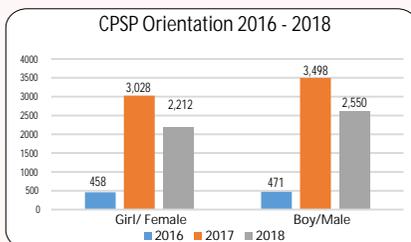
Surgery at HRDC

The Children And Child Protection & Safeguarding Policy

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

Delivering excellent care and education is our continuous pursuit. Staff members and parents of the children encouraged to recommend changes, sharing feedbacks, and learn from their peers. Open communication and a culture of collaboration lead to the best possible outcomes.

Children are identified as a vulnerable group in need of a degree of safeguarding. About 15% of children have some forms of disabilities, which can increase their level of vulnerability. How disability is perceived by others may affect the way they work with these young people in coping with life's risks, which may be increased due to the disability. Since its inception, HRDC aims to give them maximum autonomy, self-reliance, empowerment, and independence by early medical and social interventions.



I am different but not less.
- Temple Grandin

Our People (Target Beneficiaries)

Criterion for accessing treatment and rehabilitation services at HRDC

- Rehabilitation services is provided to the children with physical disabilities without any economic, geographical and political barriers
- Priority is given to children with physical disabilities from disadvantaged communities.



Children are queuing for their turn to be screen at camp

Education at HRDC

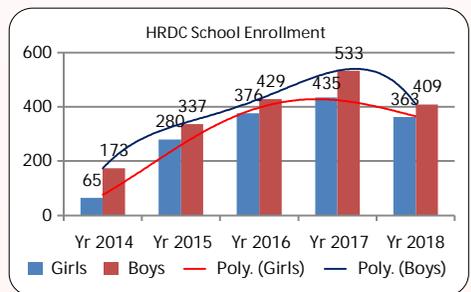
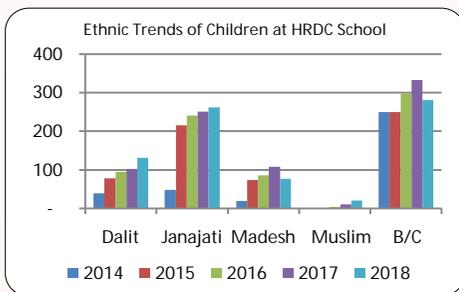
An estimated 90% of children with disabilities in the developing world do not go to school. In a resource-poor country like Nepal, giving a child with physical disability access to education gives them the tools needed in order to become a productive part of society.

Since many children come from remote areas and many undergo protracted treatment, the average length of hospital stay is about three weeks. However, with more serious procedures children have to stay at HRDC for months and months. This causes a great gap in their already limited access to education. The FoD decided to open up an informal "HRDC School" from where children can be benefitted. The HRDC School started in 2014 with the aim of providing continuing education to the admitted children.



HRDC's school plays vital role in treatment

At HRDC three in-house teachers ensure that regular classes following national curriculum continue during a hospital stay. The school space is also utilized to deliver parent education classes on preventable disability, lessons to overcome the social stigma surrounding disability, and interaction programs where families talk to each other about their child's disability and treatment. So far 3,400 (1,519 girls) children have benefitted from the HRDC School and following are the graphical illustration.



Disability is not a brave struggle or courage in the face of adversity. Disability is an art. It's an ingenious way to live.

-Neil Marcus

Prosthesis & Orthotics at HRDC

HRDC's Orthotic Prosthetic Services (HOPS) is a nation-wide service with facilities in Banepa, Itahari, Nepalgunj, and Butwal. HOPS play an important role in the treatment and rehabilitation of children through the provision of orthotic, prosthetic and specialized seating services.

Inpatient orthotic and prosthetic services are provided at Banepa only whereas and outpatient services are being offered at all other facilities.

Access to HOPS is prioritized dependent upon urgency and accordingly attended to within acceptable time-frames. So far 38,811 children with physical disability have been benefitted from 75,128 assistive devices and following are the graphical analysis for the year 2018 where 3,956 children benefitted from 6,520 assistive devices.

Assistive Devices Orthosis Prosthesis	Total	HRDC Banepa	HRDC Nepalgunj	HRDC Itahari	IDC Butwal	CFC Lahan	PVF	PIE
Foot Orthoses	3,121	1,355	460	1,017	289	--	--	--
DB Splint	888	403	162	245	78	--	--	--
Lower limb Orthoses	1,835	1,365	65	168	237	--	--	--
Spine / Upper limb Orthoses	107	95	7	--	5	--	--	--
Upper limb prosthesis	3	2	--	--	1	--	--	--
Lower limb prosthesis	94	82	3	--	9	--	--	--
Wheel Chair	11	11	--	--	--	--	--	--
Aluminum Crutches	188	139	6	6	15	18	3	1
Wooden Crutches	57	42	--	1	8	5	1	--
Walker	216	150	1	1	31	27	6	--
Total	6,520	3,705	704	1,438	673	50	10	1



HOPS Manufacturing unit

Physiotherapy at HRDC

HRDC's Physiotherapy Services (HPS) is a nation-wide service with facilities in Banepa, Itahari, Nepalgunj, and Butwal. Children with a physical disability can be defined as a treatment method that focuses on the science of movement and helps people to restore, maintain and maximize their physical strength, function, motion and overall well-being by addressing the underlying physical issues.

Inpatient physiotherapy services are provided at Banepa only whereas and outpatient services are being offered at all other facilities and 14,827 children with physical disability have been benefitted from 66,582 sessions in 2018 as elaborated in the given tabular format.



Physio service at HRDC

	Total	HRDC Banepa	Central CBR	RRC Itahari	RRC Nepalgunj	CFC Project	IDC Project	ERICE Project	PERIP Project
No. of children with disability	14,827 (GIRLS: 5,730)	9,895 (GIRLS: 3966)	1,184 (GIRLS: 438)	1,158 (GIRLS: 418)	457 (GIRLS: 169)	770 (GIRLS: 169)	903 (GIRLS: 370)	49 (GIRLS: 22)	411 (GIRLS: 178)
Physio assessments	5,436 (GIRLS: 2,212)	3,714 (GIRLS: 1523)	105 (GIRLS: 47)	517 (GIRLS: 203)	135 (GIRLS: 50)	136 (GIRLS: 40)	763 (GIRLS: 323)	3 (GIRLS: 1)	63 (GIRLS: 25)
Physio reassessments	9,391 (GIRLS: 3,480)	6,181 (GIRLS: 2443)	1,079 (GIRLS: 391)	641 (GIRLS: 215)	322 (GIRLS: 119)	634 (GIRLS: 129)	140 (GIRLS: 47)	46 (GIRLS: 21)	348 (GIRLS: 135)
Physio sessions	66,582 (GIRLS: 28,144)	57,578 (GIRLS: 25034)	1,197 (GIRLS: 438)	2,281 (GIRLS: 721)	1,117 (GIRLS: 374)	1,524 (GIRLS: 381)	2,178 (GIRLS: 884)	49 (GIRLS: 22)	658 (GIRLS: 290)

No disability or dictionary out there is capable of clearly defining who we are as a person.

-Robert M. Hensel

Research at HRDC

A research study is a scientific way to improve or develop new methods of health care. Studies are designed to answer specific questions on how to prevent, diagnose, or treat the disability. Many types of research studies exist. For example, studies use interviews or surveys to understand health or behavior. Research studies are important because they contribute to knowledge and progress on treatment procedures and modality. Research is the fastest and safest way to find treatments that work. HRDC has been actively involved in research since its inception. Around 40 articles were published in various national and international journals.



Delegation from Swiss at HRDC



Children being assessed by doctor at camp



Children & Parent get along with each other at HRDC



Kids love to pose for photograph



Demographic information being update at camp



Tender loving care by parent

When you have a disability, knowing you are not defined by it is the sweetest feeling.
-Anne Strike

Expansion of HRDC



CSSD / Laundry Block



Ward Block

As planned in 2015, HRDC has been working in full swing to expand HRDC services by adding up more facilities so that the children with physical disability can be benefitted in a more effective way towards their social and medical healing process so that they can be reintegrated. The ongoing construction supported by the American Himalayan Foundation, the Direct Relief and the CBM Canada.



Kitchen Block

Decentralization of FoD/HRDC services from east on permanent structure

A group of local people from Itahari has donated 2,811 square meter land to FoD/HRDC some 5 years ago. FoD/HRDC has already constructed the compound wall in 2016 with an investment of around NPR 2.5 million.

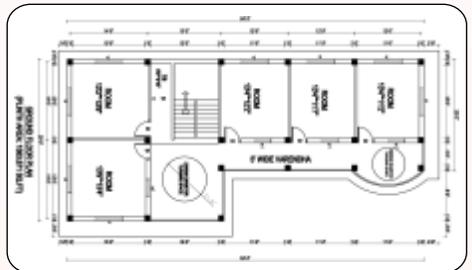
A construction committee has been formed in the leadership of the local people for construction and as an initial phase of planning, an annex building estimated around NPR 7.0 million, will be constructed within 2019. Required financial supports will be managed locally. We would like to thank Ministry of Social Development and Itahari Sub-metropolis and the Civil Society.



Proposed annex building, Itahari



Construction committee members



Floor plan of proposed annex building at Itahari

Disability is a matter of perception. If you can do just one thing well, you're needed by someone
 .-Martina Navratilova

"The Empowered Girl"

Huma Pun, a 16 years young girl is the first child of the Pun family. Father Chunam lost his wife due to the complication during the delivery of Huma. She recalls, "My mother died while giving birth to me and my auntie took me to her home for my care."

When Huma was 9 months old, she crawled near to the fireplace where she fell off into the fire and badly burnt both her legs. She was immediately rushed to a nearby health post. Required initial treatment carried out and then advised the family to take her to Kathmandu soonest possible. Due to the poor economic condition of the family, they could not afford to take Huma to Kathmandu resulting in the loss of both her legs.



Before Treatment

The father Chunam and stepmother Gita have 4 other siblings. Huma has to look after them as she the eldest child in the family. Father Chunam works in India as labor for their survival whereas the stepmother Gita is an alcoholic.

Huma is an enthusiastic girl and keen in her study. Her uncle and aunt enrolled her into a local school where she used to crawl every day for an hour to reach to the school. She finds herself difficult to sit on the school bench due to her condition of disability. Kids always taunting her and almost she gave up her school.

In HRDC's Gulmi mobile camp, Huma came with her cousin. The camp team assessed and referred to the HRDC Banepa for further intervention. On the given date she came to HRDC with her uncle and cousin with a hope that she would be able to walk like others. After the required investigation, Huma had to face a few surgical procedures so that the customized below knee prosthesis (artificial legs) can be fitted.



During Treatment at HRDC

Huma is a very happy girl with the bilateral prosthesis (artificial legs). She continued back her school as she feels that the prosthesis made herself more empowered and stronger.

Huma recalls that she was not able to even stand but now she feels competent enough and does not require any support to carry out any activities she wanted to.

Huma also helps her family in regular household chores and looks after her other 4 siblings. Her family, relatives, neighbours, and the people from the community are not tired of praising the HRDC's deed.



After Treatment

If I waste of time to be angry about my disability. One has to get on with life and I haven't done badly. People won't have time for you if you are always angry or complaining.

- Stephen Hawking

"The positive change in the community"

There was no limitation of happiness in the family with Sumina's birth until they get to know that there was some problem in her both legs. After realizing the problem, the family thought that the "God" cursed them and there would be always a burden on them due to this. This news spread like a fire in the bush and the surrounding people started humiliating the family. Due to the superstition, they never took her to any hospital to treat. Finally, someone advised them to go to HRDC for affordable treatment and accordingly Sumina was taken to HRDC Nepalgunj.

Sumina's family reluctantly brought her to HRDC Nepalgunj as they have completely lost the hope of improvement. At HRDC Nepalgunj, an initial assessment carried out and diagnosed as clubfoot and started the treatment process with the "Ponseti" technique. After eight weeks, a small surgical intervention carried out at a local hospital in Nepalgunj and sent them back home on the same day.

The mother was given some insights and tips on physiotherapy that needs to be applied at home for Sumina on a regular basis. Also, a pair of clubfoot shoes were provided that need to be wear on a continuous basis. This helped a lot for her rehabilitation process. Gradually the legs turned into normal position and no difficulties felt while walking.

Sumina is one of the luckiest kids has such wonderful parents who did all the required efforts without any complaint about the correction of the deformity. The family did not have to spend anything on this. She has been monitored on a regular basis by HRDC's field worker.

Now, Sumina is already enrolled in a nearby school. She enjoys participating in social activities and cultural events with her family. She is quite fond of playing games with her friends. Seeing the drastic change in Sumina's condition, the same flocks of surrounding people have started praising the brighter girl. The family is very thankful to the FOD/HRDC.



Before Treatment



During Treatment at HRDC



After Treatment

We all have ability. The difference is how we use it.
- Stevie Wonder

"Much more confident"

When Krishna Kumari was just four, her spine started to curve. Her family did not know why it happened, but her spine started curving more and more and soon whatever she did became difficult. She couldn't walk uphill and she even found it hard to sleep.

Krishna Kumari's school wasn't closer by and she had to climb a bit of a hill to get there. Even so, she would drag herself there whatever way she could, taking an hour or more. At school, all the kids used to make fun of her "kumli" (hunchback) and laughing at her. Faced with their mean taunts, she felt humiliated and soon lost interest in going to school.

Krishna Kumari was born into a poor family. She is the fourth child of the family. Of course, when her spine started curving, her parents wanted to have it treated. They went to a nearby hospital in their hometown in Baglung but found that the treatment was expensive. There was no way on this earth they could raise that much of money and returned home without treatment.



Before Treatment

In the year 2008, somehow they came to know about HRDC and Krishna Kumari was brought to the Hospital and Rehabilitation Center for Disabled Children in Banepa where the experts did all the required diagnostic investigations. The team figured out the problem and suggested for surgical intervention to straightening the curved part of her spine. She stayed at HRDC for almost three months where she was provided with all the support including medication, physiotherapy, and the assistive device.

Today, Krishna Kumari wears a spinal brace to keep her back straight and strong. The surgical team removed the hump, she looks the same as others. She can walk and run and do all sorts of other activities without any problem. She resumed back her school and her classmates have stopped teasing her. She looks the same as everyone else. Now she can walk and run and do all sorts of other activities without any problem.

Krishna Kumari says "I am much more confident now". She's begun to believe that she can be successful in her studies as well as in any other endeavors whatever she decides to do.



After Treatment

The only thing greater than the power of the mind is the courage of the heart
? John Nash

"Very Happy and Thankful to HRDC"

Bibek was born on November 18, 2002 (2 Mangshir 2059 B.S.) with bilateral club feet as the eldest son to the family of Fagunal & Chanawoti Gangai. The family resides in Ratuwamai Municipality 4, Sigari Tole located 45 kilometers east from Biratnagar.

Despite the notice of clubfeet at the time of birth, both parents and relatives were not willing to take Bibek for treatment as they thought it was due to the curse of God. For almost 10 years Bibek was deprived of treatment.

Bibek was around 10 years when our social mobilizer first met him. It was not possible for our social mobilizer even with several attempts to convince the parents that the deformity can be corrected. Then our social mobilizer took help from local DPOs, the staff of Health Post so that the family could be convinced for treatment but the parents did not take it seriously as they thought "the deformity created by god hence treatment is not possible at all".

Almost after 6 years, in February 2017, HRDC's senior member met him again and did proper counseling and finally, the family reluctantly agreed for Bibek's deformity treatment and accordingly he arrived at HRDC. Immediately upon arrival, the HRDC team assessed and did required investigation for his treatment process.

Accordingly, surgical procedures (Ilizarov ring) were carried out on Bibek's left leg at first then the right leg after some time. It took almost 14 months for the correction of deformity with lots of physio and orthosis efforts including the regular and intense follow up from HRDC CBR.

Now Bibek can walk around without support of any assistive devices and resumed school. He also helps in regular household chores and eagerly participates in other socio-cultural activities. According to the ward chairperson, "the family members are very happy and thankful to HRDC, and due to this, the credibility of HRDC has increased a lot".



Before Treatment



During Treatment at HRDC



After Treatment

Remember to look up at the stars and not down at your feet.
- Stephen Hawking

OUR OBJECTIVES

FoD/HRDC has been serving the pediatric population who suffer from physical disabilities since its inception by providing surgical and social interventions regardless of geographical and political boundaries to ensure mainstreaming.

THE RESULTS

Since its inception over 90,518 (children with physical disabilities is being served from FoD/HRDC. This included 35,666 girls.

In the year 2018, alone, 24,874 (9,520 girls) benefitted from the FoD/HRDC interventions throughout the nation.

Disability management is a never-ending process. The types and nature of disability change its form, as changes occur in our society. It is in this context; HRDC is operating as one of the tertiary referral centers with comprehensive management of children with physical disabilities and has successfully intervened 24,874 cases in 2018 alone and of those 10,193 (41%) pathological services, and 5,159 (21%) imaging services contributed to identifying the right causes of problems for further intervening the chief cause of impairments.

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



Twins with CP being managed with walker in camp



Club foot being assessed in camp



Disability orientation at Mugu



Mother's love

A child is only as disabled as their environment and the beliefs of the people around them.

- Bala Pillai DPT, PCS



HRDC

Total Children: 12,388 (Girls: 4,820)

New Children Registered: 2,704 (Girls: 2016)

Follow up: 6,684 (Girls: 3,804)

Total Consultation
(Jan - Dec 2018)
Total Children: 24,874
Boys: 15,354 Girls: 9,520

Total New Children: 7239 (Girls: 2,899)
Total Follow up: 17,635 (Girls: 6,621)



Fields

Total Children: 12,486 (Girls: 4,700)

New Children: 4,535 (Girls: 1,883)

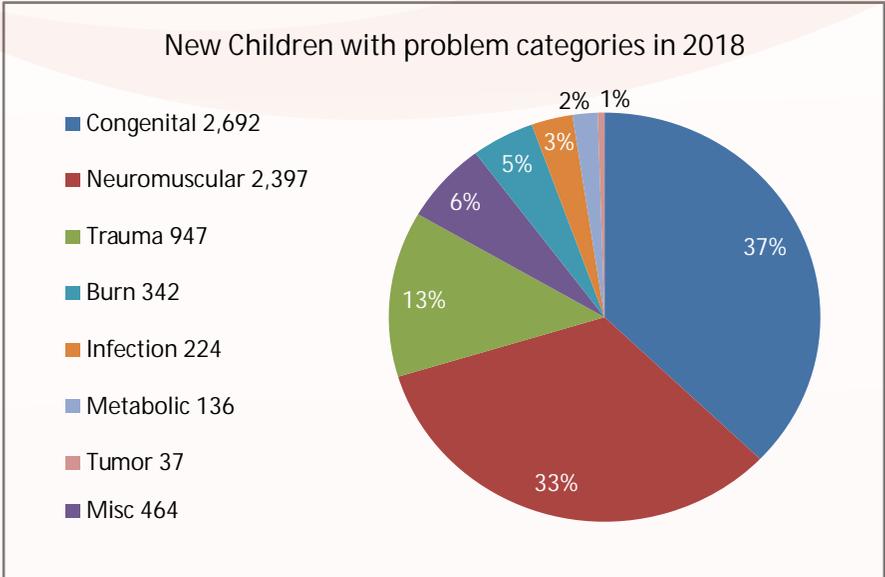
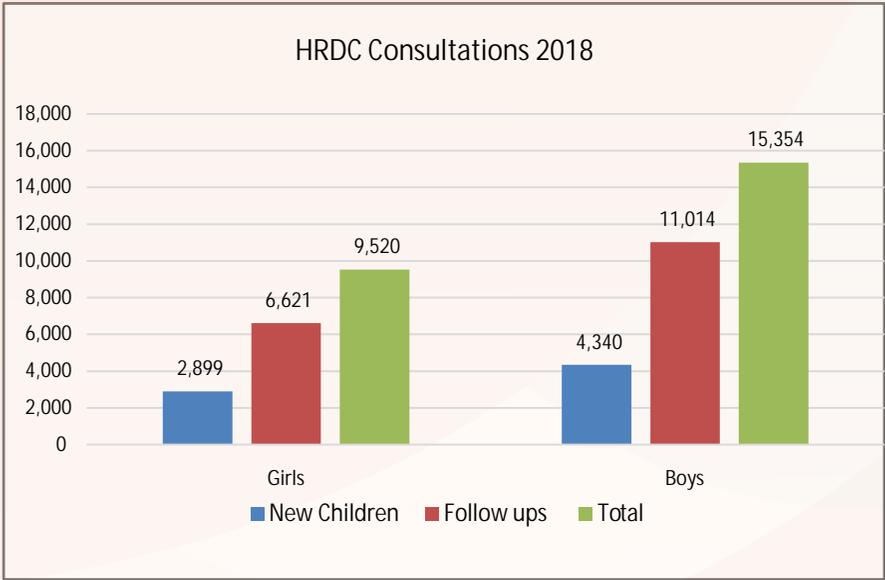
Camp: 2,949 (Girls: 1,234)

CBR Staff RO, CRC: 1,586 (Girls: 649)

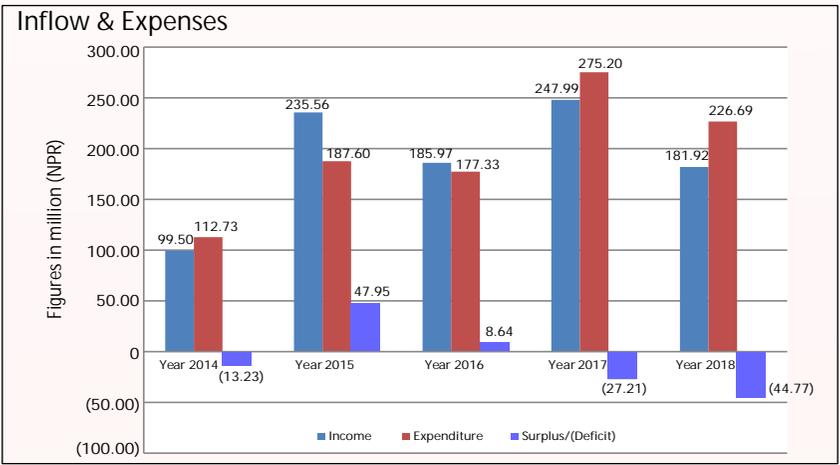
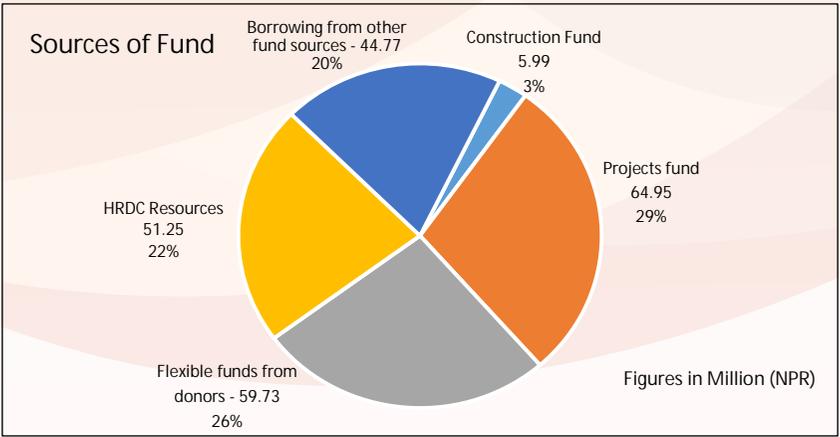
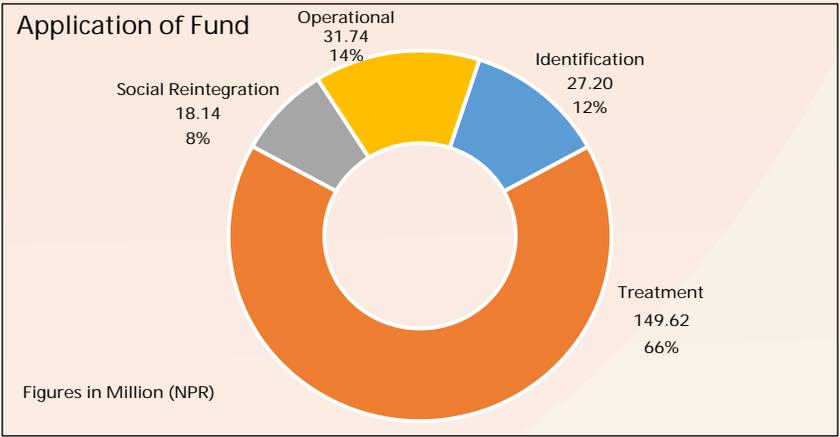
Follow up: 7,951 (Girls: 2,817)

Camp: 2,057 (Girls: 737)

CBR Staff: 5,894 (Girls: 2,080)



Each handicap is like a hurdle in a steeplechase, and when you ride up to it, if you throw your heart over, the horse will go along, too
 - Lawrence Bixby



Disability is not a brave struggle or 'courage in the face of adversity.' Disability is an art. It's an ingenious way to live.
- Neil Marcus

THANK YOU TO OUR SUPPORTERS

Collaboration is at the core of our work to improve health and save lives through the power of innovation. We thank to all those individual donors, foundations, corporations and institutions that supported FoD/HRDC's work in 2018.



Indreni
International



HELPING HAND
FOR RELIEF AND DEVELOPMENT

FONDATION
PRO VICTIMIS
GENÈVE

Friends of HRDC, USA

Friends of HRDC, CH

Let the Children Learn

Disability is a matter of perception. If you can do just one thing well, you're needed by someone.

- Martina Navratilova

HOW YOU CAN HELP

Volunteer your time:

Whether it's a one-off or something you do on a regular basis, volunteering is good all rounds. As well as making a positive contribution to the happiness of others, it's a great way to meet people, get the most out of your local area and to increase your own happiness and wellbeing.

Science shows that we can get as much out of volunteering as the people we are giving our time for or to.

Giving to others through volunteering and in other ways has been associated with reduced depression and anxiety and increased personal wellbeing and happiness. Indeed one researcher described the 'helpers high'.



Volunteers at HRDC

What's more, volunteering is one way to actively participate in social and community life, which is also strongly associated with happiness and life satisfaction.

Make a donation: Support the Friends of the Disabled (FoD) for HRDC purpose for serving the children with physical disability of humanity's creative spirit and supporting the caretakers of our cultural heritage.

Consider making a gift, of any size, to strengthen the FoD/HRDC that supports the intervention of children with a physical disability so that they can be reintegrated into their own communities.

Your investment in the FoD/HRDC's people, programs, and resources will help improve the lives of the children with physical disability. Friends of HRDC is a registered charity in the US.

Leave a bequest:

A legacy or bequest is a sum of money, items of property, or possessions left in your will to individuals, groups, organizations and/or charities. There are a number of different ways to include FoD/HRDC Nepal in your will.

Bequest of all or a share of the net estate – the net estate is the amount left after all other gifts have been made. Many supporters find this is the simplest way to support us after ensuring that provision has been made to those closest to them.

Fixed sum bequest – this is a request for a specific amount of money. Solicitors often advise that bequests of this kind be regularly reviewed to allow for inflation.

Specific gifts/bequests – your gift need not be cash. You can give shares, bonds, jewellery or valuables, an insurance policy or even real estate property.

We deeply appreciate your bequest - however big or small your gift is, you can be sure that it will mean a lot to the people we work with especially children with physical disability from Nepal.

Become a corporate partner:

A corporate partnership with FoD/HRDC provides an opportunity for your company to impact the lives of children in need of specialized pediatric care and align your brand with the most renowned children's hospital in Nepal. With your corporate support, our children with physical disability (patients) benefit from new technology, the latest research and the best experts who are able to provide the highest level of care in a compassionate, family-focused and safe environment. Choosing FoD/HRDC All Children's as your philanthropic partner or beneficiary helps to create healthy tomorrows...for one child, for All Children.

There are a number of ways for your company to partner including philanthropic activities, events, employee-led engagement, and community programs. Our goal is to customize the involvement that is best for you.



Busy OPD at HRDC



Wound care at camp site

Other ways you can help our cause:

The FoD/HRDC has several ways you can contribute your time and treasure that will assist us to fulfill our mission to help children with disabilities. There are simple things you do in your everyday life that can help the FoD/HRDC significantly. These include engaging us on social media, hosting and/or attending fundraisers and benefits. Check out these opportunities and begin donating today!



Play therapy at HRDC



Cast being applied at Dolakha camp

The only disability in life is a bad attitude.
- Scott Hamilton

LOOKING TO THE FUTURE

In the past thirty three years, the leadership at HRDC has been a humble servant to a cause most neglected. This strategic plan embodies our continuing commitment to serve the most vulnerable of our society as we continue to learn and share lessons that emerge from our work.

As we look to the future and the continued uncertainty that defines the landscape, our intent is clear: HRDC will continue to improve the quality of life of the most vulnerable children of our society and leave no stone unturned to reach the unserved corners of the country.

This strategic plan sets us on another five-year path where we will further deepen our impact and continue to improve our effectiveness.

This is a dynamic road map that articulates what we want to achieve and where we want HRDC to be on the leadership curve in improving the quality of life of the most vulnerable children of our society. And in doing so we know we are not alone and well supported by our well-wishers, volunteers, and donors and we would like to reaffirm our commitment to our core ideals that will continue to serve as the compass for all of us at FoD/HRDC.



Disability orientation at Jumla



A child being examine in Health & Rehabilitation camp at Mugu



Measurement of clubfoot shoes by P & O Technician Jaleswor camp



Physio assessment being carried out at Parasi

The only way to build resilience is to set a goal and go after it.
- Kurt Fearnley

PICTORIALS



HRDC team being addressed by Executive Director



Empowerment session in annual reflection workshop by senior consultant



Blankets being distributed to children



Ample opportunities available for creativity at HRDC



Pathlab service at HRDC



HRDC imaging



Muscular Skeletal USG added in radiology



Regular ward round to assess the status of children at HRDC



Clubfoot day celebration at HRDC



Dynacast being applied



Children being consulted by the doctors at Jumla camp



Mayor of Banepa Municipality Mr. Laxmi Narasingh Bade Visited HRDC



Ponseti cast being applied at camp



Swami Shree Sudhananda Giri graced the children at HRDC



Visitors from Luxembourg scout at HRDC



PRT training at HRDC



HRDC and B&B Pediatric Orthopedic Course inauguration



Prof. (Dr.) Ashok Kumar Banskota addressing HRDC and B&B Pediatric Orthopedic Course



HRDC and B&B Pediatric Orthopedic Course participants



Faculty members of HRDC and B&B Pediatric Orthopedic Course



Wheel chair being distributed in presence of Mayor of Mithila Municipality Mr. Hari Narayan Mahato



Camp Registration at Dolakha



Children being assessed by the doctor at camp



Children registration at Malanguwa camp



33rd HRDC Day Celebration



AHF officials at HRDC



Support to Hetauda Hospital for establishing Physiotherapy Unit



Rotarians handing over cheque for Mugu camp



Direct Relief representative observing the construction site



Rotarians assistance distributed wheel chair at HRDC



Kind donation from Helping Hand for Relief and Development



Construction Committee members with Provincial Assembly member Ms. Umita Baraili



Former Tdh Delegate Mr. Alain Zumbrunnen observed the HRDC activity at Mahadevsthan Health Post



Construction committee member with Provincial Assembly Member Mr. Sarba Dhoj Sawa



Deputy Mayor of Gaidakot Municipality Mr. Bishnu Kumari Kandel witnessed HRDC camp at Gaidakot



CPSP orientation at HRDC



Children registration at Sunawal camp



Mr. Bhim Bahadur Thapa Chhetri, Mayor of Sunawal Municipality witnessed HRDC Camp at Sunawal



Mayor of Chandrauta Municipality and camp team after camp completion



Group picture after camp at Bangana, Kapilbastu



Disability orientation at Bangana, Kapilbastu camp



Post camp meeting with the Mayor of Khandachakra Municipality, Kalikot Mr. Jasi Pd. Pandey



DCC chair Mr. Uddav KC & LDO Mr. Komal Dhamala visited HRDC

What Parents have to Say

Dhana Tiruwa, Nistara Tiruwa's father

"A year ago, when there was no hope for my daughter, the team at HRDC not only provided the necessary therapy but also encouraged both my wife and me to take life positively. From a state when she was only crawling, today she can walk with support of a bamboo walker. Her eye contact has increased and she smiles when spoken to. I would have never believe that my daughter would one day can walk with support but all this is becoming a reality today. Thanks to the dedication of the staff and the HRDC. The HRDC is an answer to the hopes of parents of children with physical disability"



Nistara with her father at HRDC

TejKumari, Yogesh Angdembe's Mother

"I have taken my son to a number of centers which offer orthopedic services in Nepal but the quality of service provided at HRDC and the dedication of the staff is amazing. The involvement of the school to children is very useful and beneficial. The services rendered free of cost are a huge boon to parents who cannot afford such state of the art facility. I hope we have more such centers to help these children with disability".



Yogesh with his mother at HRDC

DONATE AND HELP CHANGE LIVES

How you can help?	Amount NPR	Amount in US\$
Cost of early identification (for scoliosis for example) screening camp for 800 to 1000 students in nearby schools	NPR 49,500	\$ 450
Fabrication and fitting of ten low cost orthoses for ten children	NPR 99,000	\$ 900
Comprehensive Physiotherapy for ten children for a week at HRDC	NPR 22,000	\$ 200
Cost of one patient's medical & social rehabilitation for the whole year including follow up	NPR 1,54,000	\$ 1,400
Cost of one patient's surgical intervention	NPR 99,000	\$ 900
Management of ten clubfoot children below 4 years of age, through Posneti techniques	NPR 3,63,000	\$ 3,300
Cost of one health and rehabilitation camp of one week duration in a remote district of Nepal	NPR 9,57,000	\$ 8,700
Cost of one surgical camp (with reconstructive surgery of 16 children)	NPR 14,24,500	\$ 12,950

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 SWC Affiliation No.: 685 (2049-06-07 B.S.)



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