

**Hospital and Rehabilitation Centre for
Disabled Children
HRDC**

Annual Report 2001



Children under treatment continuing their learning at HRDC

**A Program of
The Friends of the Disabled, FOD**

HELP US TO HELP THE PHYSICALLY DISABLED CHILDREN.

MESSAGE FROM THE CHAIRMAN

Greetings, dear friends, and welcome to the year 2002, which I hope and pray will be peaceful, productive and prosperous for everyone. Despite the terrible tragedy and destruction that we all had to confront this past year, both nationally and internationally, we continued to perform our duties at the hospital. And I want to thank all of you once again for your continued support that enables us to treat and rehabilitate the poorest of the poor children with physical disabilities.



As I reflect upon the activities and achievements of the past year, I am happy to say that I remain optimistic. Last year, we welcomed Dr. Ravi Thapaliya who joined HRDC, and his rehabilitation medicine background has provided a new thrust to patient care at the hospital. There were also more frequent case conferencing with other hospital departments to plan long-term care of the severely disabled. Despite the hurdles we face, patients continue to arrive for treatment, which just goes to show the confidence they have in HRDC. And the sophisticated levels of care at HRDC always pleasantly surprise both local and foreign friends who visit us. Meanwhile, our collaboration with Kathmandu University has moved another step closer with our participation in the undergraduate medical school program.

As for the future, I am equally confident that we will overcome the challenges that HRDC faces, the most daunting of which is to sustain the support that we have. If national and international situations remain in turmoil, and peace and stability elusive, I am afraid that the HRDC project, like many others, might also become adversely affected. So far, we have been rather fortunate, but we need to continue to forge ahead with our specially developments in the various branches of pediatric orthopedics and rehabilitation. Also, it is essential to document and share our experience through publications in reputed journals. All this, of course, is going to take more time and effort, but we are not going to be discouraged from achieving our goals.

In closing, I want to once again express my deepest gratitude to those individuals and institutions without whose sustained support we would not be where we are today. I want to especially mention the American Himalayan Foundation, Terre des homes, Austrian Round Table, Christoffel Blindenmission and many other local and foreign supporters.

Best Wishes for the New Year!

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

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To the Disabled People:

Words of Wisdom

Always give your best.

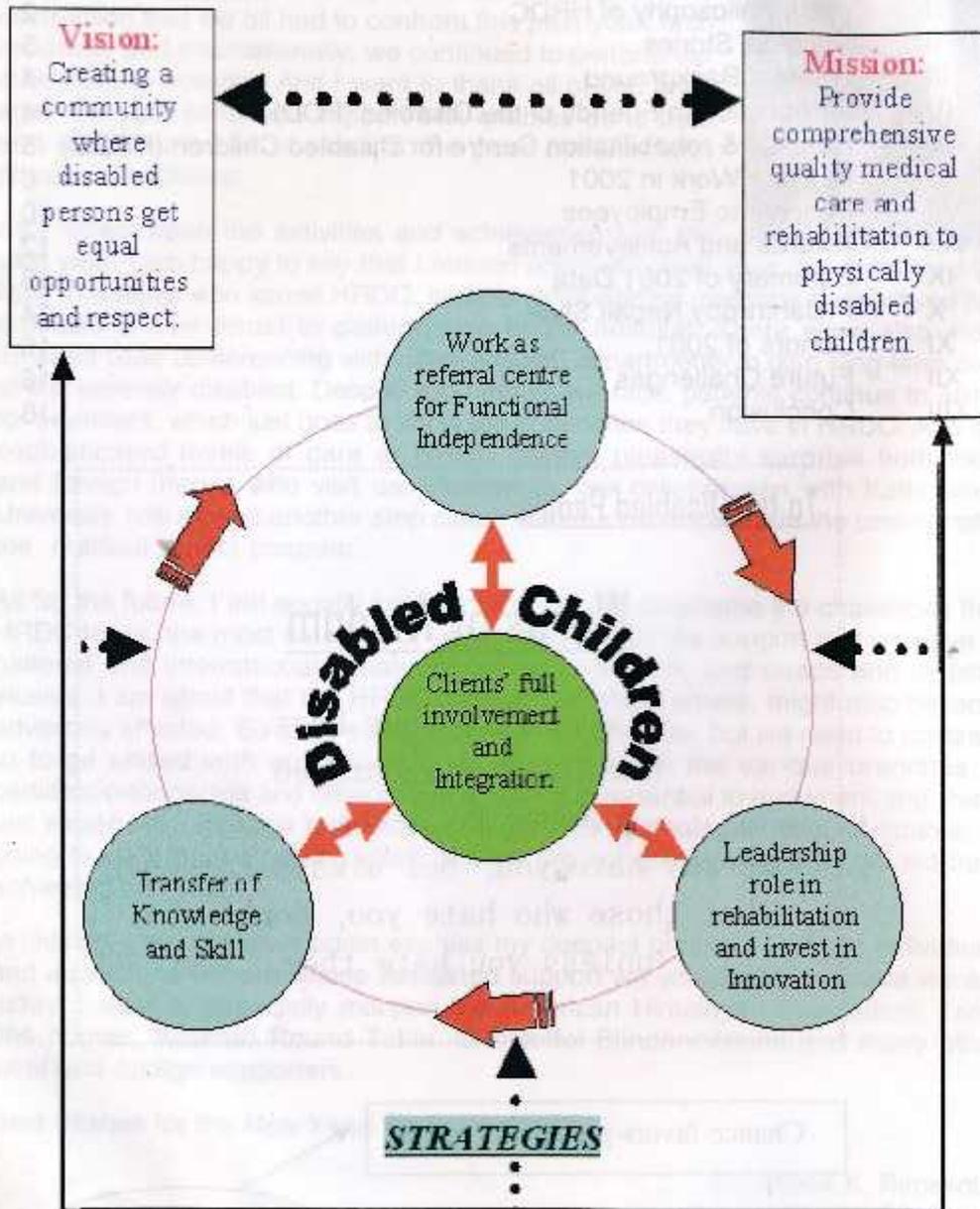
Never get discouraged.

Never be petty.

Some may hate you, but always remember
that those who hate you, don't win
unless you hate them.

Chance favors prepared minds.

Louis Pasteur



II SUCCESS STORIES:

Raj Kumar Ghising's story is similar to many past HRDC Patients. Orphaned at the age of six when his mother died, he can provide few



details about his early life, except that his home used to be somewhere in Lalitpur district. He does remember having an older brother and a father. Raj Kumar was a sick baby and was known to have contracted Tuberculosis when he was just a year old. Inadequate care led to complication. He was found to have severe contracture of his hips and knees when he was evaluated at HRDC at 14 (brought from the St. Xavier's



Social Service Centre, where he lives). Those were managed in steps at HRDC through a combination of surgery, traction, physiotherapy and orthoses. After his six weeks of hospitalization at HRDC, Raj Kumar has made significant progress and is encouraged about his prospects of independent walking.

When **Subhadra Pathak** was only 3 years old, she was hit by a speeding truck while playing with friends on the road (sadly, a familiar story in Nepal). Since the right leg was unsalvageable, it was amputated immediately after the accident at the local hospital in the hopes of healing her left injured, infected leg. When she was nine



years old, she was evaluated at HRDC and given the final, painful verdict-the left leg would also have to be amputated. After counseling the parents and explaining to them the professional capability of the HRDC team, Subhadra's left leg was amputated below the knee on August 17, 1999. Post-operative care was intensive, she was finally able to ambulate with artificial legs fabricated at the HRDC workshop. Subhadra's treatment is still continuing. Artificial legs are like



shoes, they need mending and replacement to match with the anticipated height of the child for a particular age. We expect Subhadra's life to brighten up now that she can look forward to going back to school.

III GENERAL BACKGROUND

Landlocked Nepal has been described as "a yam caught between two rocks," the "rocks" being China (Tibet) to its north and India to its south as well as east and west. Almost a third of the total Himalayan range lies within Nepal, including 10 of the world's 14 peaks that are over 8,000m. Nepal's geography is a tremendous challenge to developmental work.

Only in 1990 was the absolute monarchy replaced by multi-party democracy. Naturally, with the advent of freedom, people had great hopes that abject poverty, illiteracy and other social ills would now finally be alleviated, if not eradicated, but a decade later, the people's expectations have been dashed. The existing challenges due to illiteracy, poverty, social disparity and population control have increased even more. Meanwhile, the resources have not been distributed equally or used in those sectors where they are most necessary.

Nearly 90 percent of the population are still subsistence farmers and almost 70 percent of the people remain illiterate. In 1997 Nepal's GDP was US\$210 per person. Most of the development work aimed at building up the infrastructure and alleviate poverty is financed by foreign aid. It is estimated that 30 percent or more of the government's revenue is derived from foreign aid. Given these rather bleak statistics, it should come as no surprise that children suffer even more than the rest of the population.

Disability in Nepal is closely linked to poverty. A typical peasant in Nepal produces food that will feed his family only for a few months of the year and has to seek alternate sources of food. Malnutrition, poor hygiene, lack of health information and services have caused and often aggravated disability. The number of practicing doctors in Nepal is 1,950 (1998), and approximately 60 percent are working in Kathmandu Valley. Outside the Valley, the average is one doctor for 52,000 people. The health posts in rural areas are often under-staffed and / or do not have enough medicines available. About half of Nepal's children are malnourished.

Nearly 23 percent of the Nepali population with disability are physically disabled, yet approximately 40 percent of the physical disability is preventable. In addition to physical suffering, persons with disability are also subjected to social stigma, and disabled children are especially vulnerable. Unfortunately, disabled persons are seen as a burden because they are often unable to contribute to the family income; the community usually marginalizes the disabled children. They are seldom sent to school and later have difficulty getting married.

IV INTRODUCTION TO FRIENDS OF THE DISABLED (FOD)

The Friends of the Disabled was established on September 14, 1992 as an independent Non-Governmental Organization (NGO) to provide services for treatment and rehabilitation to the poor and physically disabled people and empower them to live a dignified and independent life in society. In addition, FOD also has the following major purposes:

- i) Identify the nature of disability in physically disabled people of Nepal and ameliorate their situation and prevent further disability.
- ii) Prioritize the treatment and optimum rehabilitation of the poor and physically disabled children. For this, surgical treatment, specialized nursing care, physiotherapy, education and other orthopedic services have been established.
- iii) Prioritize field program concurrent to the hospital program that includes awareness education and follow up services.

- iv) A strong training department has been established to train staff and clients.
- v) FOD is establishing a network with national and international organizations of similar nature for exchange of information and experience, tallying the quality of work and functioning as a sounding board.
- vi) FOD is carrying out clinic-based innovation and research related to the intensive orthopedic nursing care and rehabilitation of physical disability.
- vii) Carry out measures to ascertain the quality of service and develop the Program on treatment and rehabilitation of physical disability to national training and resource centres.
- viii) Collect information and data on physical disability.
- ix) To assist physically disabled children live an independent life, the Program will run income-generating activities.

As the managing NGO of HRDC, Friends of the Disabled is guided by the Board comprising medical consultants and representatives from the legal, administrative, social service and business fields. The Board members are:

- | | |
|----------------------------------|---|
| 1) President | Dr. Ashok K Banskota, MD, Consultant Orthopedic Surgeon |
| 2) Vice President | Prof. Batuk Rajbhandari, Administrator |
| 3) Treasurer | Dr. Bisharad Man Shrestha, MD, Consultant Anesthetist |
| 4) General Secretary(Ex-officio) | Mr. Krishna Bhattarai, Executive Director, HRDC |
| 5) Member | Mr. Nun Karan Agrawal, Industrialist |
| 6) Member | Mr. Arun Man Pradhan, Civil Engineer |
| 7) Member | Mr. Ambika Man Joshee, Administrator |
| 8) Member | Mr. Radesh Pant, Business Expert |

V HOSPITAL AND REHABILITATION CENTRE FOR DISABLED CHILDREN (HRDC)

This Hospital and rehabilitation program was initially established in 1985 by Terre des hommes (Tdh), a Swiss International Non-Governmental Organization (INGO) to provide treatment for children with physical disability. In 1992, Tdh handed over the program to the Friends of the Disabled, which established the Hospital and Rehabilitation Centre for the Disabled Children in 1993. HRDC functioned from Lalitpur district (in Kathmandu Valley) for about five years. In 1997, it moved to its present complex in Adhikari Gaon, Banepa, located 25 km. east of Kathmandu. The hospital's modern facilities occupy 9 acres (74 *ropanis*) of land on a ridge overlooking the terraced fields and forested hills surrounding Banepa valley. Currently, HRDC has 120 staff members. In addition to 4 regular medical professionals, the medical faculty consists of 10 visiting doctors, surgeons and consultants. The hospital has 68 beds and residential quarters for key staff. The main focus of treatment and rehabilitation at HRDC is for children, especially the poor, who are under 16.

Available statistics indicate that nearly 12 percent of all such children in Nepal have been treated. On humanitarian grounds, HRDC has provided service to physically disabled children from other countries such as India, Pakistan and Tibet. Other hospitals and organizations in the country are utilizing HRDC's comprehensive range of services and capacity for more specialized orthopedic intervention. Thus HRDC deals with a large number of patients referred by other hospitals and organizations.

HRDC Objectives

- i) HRDC as the leading referral center has provided reconstructive and rehabilitation services to physically disabled children in order to minimize threat to their health and / or achieve optimal functional mobility contributing to social integration.
- ii) Transfer skills and knowledge to partners / organizations to increase patients' access to treatment and rehabilitation.
- iii) Train medical / paramedical professionals and conduct relevant clinically based innovations, thus contributing to the growth of quality rehabilitation services for children with disabilities.
- iv) The continuity of HRDC's services is ensured through suitable mobilization of resources and their efficient utilization.

VI HRDC'S WORK IN 2001

When asked to evaluate HRDC's overall performance in 2001, 72 percent of the staff declared it to be very good the staff's positive evaluation was based on analysis of HRDC's operational methods and their perceptions of immediate results, which in turn express the Program's core values.

A brief description of HRDC's performance in 2001 is presented below.

a. Personalized Care

In addition to the intervention at HRDC, follow up care is also extended to the patients' home and community. When required, the rehabilitation team observes the patient's home environment and talks with patients and / or family members. The Team suggests simple, physical changes in the patient's home environment to assist the patient's independence. The result is that they become motivated towards achieving self-reliance.



Personalized care is an integral part of the services.

- b. **Micro-Management:** Among eight departments of HRDC, there is regular interdepartment coordination that has a positive impact upon quality of work and staff morale. For example, HRDC has an Assessment Team which consists of at least a Doctor, Rehabilitation Expert, Physiotherapist, Ortho-Prosthetic Technician and clients. Together they produce short- and long - term rehabilitation goals and intervention strategy for treatment and rehabilitation of

patients. The team's work has very positive impact especially upon the clients because they themselves are involved in the decision-making process and thus become confident of receiving quality care.

- Despite facing *banohs* (total shutdown) and other obstacles, patients continued to arrive at HRDC for treatment. The **In-Patient Department** admitted 755 patients and successfully carried out 1174 surgeries. Bed occupancy remained at 72.3 percent, slightly lower than the usual 80 plus percent. Some patients accompanied HRDC team to Kavre to witness successful home visit and how they contributed toward patients' self-reliance.



Dr. Ravi assessing a patient ⇨

- Seventeen Community Based Rehabilitation (CBR) workers from the **CBR Department** successfully conducted home visit programs in 28 districts, despite the prevailing political difficulty. Unfortunately, four rounds of the Rehabilitation and Health Mobile Camps had to be postponed in November and December 2001, but they have been rescheduled for the next season.



⇨ *CBR Staff in a small group discussion*

- The **Physiotherapy Department** provided services to 1269 in-patients and 3559 out-patients. Its members played a major role in the Basic Training on Physiotherapy and Rehabilitation, participated in conferences and routine mobile camps, successfully carried out a thorough assessment of patients and fabricated needed assistive devices.



⇨ *Physiotherapy Technician at work.*

- The **Training and Education Department organized** Counseling training organized for 70 staff members to enable them to interact with clients more productively. Annual Basic Training on Physiotherapy and Rehabilitation was also successfully conducted for the third batch of participants. Thirteen people from different organizations participated. Meanwhile, HRDC continued its weekly education activities for its staff and also frequently conducted middle - level managers' training, imparting communication skills to staff to develop an open culture. With Prosthetic Orthotic Department, the Department also organized basic ortho - prosthetic training for two CBR Biratnagar staff.



An in - house training scene at HRDC ⇨

- In order to increase general efficiency and to reduce follow up care for HRDC and its patients, the **Medical Records Section** reviewed 7059 of the total 9000 HRDC files. The review disclosed that:

- Approximately 20 new files increase per week.
- Nearly 50 new files increase with each mobile camp.
- The 7059 files that were examined covered 58 districts, furthermore, 3288 files were from 28 CBR and rest from non-CBR Districts. This exercise disclosed that 45 percent of the clients were fully rehabilitated in the CBR worker regions, while in the non-CBR worker regions, it was only 11 percent, a stark reminder of the importance of CBR / field follow up work.
- HRDC patients who did not show up for follow up examinations for more than 3 years were categorized as "lost". However, only 35 percent were "lost" in CBR worker regions, compared to 84 percent in non-CBR worker regions, once again indicating the vital role of CBR workers and the positive impact of follow-up services conducted by the **CBR Department**.

Note: Severe poverty in families also plays vital role for patients missing their treatment and rehabilitation: The families are compelled to move from one place to another in search of work for living. Their earning is barely sufficient for feeding all members, which obviously gets the first priority over treatment / rehabilitation. Some others believe that nothing can make their children functionally independent again and just accept their hard luck inherited from previous life's karma.

- Experts from Handicap International (HI) conducted lower limb, orthosis and prosthesis training to our technicians in the **Prosthetic Orthotic Department**, enhancing their skills and knowledge. HRDC Management expresses its thanks to the officials of HI Regional Office, Nepal.
- **Out-Patient Department** successfully provided diagnostic services; conducted clinical rounds and teaching / learning sessions in team approach.

c. **Charity Service:** Rehabilitation of physically disabled children is a labor-intensive work that requires tremendous amount of human resource. Contribution is sought from those who support or share similar interests with HRDC. As a consequence, HRDC has been able to instill the concept of philanthropy in many consultants / experts.

d. **Resource Management:**

- Alternative Sources of Income:** Since 83 percent of HRDC's budget is covered by foreign donors, it continues its efforts to increase income from other sources, especially locally. One of the ways HRDC raises income from a local source is through its financial partnership with clients. This partnership contribution has double benefits:
 - To make clients / patients accept greater responsibility for their treatment and rehabilitation, they make a token contribution to HRDC. The total recovery from this partnership was 6.7 percent in 2001. If clients cannot afford to make any contribution whatsoever, 85 percent of the cost is waived by HRDC; the remaining

15 percent is covered from the Disability Fund, set up by voluntary contributions from staff, board officials, volunteers and donor representatives. Whether or not a patient can pay, HRDC guarantees treatment to every physically disabled child who has been accepted for treatment.

- Additionally, the amount from partnership contribution empowers the financial management to go for matching grant request when needed.

ii) **Creating Platform for Support:** Despite financial constraints created due to shift in priority of the primary donor, high quality service has been maintained in the field as well in the Centre. The Funding and Financial Management Committee (FFMC), formed under Executive Board of the Friends of the Disabled, has put HRDC's sustainability in strategic perspective and is guiding awareness programs on pediatric rehabilitation and challenges that lie ahead of HRDC / FOD. Briefing program run under this concept has shown positive results. For example, local contribution has increased noticeably in 2001 when compared to 2000.

iii) **Cost Efficiency:** Activities vital for the continuing existence of the Program are underway, including consolidation of jobs, monitoring of disbursements, better utilization of resources and creation of an endowment for future. Financial achievement of 2001 is as follows:

Projected Cost:

Operating cost	=	Rs.32,884,703.00
Replacement cost	=	Rs.7,623,108.00
Total Comprehensive Budget for 2001	=	Rs.40,507,811.00

Actual Expenditure

Operating expenses	=	Rs. 24,738,943.00
Replacement	=	Rs. 7,623,108.00
Total	=	Rs.32,363,051.00

Actual Income

Saving	=	Rs. 32,996,035.00
	=	Rs. 632,984.00

On the comprehensive projected cost, the deficit was more than 20 percent. Operating cost remained so low because a major purchase of medical equipment for the Operation Theater was cancelled and order for the semi-fabricated item from All India Limb Manufacturing Corporation (ALIMCO) is yet to be implemented. This has balanced the books.

iv) **Growth / Perspectives:**

- HRDC is continuing its search for appropriate local partners and grassroots organizations willing to work with us. Such alliances will mean that along with the cost, responsibility for rehabilitation will be shared. In 2001 HRDC partnership was established with Handicap International and Plan International, Bankey. Meanwhile, HRDC continues its effort to shift at least the social aspect of the rehabilitation responsibility to the local community.

- b) HRDC's medical team has been positively enhanced by the addition of Dr. Ravi Thapaliya, a physical medicine and rehabilitation expert. The team has also increased its interaction with international experts in related fields. In 2001, the HRDC medical team successfully handled extremely complicated cases.
- c) Students from various nursing campuses in Kathmandu visited HRDC for observation. UK-based Teaching Abroad students also receive hands-on training at HRDC. An exchange program has been established with The University College of the Cariboo in Canada.

VII PATIENTS TO EMPLOYEES:

HRDC's core goal is to integrate its patients into the community once they attain functional mobility. Earning one's living is perhaps the best way to prove that one is now not only independent but also inter-dependent because through one's work, one is now also prepared to contribute to the community. To back up ideals with action, HRDC itself has several staff members with physical disabilities. Two of them are profiled below.

- i) **Juddha Bahadur Nepali** has been employed in HRDC's Prosthetic Orthotic Workshop now for the past eleven years. When he was a young boy of 13, his hip started to become painful. Infection unchecked and inadequately treated left him with a devastation sequel of continuous pain, limp and deformity. There was little help available in his native village of Pyuthan. His father took him from one local treatment facility to another, until after many months, Juddha found himself at one of the major hospitals in Kathmandu. His clinical condition did not change significantly and Juddha started to feel frustrated. There was nothing more his family of limited means could offer him



Juddha at work ➔

But Juddha's luck changed, for he was accepted as a resident in the premises of Nepal Disabled Association (NDA) at Jorpati, where our hospital has just opened. He came into contact with Dr. Banskota, and although he was a few years older than required by HRDC criteria for treatment, he was accepted as a patient. The infection in his hip was controlled and the hip joint fixed. Juddha became pain-free and able to walk, although with a limp.

Juddha is ever grateful for having come into contact with HRDC, where is now able to help other disabled children with his skills in orthopaedic workshop. He is also a happily married father of two sons and a daughter, a prospect that was non-existent even in his dreams, prior to his treatment at HRDC.

Today, Juddha says that just because one is disabled does not mean that one is forever helpless. Disability should not lead to despair, he asserts.

- ii) **Tara Badan Sedain** is 34 years old and the mother of a seven-year-old son. Originally from a village in Gorkha district located in mid-western Nepal, she has been a HRDC staff for over fifteen years.

When she was 14 years old, she developed an infection in her left hip that became painful and stiff. She could not stand straight, and walking become impossible after a few weeks. Since medical care was not available at her village, her parents



sought the help of traditional healers, but they were unable to help Tara. She was then taken to the Zonal Hospital in Pokhara and then to the then mission hospital in Gorkha, but her condition did not change very much.

Tara in glasses helping children to learn

Tara however never lost hope. She sought treatment in Kathmandu as well as Lucknow in India. Meanwhile, she enrolled in her village school where her teacher encouraged her constantly. In school and in the village, Tara had to face ridicule and hostility because of the grotesque hip and back deformity. Her parents however were always supportive, and she was successful in graduating from school.

When she was 19 years old, an American physiotherapist (working with Save the Children, USA) met Tara in her village. Dr. Banskota was consulted in Kathmandu and treatment for Tara was planned. Tara borrowed money for her treatment from Kathmandu Nursing Home. After Dr. Banskota performed a reconstructive orthopaedic procedure, strengthening the deformed hip and spine, Tara's life changed dramatically.

Her personal struggles with her own disability sparked in her a desire to dedicate her life to help others like herself. She was interviewed and employed at the then HRDC as a House Mother, and has continued to be intimately involved in the activities of children admitted to HRDC for care.

She works very hard and has been able to pay off the debts incurred in her own treatment. She is happily married and owns her own home. She has been a model for many other disabled patients going through the same challenges of illness and treatment.

Tara says that above all, parents of physically disabled children must support their child and provide education no matter how severe the disability. She also reiterates that there is no need to lose hope just because one is disabled.

VIII AWARDS AND ACHIEVEMENTS

- i) Dr. Ashok K. Banskota's passionate devotion to charity work was recognized by St. Xavier's School during its Golden Jubilee celebration as well as by the 'Bhupal Man Singh Karki Foundation.' On behalf of FoD, he also accepted the "Tulsi Mehar Social Service Award."
- ii) Dr. Chakra Raj Pandey, orthopaedic surgeon at HRDC, gave a presentation about HRDC to the Japanese Orthopaedic Association in Okinawa. This is the third time in the past two years that Dr. Pandey has on his own initiative represented HRDC in scientific meetings in Japan.
- iii) Dr. Ishor Prachan, another orthopaedic surgeon at HRDC, was awarded the Traveling Asian Fellowship of the Japanese Arthroscopic Association in Sapporo, Japan, where he also gave a talk about HRDC.
- iv) Minister of Environment from Luxembourg and senior representatives of the Luxembourg Scouts visited HRDC premises and were highly impressed. They have assured HRDC of their continued support.
- v) A briefing program was successfully organized for the British Embassy and British organizations involved in the developmental issues in Nepal.
- vi) HRDC celebrated the third anniversary of its building complex in Adhikarigaon, Kavre.
- vii) Dr. Ashok K. Banskota has formed a Trust Fund in his parents' name to continuously support education of physically disabled children. HRDC will organize the Fund, select a disabled child and offer the award every year starting from 2002. HRDC is very thankful to Dr. Banskota for taking initiative to establish a system for educational empowerment of disabled children.

You suddenly understand something you've understood all your life, but in a new way. That is what learning is.

Doris Lessing

IX SUMMARY OF 2001 DATA

Departments / Sections	Items	Yearly Target	Achievements in Quarters:				Total	Change %	
			1 st	2 nd	3 rd	4 th			
Medical Support Services	• OPD	New Patients	900	229	240	201	201	937	134.1
	• Medical records	Old Patients	4500	1257	1269	1408	1130	5064	105.5
	• X-ray	In-Patients	720	194	155	179	109	737	102.4
		Out Patients	950	275	236	300	269	1080	112.5
• Laboratory	Tests	3000	753	771	797	634	2955	98.5	
In-Patients Services									
• Wards	Admission	816	193	190	194	166	765	93.8	
	Bed Occupancy	53	52.95	49.54	49.14	59.25	47.72	60	
• Operation Theatre	Major Surgery	780	190	160	156	148	654	83.8	
	Minor Surgery	540	159	156	120	86	520	95.3	
Physiotherapy	In-Patients	1320	339	375	374	281	1269	95.7	
	Out-Patients	3000	557	826	845	701	3250	108.7	
	Assessment: new In-Patients	720	184	181	187	173	725	100.7	
	Assessment: New Out-Patients	600	179	185	182	144	671	111.8	
Prosthetics / Orthotics	Fabrication	1740	515	497	518	266	1696	97.5	
CBR	Mobile Camps	50	28	0	5	12	45	90	
	New Patients	500	337	0	104	151	592	98.7	
	Old Patients	1560	673	0	66	226	965	61.9	
	Home Visits	5260	1354	1569	1241	1168	5332	85.2	
Training and Education	<ul style="list-style-type: none"> • Basic Training on Physiotherapy and Rehabilitation • Communication Skills Workshop (In-House) • Training / Workshop / Conference Participation <ul style="list-style-type: none"> ◦ CBR Planning and Management ◦ Inclusive Education ◦ Disability Awareness for Managers ◦ Spinal Cord Injury Management ◦ Lower Knee (Exo-Skeletal) Prosthesis ◦ Two Counseling Workshops ◦ Proposal Writing and Fund Raising • Physiotherapy Modalities <ul style="list-style-type: none"> ◦ Two CBR National Conferences ◦ All Nepal Medical Conference ◦ Project Leaders Meeting (CBM) ◦ Cervical Spine Problem and Management ◦ Conference on 'National Nursing Strategic Planning' ◦ Muscle Energy Technique 							13	13
								3	
								1	
								1	
								1	
								4	
								92	
								1	
								1	
								5	
								1	
								2	
								2	
								2	
							3		

Be nice to the people on your way up because you are going to meet the same people on your way down.

X PHILANTHROPY NEPALI STYLE

Like so many others who are friends and supporters of HRDC, Mr. Naresh Prasad Upadhyay first learnt about HRDC when he himself was undergoing medical treatment.

He had slipped and fractured his right leg, and Dr. Banskota had happened to perform the surgery at B and B Hospital. When he was recovering, he casually picked up the HRDC brochure that Dr. Banskota had given him and was impressed by what he read. Soon after, he visited the facilities at HRDC, and he said that his visit confirmed what he had hoped for. "I felt very satisfied. Seeing the children at HRDC made me once again think of the physical and mental pain I had suffered when I fell and injured my leg. And I wanted to help."



Mr. and Mrs. Upadhyay

In 1996, Mr. Upadhyay retired after 25 years of service in the UN's World Food Program (WFP). Prior to that, he had briefly served His Majesty's Government. His work with the WFP took him to various nations, including Philippines and China, which was his final posting. Since his retirement in Nepal, Mr. Upadhyay has been trying to involve himself in social work, but he admits with that he was quite taken aback when he initially approached a few organizations. "People appeared quite suspicious of my motives. They wondered why someone like me who had spent most of my life abroad now wanted to become active in Nepal. The fact that I did not want or ask for money was itself disturbing to some people."

Since Mr. Upadhyay wanted to volunteer his services, he wanted to work part-time with flexible schedule, but he discovered that flexibility was not encouraged.

He stated that there are now a number of people like him who are retired and living either in Nepal or abroad and would like to involve themselves in the betterment of our society. During his travels abroad, he said he's willing and capable of raising funds among the expatriate Nepalis, but overall, he feels that Nepali society is still in its infancy regarding the culture of social service. He said that we must get over the notion that just because people want to volunteer their services doesn't mean that they are trying to undermine someone's position and / or power.

Mr. Upadhyay likes to travel and is an avid golfer. And when it comes to social work, he reiterates once again "I am ready to do what I can. Just give me a chance."

HRDC is very grateful to Mr. Upadhyay for taking his time and interest to not only visit but also for his generous contribution to the hospital.

XI Donor of 2001

Organizational Donors :

Regular :

M/S Terre des homes
M/S Christoffel Blindenmission
M/S Eiene Welt Gresten

M/S American Himalayan Foundation
M/S Naturefreunde YBBC
M/S Round Table Austria Funds for Disabled Children

Others :

M/S B.K. Cold Store
M/S British Gurkhas Nepal
M/S Sairam Kirana Store
M/S Beirsdorf India Ltd.
M/S K.B. Medicine Distributors
M/S Teaching Abroad
M/S Bhakta Store

M/S Ajuna Auto Workshop
M/S U - Reka Electronics
M/S United Insurance Company
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M/S Harati Overseas
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Dr. Maria Uitz, Austria
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Mr. Chip Barnette, USA
Ms. Anita Mahal, Nepal
M/S K.K. Movies, Nepal
Mr. Prakash Shankar Shrestha, Nepal
Mr. Ramachandran Rajah, Nepal
Mr. Suran Joshi, Nepal



Minister of Environment of the Government of Luxembourg with FOD and HRDC Family

XII FUTURE CHALLENGES:

- a) **Sensitivity towards Patients and Families:** Responding to clients' needs with professional efficiency has always been on top of HRDC's agenda. Despite occasional lapses, we strive to better our performance and fully satisfy our patients and guardians.
- b) **Horizontal Links:** The achievement of overall purpose laid out in FOD's constitution depends mostly on how effectively FOD can develop positive links with rehabilitation and other development organizations in the country. Without it, turning commitment into reality will be difficult. HRDC is a member of the district level Reproductive Health Committee. As mentioned before, HRDC has been strongly pursuing collaboration at the field level, especially in follow up and outreach services. Coordination with similar center-level organizations is also equally important to better facilitate the quality of work and produce a positive impact. This will continue to be HRDC's focus in 2002.
- c) **Use of Various Available Modalities:** Alternative and better use of available modalities for successful rehabilitation have been identified as needing focus in coming years, especially in physiotherapy.
- d) **Recent National Developments:** The past year was very difficult for Nepal. The Maoist insurgency, which started six years ago, continued unabated even after the tragic massacre of several members of the Royal family on June 1st, and further contributed to the general insecurity. On the 23rd of November, State of Emergency was declared. HRDC's activities were / have been affected by these events, but with flexible schedules and creative approaches, the staff did / are doing their best to deliver the services. Patient flow was affected mainly in November, and mobile camps and some home visits scheduled for November and December were cancelled.

XIII CONCLUSION

HRDC is continuously putting its effort to address medical rehabilitation needs of the disabled children who have no other options if we do not provide the services. To reiterate, more than 12 % of the physically disabled children have and / or are receiving quality rehabilitation services from HRDC. HRDC will always strive to extend its services.

We are very proud to have so many local and international friends who have been helping us to help the disabled children reach their functional independence. On behalf of the HRDC, its clients and staff, I would like to thank all of you very much for being part of this mission and hope for continuing similar collaboration in future.

Thank you.



KRISHNA P. BHATTARAI
EXECUTIVE DIRECTOR, HRDC

NEWS IN PICTURES:



HE Mr. Peter Nash visits HRDC



Tdh Delegate with HRDC Children

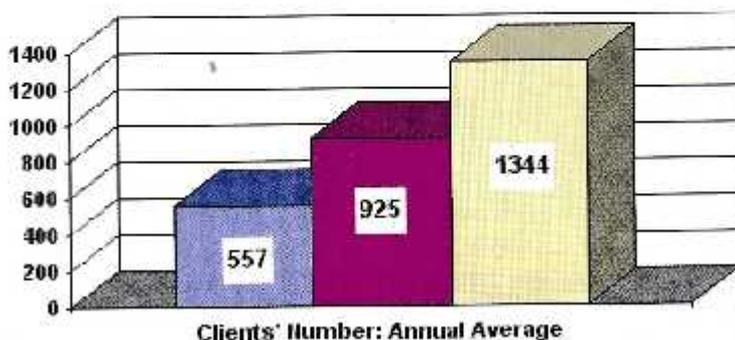


Dr. Banskota briefing about a patient's progress to Mr. Richard Blum and other guests from AHF



The Orthopedic Team
Back row (from left): Dr. Sanjeeb, Dr. Binod, Prof. JR Pandey, Prof. AK Banskota, Dr. BK Shrestha, Dr. CR Pandey, Dr. Saroj Rijal, Dr. Prajwal
Front row (from left): Dr. Tarun, Dr. Byapak, Dr. Om, Dr. Hem

Average Influx of New Patients
Per annum in 3 phases



- Jorpatl, Kathmandu: 1985 - 92
■ Dhobighat, Lalitpur: 1993 - 97
□ Janagal, Kavre: 1998 - 01

CONTACT:

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Chairman
Friends of the Disabled

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Or

Standard Chartered Bank A/C No. 102-0340669-001

The habit of persistence is the path of victory. Therefore let us be persistent to sensitize the community that every single human being including the disabled person has innate ability which should be capitalized for their functional independence.