

# Hospital & Rehabilitation Centre for Disabled Children



Photo : Andy Aitchison/Stars Foundation

Stars Impact Award 2014  
Winner in Health in Asia Pacific

## Annual Report 2014

A Program of the Friends of the Disabled (FoD)

**Welcome** to our 2014 report to the reader community! We invite you to share in our story of passionate caring, comprehensive wellness and prevention programs, continuing support and revolutionary care that is well beyond expectation.

## **Vision**

Creating a society in which individuals (especially, children) with disabilities and their guardians live as equal citizens with an optimum quality of life

## **Mission**

Children with physical disability enjoy rights and entitlements and live better life.

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# List of Abbreviations

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ADL	Activities of Daily Living
AHF	American Himalayan Foundation
BS	Bikram Sambat
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CDO	Chief District Office
CWIN	Child Workers in Nepal
CP	Cerebral Palsy
CRC	Child Rights Convention
CRCP	Comprehensive Rehabilitation of Children with Physical Disabilities Project
CWD	Children with Physical Disabilities
DHO	District Health Office
DIDP	Disability Inclusive Development Project
DPHO	District Public Health Office
DPO	Disabled People's Organization
ED	Elective Date
FCHV	Female Community Health Volunteers
FoD	Friends of the Disabled
HDC	Hospital for Disabled Children
HOD	Head of Department
HRDC	Hospital & Rehabilitation Centre for Disabled Children
INGO	International Non Governmental Organisation
IPS	Inpatient Services
MoHP	Ministry of Health & Population
MPRT	Modular Primary Rehabilitation Therapy
NEPTACON	Nepal Physiotherapy Association Conference
NGO	Non Governmental Organisation
OT	Operation Theatre
OSP	Orthopedic Shoe Project
P&O	Prosthetic & Orthotic
PHECT	Public Health Concern Trust
PRT	Primary Rehabilitation Therapy
PT	Physiotherapy
PWD	Person with Disability
RO	Regional Office
SARON	South Asia Regional Office North
SINDP	Social Inclusive and Non Discremination Project
SWC	Social Welfare Council
Tdh	Terre des hommes
ToT	Training of Trainers
UNCRPD	United Nations' Convention on the Rights of Persons with Disability
UNICEF	United Nations' Children Fund
VDC	Village Development Committee
WHO	World Health Organization

# Message from the Chair

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Dear Friends

Greetings to all of you from the HRDC family in Nepal. We are pleased to once again share with all of you the information relating to the activities for the year 2014.

Over the period, the work continues to successfully provide services to the most needy physically disabled children through the Hospital Center and the extensive non-hospital based network. More and more challenging problems were dealt with and the capability of the team of doctors and paramedical workers improves year by year. The volume of work at the Hospital Center and the Community Outreach are indicating steady rising trends. Capacity utilization of the services we provide is of the utmost importance!

We have also inducted new leaders to secure the continuity in the excellence of the HRDC miracle. Dr. Bibek Banskota now assumes charge of the medical services, ably assisted by a large number of the doctors while Mr. Bikash Man Singh takes charge as the Director of Non-medical services. I have no doubt that with this rejuvenation of the leadership, HRDC will excel to new heights.

The challenges are enormous and numerous. Coordinating with multiple donor-agencies is a vital task that requires much effort to keep the finances in order. Dealing with complex bureaucracy is time consuming; it cannot however be ignored and we are putting new effort to gain ground on this important issue.

The adage goes “the taste of the pudding lies in the eating”. The flow of patients, the ever increasing work load and the international recognition that HRDC has received, are enough reason for satisfaction for all of us. All of you who support HRDC can rest assured that your assistance is making big differences in the lives of many, many needy children. We want to sincerely thank all of you, and look forward to your continued support.

Professor Dr. Ashok Kumar Banskota  
Chairperson  
Friends of the Disabled  
Hospital & Rehabilitation Centre for Disabled Children

# Message from the Executive Management Team

We are proud to welcome you at the FoD's Hospital and Rehabilitation Centre for Disabled Children located at Adhikari Gaon, Ugratara-VDC-6, Janagal, Kavre.

The FoD/HRDC is almost three decades old not-for-profit hospital in Nepal and provides world-class leadership in pediatric disability care, rehabilitation, research, and education. FoD/HRDC has a long history of innovation and excellence in the field of disability management. Our program was instituted in 1985 and since then has become one of the largest pediatric disability management centers in the country.

Our field program was established in 1988 under the visionary guidance of Professor (Dr.) Ashok Kumar Banskota, we were the first in Nepal to provide comprehensive medical and social intervention with continuous follow ups.

The existing FoD's HRDC setup was inaugurated in 1997 by the then His Majesty King late Birendra Bir Bikram Shah Dev. The establishment of this institute made it possible to bring together a diverse and necessary team of health care professionals dedicated to the delivery of outstanding medical and surgical care to CWDs. Under the structure of an institute, we are able provide resources that are essential to creating an environment that fosters innovation and excellence in patient care, teaching and research.

Over the span of almost three decades of services, over 62 thousand CWDs benefitted and proven record of excellence in clinical and social care at FoD/HRDC. We are proud to be one of the largest and most comprehensive and holistic pediatric orthopaedic centre in clubfoot management centers in the world.

Despite this legacy, we will not rest on our laurels or prior accomplishments. We remain committed to cultivating an environment of innovation and excellence in patient care, including research, with the goal of providing cutting-edge technology and therapies directly to our clienteles.



Sanjib Shrestha  
Finance Manager



Krishna Bhattarai  
Sr. Consultant/ED



Dr. Bibek Banskota  
Medical Director



Bikash Man Singh  
Director

## स्वागत गान

दुई हात जोडी स्वागत गर्छौं, रोएर होइन हाँसेर  
यहि हासो भित्र हजुरहरुको माया र ममता गाँसेर  
यि हाम्रा साना कलीला हातले स्वागत गर्न पाउँदा  
धेरै खुसी लागेछ हामीलाई हजुरहरु आउँदा ।

सवै मिली आज हामी अपाङ्ग दिवस मनाउँ  
दिगो विकासको लागि प्रविधिको प्रतिबद्धता जनाउँ  
आएका छन प्रविधिका नयाँ नयाँ कुरा  
हजुर हामी सवै मिली गरौ यस्ताई पुरा  
दुई हात जोडी स्वागत गर्छौं, रोएर होइन हाँसेर ।

अपाङ्ग मैत्री नभएर गाउँ, घर, स्कूल  
हामीलाई पढ्न जान सारै प-यो मुस्किल  
टिबलचियरको बाटो छैन जाउँ कसो गरी  
सवै साथी स्कूल जादां आसु आखाँभरी  
दुई हात जोडी स्वागत गर्छौं, रोएर होइन हाँसेर ।

हामीलाई पनि पधेरीको पानी खान मन छ  
पधेरीको सिढीहरु अवरोध बन्छ  
अब बन्ने संरचना सवले सोचन पर्छ  
जस्ले गर्दा विकलाङ्गको जिवन सहज गर्छ  
दुई हात जोडी स्वागत गर्छौं, रोएर होइन हाँसेर ।

दुई हात जोडी स्वागत गर्छौं, रोएर होइन हाँसेर  
यहि हासो भित्र हजुरहरुको माया र ममता गाँसेर  
यि हाम्रा साना कलीला हातले स्वागत गर्न पाउँदा  
धेरै खुसी लागेछ हामीलाई हजुरहरु आउँदा ।

*The hospitalized kids at HRDC and the Educator Ms. Tara Badan Sedhai composed the welcome song for celebration of the International Disabled Day 2014.*

*"We are happy to welcome you on the occasion of the International Disability Day Celebration with the theme Sustainable Development: The promise of Technology.*

*We (children with disabilities) are deprived of going to school because of not having disabled friendly access roads. It is difficult for us to access drinking water due to imbalance infrastructure and concerned authorities should be more responsible for further development of disable access friendly infrastructure that will ease our lives."*



Celebration of International Disability Day 2014 at HRDC

# Background Information & Introduction

## **FRIENDS OF THE DISABLED (FoD) HOSPITAL AND REHABILITATION CENTRE FOR DISABLED CHILDREN (HRDC)**

Friends of the Disabled (FoD) is registered in the year 2049 BS with the Kathmandu District Office, Government of Nepal as a non-profit making and non-political Non-Governmental Organization. It was registered under the Organization Registration Act of 2034 B.S. (1978), and under the National Directives Act of Nepal, 1961 (2018). It received affiliation to the Social Welfare Council (SWC), the apex body of national and international NGOs working in Nepal.

Hospital and Rehabilitation Centre for Disabled Children (HRDC) is the only program of the Friends of the Disabled (FoD) with the vision to Create a society in which individuals (especially, children) with disabilities and their guardians live as equal citizens with optimum quality of life, independence and participation.

It is often said that nothing happens, unless there is a dream first. At the genesis of the HRDC story there was a dream. A dream so powerful, that it helped transform the medical landscape in Nepal in pediatric disability management. The dream nurtured and grew within Professor Dr. Ashok Kumar Banskota, the founder Chairman of FoD/HRDC.

The services were initiated at Jorpati as the Hospital for Disabled Children (HDC) way back in 1985 by the Terre des hommes (Tdh), a Switzerland based charitable trust specialized in children's issues.



In 1993 the FoD re-initiated the hospital and rehab program at Dhobighat and started serving children with physical disabilities by enabling their abilities so that the children can assert their rights for mobility and functional independence.

In October 1997, HRDC moved to its permanent setup located at Adhikari Gaon, Ugratara VDC, Janagal 6, Kavre District, about 25 kilometers east of Kathmandu on a small mound to the south of the Araniko Highway close to Banepa Municipality from where HRDC has been efficiently and effectively catering treatment and rehabilitation services. HRDC also registered as a 100 bedded hospital with Ministry of Health and Population in the year 2010 AD (2067 BS).

Currently, the FoD/HRDC runs 74 beds including 3 intensive care beds for medical and rehabilitation interventions with two inner court yards with ample parking facilities. FoD/HRDC has a plan to increase the number of beds to 100, provided resources are available. HRDC has nationwide network for family based follow up care and social intervention carried out with the popularly accepted CBR approach.



The main purpose of the Friends of the Disabled (FoD) is changing the dilemma of children with physical disabilities through the services of the Hospital and Rehabilitation Centre for Disabled Children (HRDC). The children with physical disabilities and their guardians/parents are 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.

**The Hospital and Rehabilitation Centre for Disabled Children (HRDC)**

As the largest dedicated pediatric orthopaedic hospital and rehabilitation center in Nepal, the medical and social rehabilitation program embraces the child as a whole, and addresses their full spectrum of medical, therapeutic and social needs. This program

promotes social development and emotional well-being by incorporating frequent opportunities for age-appropriate recreational and academic activities throughout the child's hospital stay and rehabilitation process.

At central HRDC and field, our staff members provide compassionate care, to the children with the highest quality inpatient, outpatient surgical and rehabilitation services in a family environment. Specializing in caring for children with special needs, the HRDC team is committed to creating an intervention plan that meets children's individual needs.

The surgical suites, at HRDC, equipped with 5 highly advanced operating rooms and are used for selected surgeries. Surgical care can be delivered with a sophisticated level of technology and skills up to 300 patients per month.

### **Typical surgical procedures include**

- Orthopedic surgery (surgery concerned with conditions mostly involving the musculoskeletal system that include post burn contracture, hand-reconstruction, clubfoot and etc.)
- Management of spine problems
- Treatment of cerebral palsy.

### **The Children We Serve**

As a tertiary level service provider in disability management, the HRDC staff are child-centric in their approach to rehabilitation. The HRDC serves children with physical disabilities in different level of functionalities throughout Nepal, and beyond geographical and political boundaries, if referred, as per FoD/HRDC's humanitarian and child protection plan.



The HRDC, medical and social rehabilitation program of the Friends of the Disabled, serves children with physical disabilities on an inpatient and outpatient basis as they recover from illness or injury.

### **Criterion for accessing treatment and rehabilitation services at HRDC**

- Rehabilitation services is provided to the children with physical disabilities
- Priority is given to children with physical disabilities from disadvantaged families.

Some children have been involved in accidents, while others have problems in social participation as well as medical illnesses that require rehabilitation services. CWDs are referred from other institutions when it is appropriate for the focus to improve medical management and more intensive rehabilitative efforts.

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

**Family Focused**

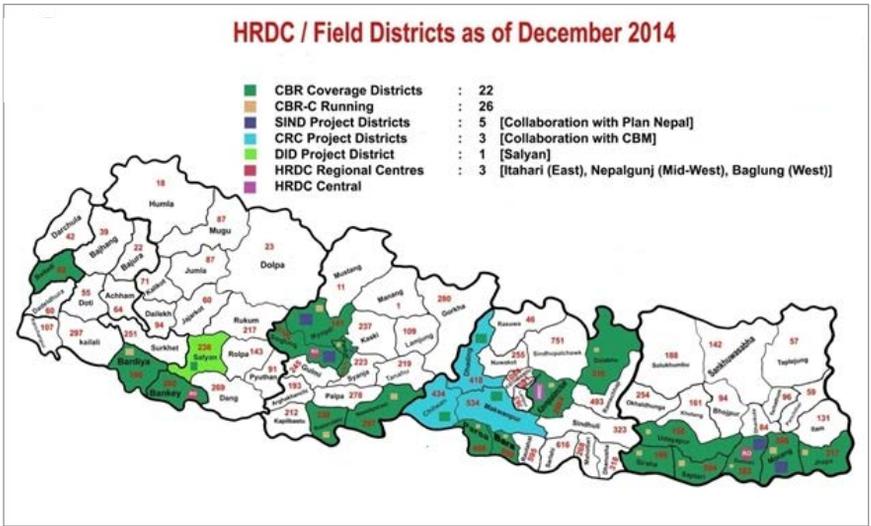
The families we serves are at the center of all the services we provide, and that focus applies to our staff as well. Whether it’s the onsite care or follow ups, we make sure that the families of staff and clientele are properly attended within our limits.

**Personal Bests**

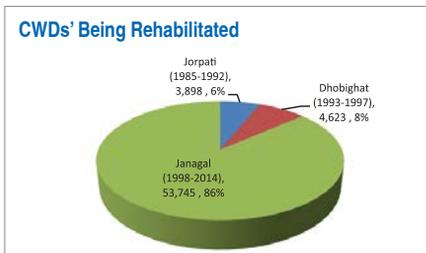
Our shared responsibility is to ensure that each child achieves his or her own potentiality through FoD/HRDC support. Our staff demonstrate utmost commitment by contributing to rehabilitation for excellence and dedication to the children and families we serve.

**The Results**

FoD/HRDC has been proactively working in disability management in Nepal since its inception. There are more than 49,600 CWDs reside in FoD/HRDC intervended 22 districts with a total population of 11.3 million.



As of December 2014 more than 16,400 CWDs from FoD/HRDC working districts benefitted from this and still over 24,786 CWDs requiring intervention. As of 2014 more than 62,200 children with physical disabilities are being rehabilitated from FoD/HRDC. This included 24,415 girls.



Disability management is a never ending process as the types and nature of disability changes its form, as changes occur in our society. It is in this context; HRDC is operating as one of the referral centres with comprehensive management of children with physical disabilities and has successfully intervened more than 19,800 cases in 2014 alone under FoD/HRDC. This included nearly 5000 pathological services, and around 3000 imaging services that contributed in indentifying the right causes of problems for further intervening the route cause of impairments/disabilities.

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

### Thrives for Improvement

HRDC has been accustomed to value the importance of the clientele experience and make a basis for delivering the quality services. HRDC listens to clientele feedback using valid and reliable research tools. The purpose of this survey has multiple folds:

1. To continue to highlight the importance of clientele participation in service delivery and evaluation.
2. To provide with recognition where due and with information highlighting areas for improvement, as identified by clientele with the hope that these results adds in the area of quality healthcare delivery.
3. To provide HRDC with identified areas for quality improvement along the continuation of care, as understood from the clientele's perspectives.

This is not only a demonstration of the HRDC's Quality and Safety commitment to enabling and ensuring clientele participation, but also a very direct commitment to ensure transparent and quality-assured service delivery. It is only by truly focusing on the clientele's perspective and results reflected in their mainstreaming that can determine the quality of healthcare provisions.

# Renewing the Promise of a Full Life



Smiling Samana!

The small plot of land owned by Khim Magar in the village of Bhabang, Rolpa in Nepal's west produced enough food for him, his aging parents, and his pregnant wife, Tulasari, for only six months of the year. In order to better provide for his new and growing family, Khim was forced to leave them and find work as a laborer in Saudi Arabia.

Khim and Tulasari spoke over the telephone to each other every few days, and in one of these conversations Khim learned of the birth of his daughter whom they decided to name Samana, meaning someone 'in tune with nature'.

When Samana turned five months old, Khim sent Tulasari money for her rice feeding ceremony, and Tulasari continued to keep Khim informed of her development, from crawling to toddling.



At HRDC Post Surgery

As a daughter-in-law, Tulasari was responsible for caring for Khim's parents and all the household chores, including fetching water and gathering fodder for their two oxen. One day, when Samana was 10 months old, Tulasari was outside working and heard her daughter screaming. She rushed inside and found Samana had rolled into the open fire, badly burning both her legs. Panicking and in tears, Tulasari rushed Samana to the local health post and after some critical care there took her to the government hospital in Nepalgunj. She was then referred to another hospital in Kathmandu where she had surgery to amputate her right leg above the knee, and her left leg was treated as best they could, but it was still badly damaged.

Her daughter's injuries saddened Tulasari deeply and her family and other villages blamed her for the accident, as did Khim who stopped calling. Samana and Tulasari moved in with her parents. One day Tulasari's sister-in-law called from Kathmandu with some information

on a home for disabled children that would care for and educate Samana. This was the light at the end of the tunnel Tulasari was hoping for. With some difficulty she raised enough money to cover their travel expenses and made their way to the Kagendra New Life Center in Kathmandu and they referred them to HRDC's hospital in Banepa. In December 2011, now six-years-old, Samana was admitted.

After a thorough examination, a team of doctors agreed the best course would be to amputate Samana's left leg below the knee and fit both legs with prosthetics. Khem and Tulasari were consulted and both agreed to do whatever the doctors thought best for their daughter. After her recovery from the successful surgery, measurements were taken of her legs and she was discharged. Six weeks later they returned and Samana was presented with her artificial right leg and began gait training. Not long after, her left leg had completely healed from the surgery and it too was fitted with a prosthetic limb. Tulasari saw her daughter stand upright for the first time in five years.

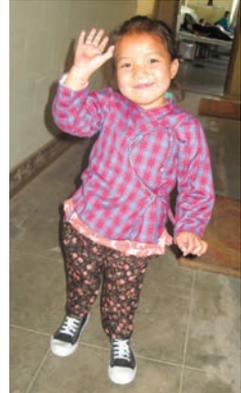


Samana and her mother at HRDC

Four years later Samana is in school and living the life of an abled child, and Khim and Tulasari are thankful for HRDC staff's compassion, expertise, and care in enabling their daughter to renew the promise of a full life.



Samana trying out her new left leg in a bamboo walker



Samana standing on her own about to leave HRDC

# Looking at Her Life Differently Now

Sanu was a poor but happy child. She loved reading, dancing and playing with her friends, and even helping her parents work their small farm in Chitwan. In 2010 her happiness was interrupted however when a snake bit her right foot. Her parents didn't fully understand how to administer first aid and applied an excessively tight tourniquet.



Sanu



Before and after treatment

They made it to a local hospital in time for Sanu to be successfully treated for the snake bite, but the tourniquet had damaged her Achilles tendon, resulting in an Equines deformity where she couldn't flex her ankle to raise her foot. This affected her gait and

caused severe pain if she had to walk a long way. People started to tease her and called her derogatory nicknames, she started to isolate herself from her friends, and her studies suffered.

The great championship boxer, Mohammed Ali once said "Impossible is not a fact. It's an opinion", and Sanu's opinion of the rest of her life began to change a year later when HRDC held a mini field camp in their village. At the camp she was taught some stretching and strengthening exercises to practice at home and referred to a consultation at HRDC's center in Banepa.



Initial treatment

Sanu was admitted and underwent surgery in August 2013. After a couple of days, Sanu was able to walk pain free with the aid of crutches and was discharged. HRDC field facilitator and volunteers visited her regularly, encouraging her in her PT and providing support.



During the treatment process



Sanumaya playing with friends at hostel

Sanu can now walk independently, she again plays with her friends and can carry out all the activities that she needs and wants. Her studies have improved and she is sitting her grade 10 exams this year with confidence.

"I've started to look at life differently now. I thank the staff at HRDC for the miraculous change they made to my life."

## Pictorials



Orinetation on national building code in Chitwan



Kids enjoying interactive game



Measurement for prosthesis at rural field camp

# An HRDC Ambassador

When Mamata was three years old she contracted poliomyelitis. The virus infected her knees and hip, severely restricting her mobility, and forcing her to 'walk' on her knees. Her parents took her to traditional healers to no affect, and a hospital in India where the treatment proved too expensive for her family to afford.



Mamata



Mamata at HRDC for assesment

When Mamata was 14-years-old both her parents died while working in India and she was placed in a home for disabled children where, fortunately, the staff knew about HRDC and its work. In December 2011, Mamata arrived at HRDC's center in Banepa and the medical team made their assessments and formulated an intervention and rehabilitation plan.

After a month of skeletal traction, plaster casts were applied to help support her legs and the physiotherapy team showed her how to walk using a frame. Six weeks after being discharged, she returned to have the casts removed and for additional PT training. Now 16-years-old Mamata has full mobility and is functionally independent.



During treatment process

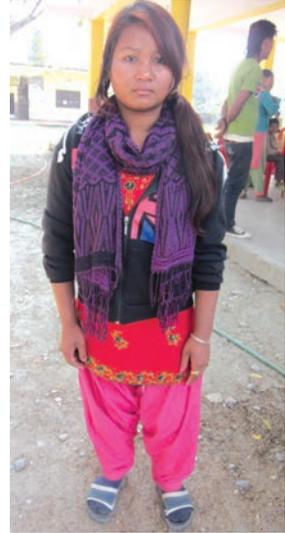
HRDC also helped Mamata with another new start in life; sewing classes and a sewing machine. She now earns money as a tailor and hopes to be able to save enough money to complete her education (she dropped out while in grade nine) and fulfil her dream to become a nurse. She has also become an ambassador for HRDC, encouraging other, poor, disabled children to seek help from HRDC field teams.



During treatment process



During rehabilitation process



After treatment



HRDC provided her one unit of sewing machine



Mamata at work

## Fully Mobile for the First Time in their Young Lives

Fourteen-year-old Dukhi and his eleven year-old sister Lalita, are from a poor Dalit (formerly known as 'untouchables') settlement in the village of Baderwana, in Siraha District on Nepal's border with India.



Mandal family's small house

Their father is a daily wage earner and their mother is semi-paralyzed due to a stroke. They live in a house made from mud and thatch, and for a short period were homeless, living in a nearby forest. Dukhi had to drop out of school after grade four to earn a little money working in a local tea-shop.



The brother and sister's legs with problems

Both children were born afflicted with bilateral clubfoot, and their family's backbreaking poverty and ignorance of affordable treatment options prevented them from seeking a cure.

HRDC's community based rehabilitation worker came to know of the children's plight and visited their home. After talking with them and their parents he set a date for admission at HRDC's central hospital and also arranged for funds from a local youth group and from the local government office to pay for their travel expenses.

The siblings were admitted and surgeries performed on Lalita's left and Dukhi's right foot. After a few days under HRDC's compassionate care, their wounds healed, they began physiotherapy treatment, and were instructed on how to continue the PT once they returned to their village. The intervention was a success and their mobility greatly improved.



Dukhi at HRDC during treatment



The Mandal family with HRDC field worker



The Mandal brother and sister in front of their house!



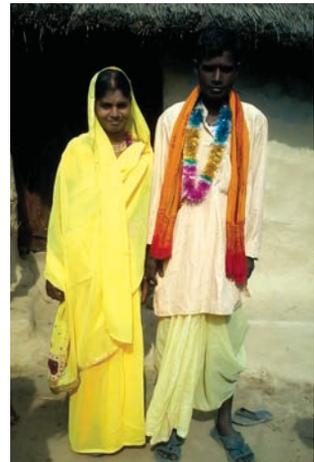
Lalita and her father with Regional Office In-Charge



Dukhi in action in his own bicycle repair shop

It took over a year to find the money to pay for another journey to HRDC for the operation on their other feet when they again received PT and customized orthotic shoes. They were, for the first time in their young lives, fully mobile, and very thankful to the HRDC team.

No longer disabled, Dukhi and Lalita, had an opportunity to help improve their family's financial situation. As they both dropped out of school years before, they decided they would look for some vocational opportunities and HRDC again came to their aid, giving them a small amount of seed money for Dukhi to open a small bicycle repair shop and for Lalita to start goat breeding. Dukhi is now earning about \$3 a day and Lalita is caring for three goats.



Lalit with newly married husband

# Performance in 2014

## MEDICAL SERVICES

The FoD/HRDC medical team comprises of 10 orthopedic surgeons, 2 anesthetic consultants, 4 anesthetic nurses, 2 plastic surgeons, 3 house officers and 30 other members in different capacities. The medical team performed over 1,637 surgeries and over 19,800 consultations this year. Mobile clinics at field are an integral part of the FoD/HRDC

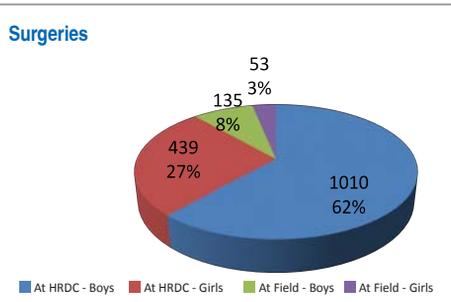
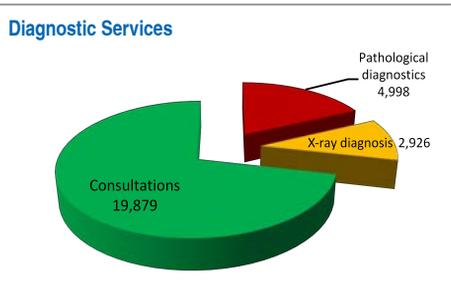


House officer & consultant orthopedic surgeon screening CWD at HRDC

identification process. An average of 120 extra working days are being spent in field every year for screening new patients, following up on old patients to providing safe surgical care in the field for some patients.

### 2014 a medical snapshot

- A total of 19,879 CWDs consulted at hospital and field. Out of those 5,643 (2,179 girls) new patients and 14,236 (5,241 girls) old patients.
- A total of 4,998 patients received pathological diagnostic services.
- A total of 2,926 patients received radiographic (X-Ray) services. Out of which, 1,994 were old patients whereas 932 were new patients.
- A total of 1,142 CWDs were admitted at HRDC (included services of regional office) out of which 418 were girls.
- A total of 1,637 (1,449 at HRDC and 188 at field) surgeries were done successfully in HRDC and field. Out of the total, 188 surgeries were performed through regional offices.



- Average length of stay of a CWD was 19 days with 80 percent bed occupancy.
- Average age of Admitted Patients: 6.01 (in years)
- A total of 439 (179 girls) files of the patients were inactivated as they completed their treatment/rehabilitation.

FoD/HRDC is the only its kind of institute that does not print the x-ray films unless requested and has been maintaining the digital x-ray records of the patients since 2013. This helped in significance reduction of the cost and increased the quality.



Digital X-ray

## **REHABILITATION SERVICES**

### **COMMUNITY BASED REHABILITATION PROGRAM**

CBR assesses through camps, identifies, consults and motivates clientele for children's rehabilitation through referrals. After initial treatment, Community Based Rehabilitation (CBR) Program addresses systematic follow-ups (Social consultations) of children with physical disabilities for continued primary rehabilitation therapy and social inclusion of CWDs to improve quality of life as equal citizens. This also develops link and network with the government line agencies, CBOs, I/NGOs to sensitize and support in mainstreaming of CWDs.



CBR worker briefing on disability issues

Increasingly, rehabilitation and prevention of disability take place in the community with active involvement and participation of community. CBR as defined by the WHO is understood as a multi-sectoral strategy based on community development model that empowers persons with disabilities to access and benefit from education, employment, health and social services including livelihood. CBR is implemented through the combined efforts of persons with disabilities, their families, organizations and communities, relevant government and non-government



HRDC doctors examining a child at a rural field camp

health, education, vocational, social and other services. These activities aim to empower people with disability and enjoy their rights.

The central CBR Department operates additional three Regional Offices in i.e. Nepalgunj, Itahari and Baglung and two projects to cover Makawanpur, Chitwan and Dhading districts under CRC Project and Salyan district under Disability Inclusive Development Project (DIDP) in order to improve access to the HRDC services and networking, intervention cost reduction for children with disability from disadvantage and marginalized communities also. A total of 61 competent staff members are fully engaged at different capacities for CBR at different VDCs and municipalities.



Team of Orthopedic surgeons operating



Home visit by HRDC CBR worker

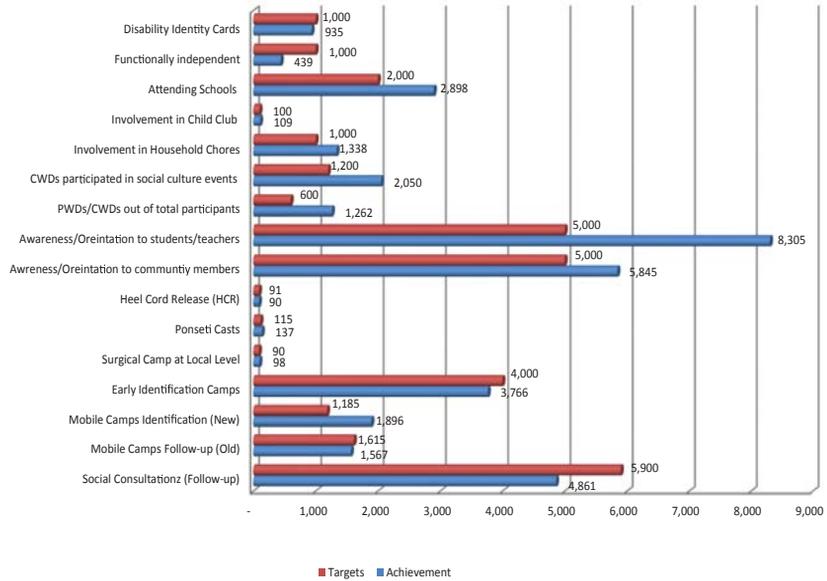


Continuing education and social participation

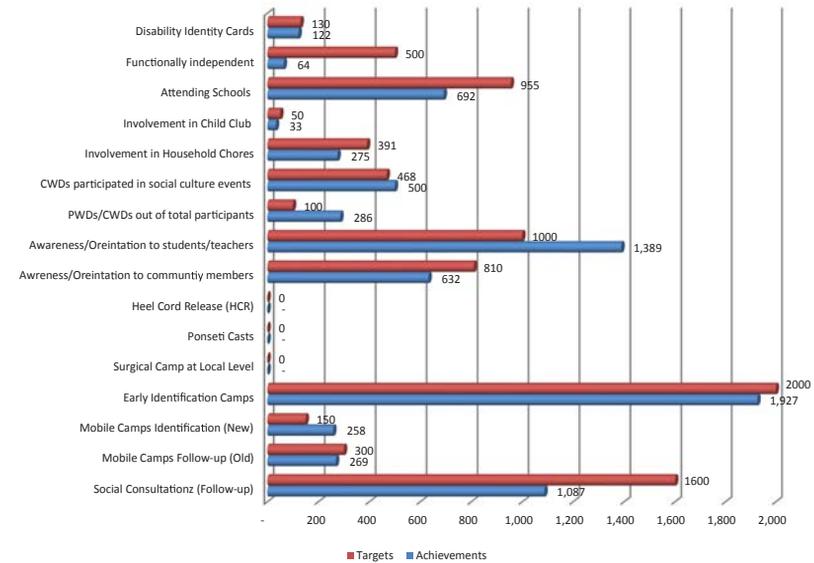
## 2014 a CBR snapshot

Activities	CBR beneficiaries 2014						
	Totals	Central	Itahari	Nepalgunj	Baglung	CRCP Chitwan	DIDP Salyan
Assistance in Obtaining Disability Identity Cards	935	122	331	22	60	285	115
Become functionally independent	439	64	169	134	2	70	-
Attending Schools	2,898	692	658	197	190	807	354
Involvement in Child Club	109	33	19	-	4	13	40
Number of CWDs Involvement in Household Chores	1,338	275	431	8	122	332	170
CWDs participated in social culture events	2,050	500	613	55	97	484	301
PWDs/CWDs out of total participants	1,262	286	285	122	110	459	-
Participants on Awareness/Orientation to students/teachers	8,305	1,389	1,529	-	217	3,679	1,491
Participation of community members on Awareness/Orientation	5,845	632	940	858	565	1,820	1,030
Heel Cord Release (HCR)	90	-	39	33	-	18	-
Ponseti Cast Applied	137	-	69	45	-	23	-
Children operated at Surgical Camps	98	-	32	34	-	32	-
Children screened in Early Identification Camps	3,766	1,927	1,839	-	-	-	-
Mobile Camps Identification (New)	1,896	258	535	396	79	203	425
Mobile Camps Follow-up (Old)	1,567	269	323	326	91	355	203
Social Consultation (Follow-up)	4,861	1,087	1,293	392	271	1,180	638

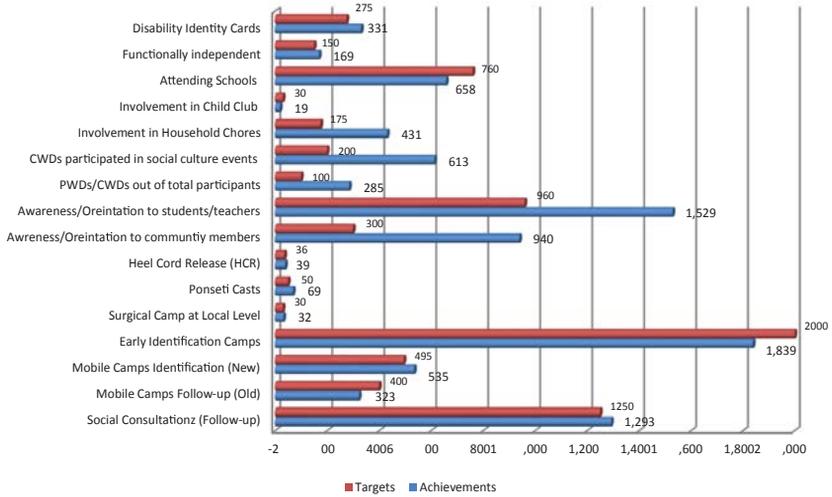
## CBR beneficiaries



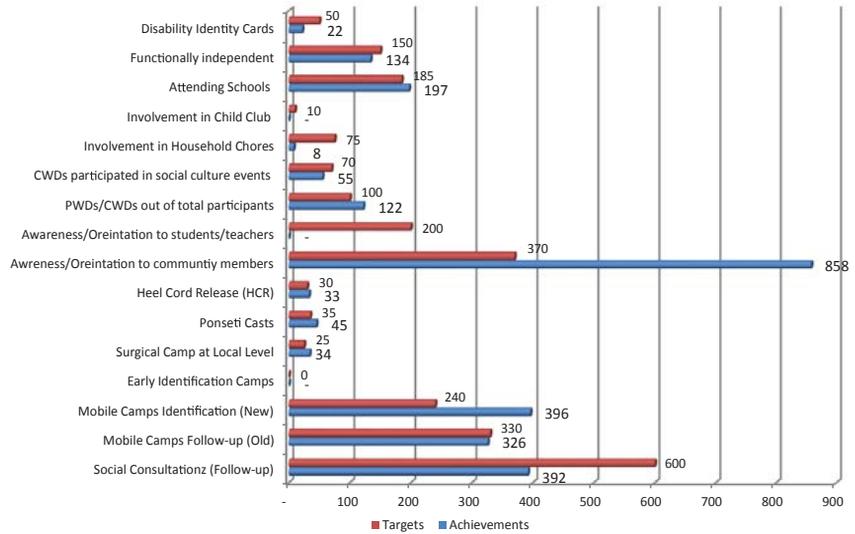
## Central CBR



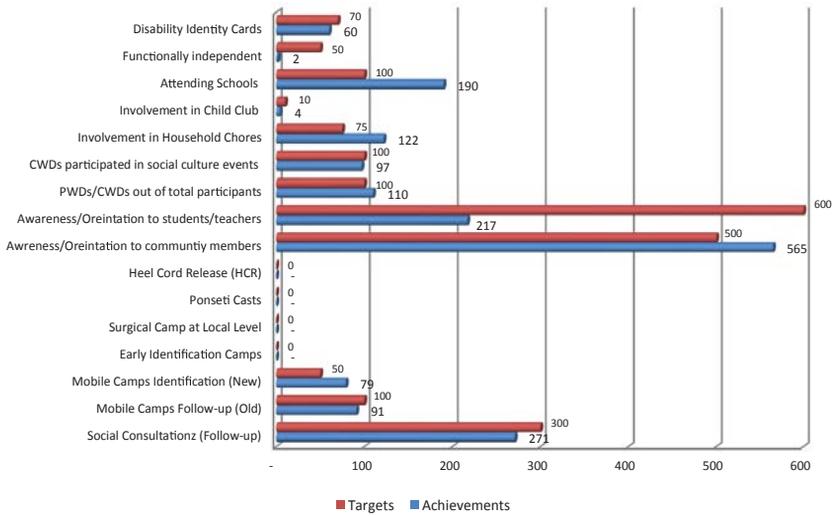
## RO Itahari



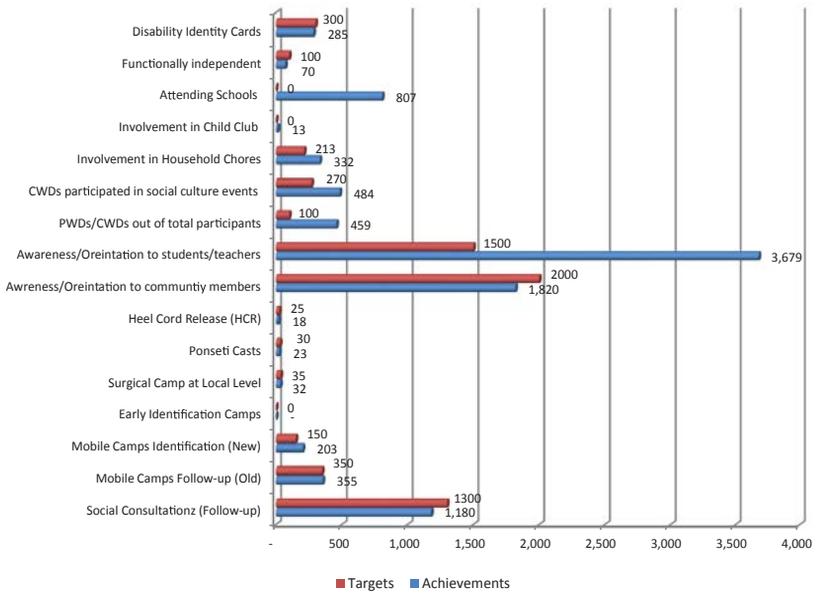
## RO Nepalgunj



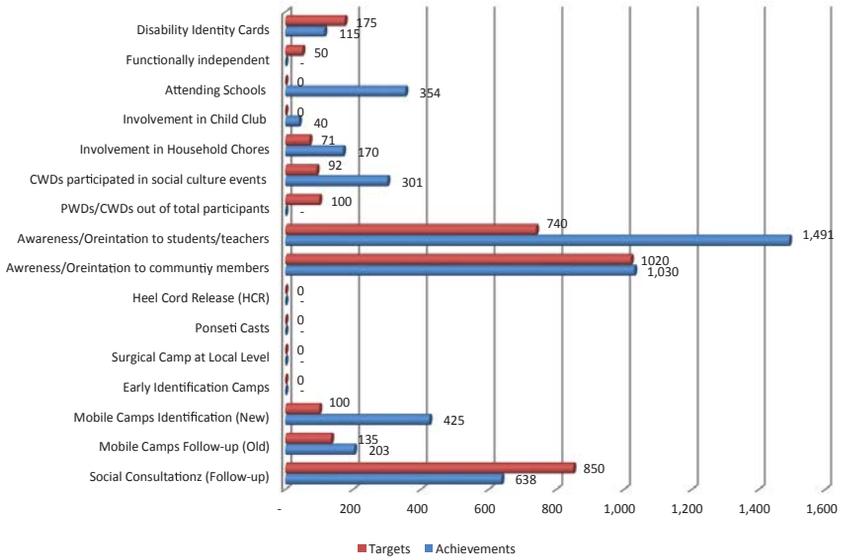
## RO Baglung



## CRCP Chitwan



## DIDP Salyan



## Pictorials of CBR orientations



Disability orientation to women community at Lahan



Disability identification orientation program at Sunsari



Disability orientation at Maiyapur (far-west)



Disability orientation in school at Dhading

## Comprehensive Rehabilitation of children with Physical Disabilities Project (CRCP)

A competent group of 21 staff members are putting their full strengths for managing Comprehensive Rehabilitation of Children with Physical Disabilities Project (CRCP) initiated in year 2011 in Dhading, Chitwan and Makwanpur districts for 5 years with support from cbm SARON. Objectives of this project are to ensure that the mechanisms are in place in project districts to identify cases of pediatric disability, to take preventative, curative and rehabilitative measures for 2100 CWDs through:

- Sensitization and empowerment of CWDs, DPOs, CBOs and other stakeholders in the community.
- Community based rehabilitation system is functional to support children with physical disabilities in their rehabilitation process:
- Cases of Potential disabilities are screened through diagnostic camps organized in the communities.
- Children with physical disabilities particularly girls, with different forms of physical disabilities are provided with treatment, rehabilitation and assistive devices so that they will be able to study well and have the opportunity to learn and to establish linkages with livelihood opportunities.



HRDC trained social mobilizer performing the physiotherapy at home visit



School orientation on disability prevention and management

## Disability Inclusive Development Project (DIDP)

Disability Inclusive Development project (DIDP) envisages extending HRDC's rehabilitation services to the CWDs at Salyan District (mid-west) for a period of 3 years from 2014 to 2016 AD. To achieve the set goal, a competent group of 9 staff members have been deployed at various capacities.



Consultant orthopedic surgeon explaining the causes and treatment procedure to government & other officials at Salyan

## Social Inclusion and Non-Discrimination Project (SINDP)

The SINDP has been on the floor since 2006 to organise diagnostic/screening camps to identify the children with impairments and perform corrective surgery to the needy CWDs especially from the marginalised communities. This



Orientation to FCHV on disability awareness

project also makes available the required low cost assistive devices to the children with physical disabilities and support to sustainable community rehabilitation system through awareness and appealing programs.

## Orthopaedic Shoe Project (OSP)

Orthopedic Shoe Project is established in 2014 for three years covering Banke, Dang, Surkhet, Gulmi, Kapilvastu and Rupandehi districts in order to avail of orthopedic shoes to the locals.



Inauguration of orthopedic shoe project

Orthopedic shoes are tailor-made based on a three-dimensional cast made of a CWD's feet. They are prescribed by specialist health care professionals. Shoes are typically made of leather and have thick, removable inner soles. Other modifications are made according to the CWD's needs.

## Prosthetic and Orthotic Services

Children with physical disability may have trouble walking, talking or moving around i.e. ADL. Tasks such as dressing oneself may be difficult.



Fabrication of ortho shoes at HRDC

Assistive devices can help children with physical disabilities function better and be more independent and they make daily tasks easier. These devices may help ease the burden on guardians/parents. There are many different assistive devices to choose from. They can range from simple to complex.

The Prosthetics and Orthotics services initiated since the inception in 1985 and services have been provided to clientele by 14 competent and qualified staff members.

Prosthetics and Orthotics Department evaluates measures, fabricates, and fits patients with orthopedic appliances. The low cost quality prosthetic and orthotic devices are fabricated and fit at our facility using customized designs and components.

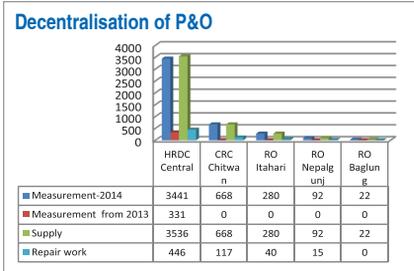
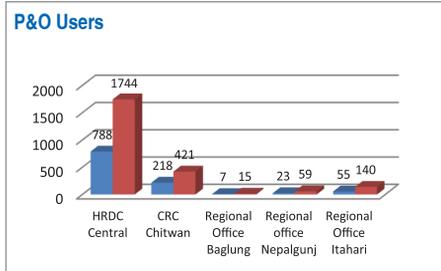
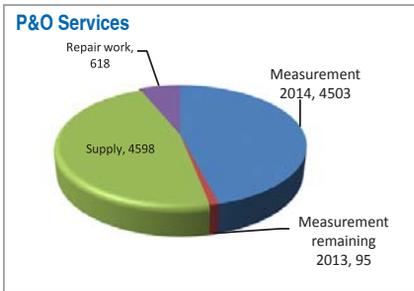
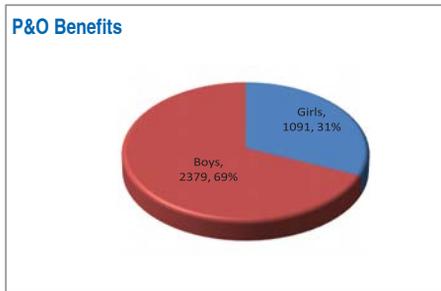
Outpatients are consulted at the HRDC, also in the regional offices and mobile camps in line with CWDs' needs of functional mobility.

Prosthetic and Orthotic Department also involved in providing orientation on use and safeguarding of the assistive devices to the end users and their guardians/parents.

Due to the fact that there is not enough resources this include skilled manpower, the challenge for us is to decentralize the services to make the devices available at affordable cost at local level.

### 2014 a P&O snap shot

- A total 3,470 CWDs received 4,598 assistive devices for their improved mobility and out of those 564 were B/L. This included the 331 measurements from 2013.
- Measurements of 4,503 assistive devices were taken for ortho-protheses
- A total of 618 orthopedic appliances were repaired in 2014.



## Physiotherapy

Physiotherapy aims to help CWDs to optimize their mobility, function and independence.

Physiotherapists work with the multidisciplinary team at FoD/HRDC to provide holistic care that is aligned with our rehabilitation goals. We perform thorough assessments and design individualized treatment plans that incorporate manual therapy, exercises and/or the use of electro-physical modalities to optimize functionality.



Physiotherapist in action

The Physiotherapy department consists of over 8 physiotherapists, including therapists with specialist training, and support staff which supports the medical specialties in the hospital.

Our Physiotherapists are graduated and trained at local or overseas program. Some of them have Bachelor or Master degree in specialized fields.

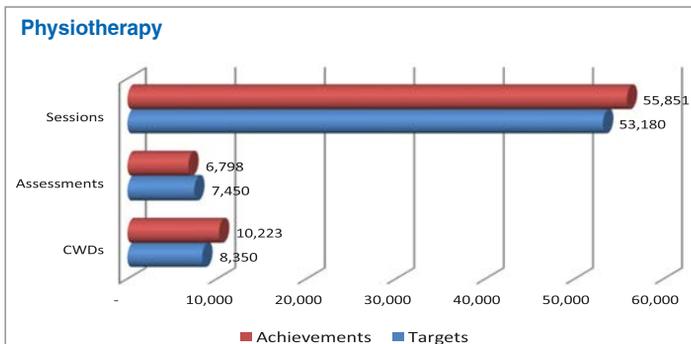
The department provides a comprehensive range of rehabilitative services which put us on the forefront. Our facilities ensure that our patients receive the highest level of care.

The Physiotherapy Department supports rehabilitation of the children presented with severe deformed limbs / joints, contracted limbs and problematic in their mobility and Activities of Daily Living (ADL).

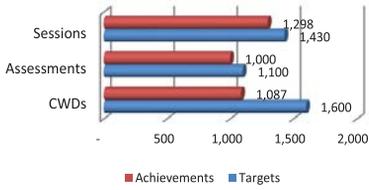
HRDC is well known for its own kind of treatment and management of clubfoot deformities called "PONSETI Techniques".

Due to constraint of resources, we are facing the challenge of transforming the conventional physiotherapy modality to a play oriented (gymnasium) model.

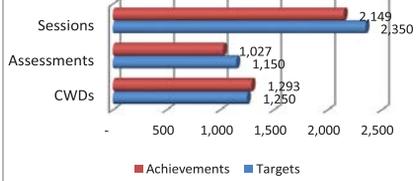
## 2014 a Physio Snapshot



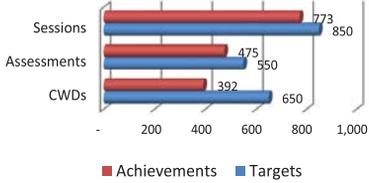
### Physiotherapy - Central CBR



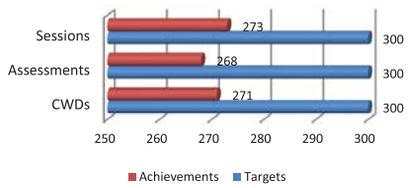
### Physiotherapy - Itahari



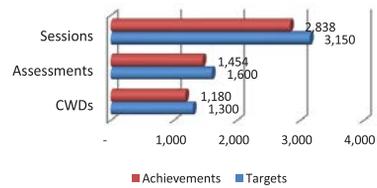
### Physiotherapy - Nepalgunj



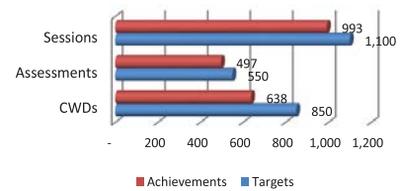
### Physiotherapy - Baglung



### Physiotherapy - CRCP Chitwan



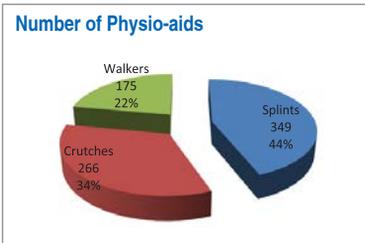
### Physiotherapy - DIDP Salyan



Physiotherapist in action at field camp

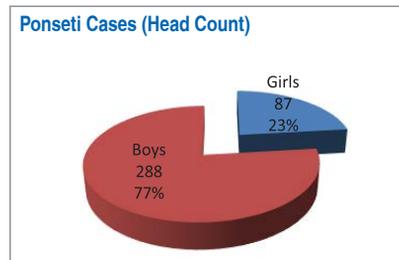
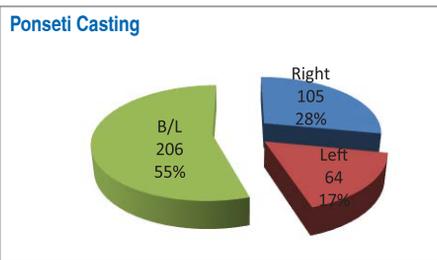
Total physiotherapy sessions in 2014 were 55,851. Of the total, 36216 were for inpatients and 19,635 were for out-patients.

A total of 349 Splints were fabricated, 266 Crutches and 175 walkers were distributed to CWDs in 2014.



CP trained physiotherapist assessing CP child

A total 375 ponseti cast applied in 2014. Out of those 206 were bilateral, 105 were right and 64 were left.



## TRAINING AND EDUCATION SERVICES

Training and Education department chiefly coordinates and plans internal and external training programs, medical and non-medical research activities and provide library facilities as well as health education/orientation to the clientele.

The core training programs are Primary Rehabilitation Therapy (PRT) Training, PRT Refresher Training, CBR Training, Communication Skills Development training and others as per the need assessment within the organization.

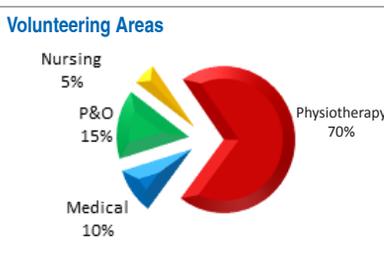
This is entirely managed by female staff members Training Instructor, Educator and Hospital Teacher and one of them is PWD.

In 2014, a total of 10,223 (3,795 girls) CWDs received physiotherapy services.



### 2014 Snapshot

- 4 staff members trained in critical care management
- 20 staff members received ToT
- 27 person received modular PRT and as of 2014 more than 400 persons received PRT training from HRDC.
- 11 employees from various organizations received a three month long PRT training and as of 2014 more than 400 PRT graduates are performing.
- 4 members of staff underwent the orthopedic shoe making training
- Fire Safety and Earthquake drill attended by all 166 staff members
- Orientation on inclusive Project Cycle Management
- Training on Fundraising
- 2 physio therapists sent to the Netherlands for International Exposure in November
- NEPTACON conference attended
- HRDC staff made their formal presence in different Training/workshop/seminars organized by different organizations.
- Over 700 nursing students made observation visits at HRDC in 2014.
- A total of 38 volunteers, most from Europe, visited HRDC for learning purpose.



## ADMINISTRATION AND ANCILLARY SERVICES

HRDC Administration executes the policies approved by the FoD Board, carries out official works, prepares, organizes and disseminates report/description (monthly, quarterly, annually) to concern authorities, facilitates different departments/sections to carry out their day to day work and provides needed services to guests, partners and volunteers. Administration also facilitate in planning and budgeting including receiving feedback on the policies.

47 administrative staffs including of Domestic, Transport/ Maintenance, Security and Medical Record Section (now Information management Unit) under General Administration back-up to run hospital successfully.

## The Team HUMAN RESOURCES-2014

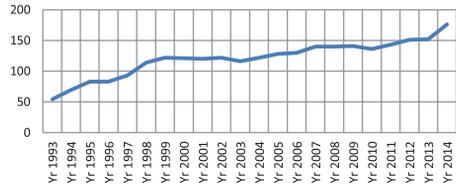
FoD's HRDC is a very unique example with minimal turnover. Majority of the members of staff have been associated for over two decades with full integrity and ownership. The increasing trends of the staff demonstrated in the graph from 1993 onwards. This also indicates the increasing workload due to geographical as well as thematic expansions.

FoD started HRDC with 54 staff members at Dhobighat in 1993 where 4,638 CWDs were benefitted. This included 515 surgeries. Now at the end of 2014 there were altogether 176 staff, performed 1,637 number of surgeries, putting their full efforts to achieve the goal of HRDC. Out of the total 62 were female. 27 PWDs (10 female) were working at HRDC.

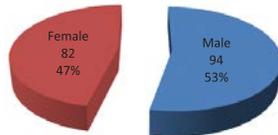
In the year 2014, some significant changes occurred in management. Dr. Bibek Banskota and Mr. Bikash Man Singh assumed responsibility as new directors for medical services and non-medical services respectively. In the diversity of the responsibilities, The Executive Director/Sr. Consultat Mr. Krishna Prasad Bhattari

has come under the FoD and is made overall responsible for field and outreach activities. With new changes some positive changes occurred and HRDC is in the process of revising/developing various policies/procedures for smooth functioning of the activities towards the disability management.

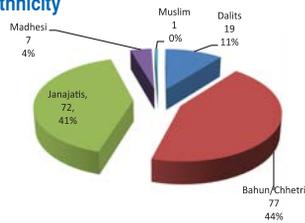
Staffing Trends (1993 - 2014)



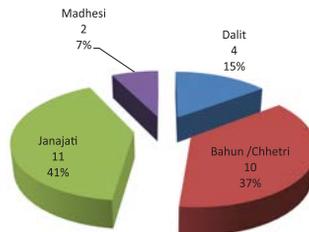
Staffing Gender Ratio



Staffing Ethnicity



Staffing with PWDs

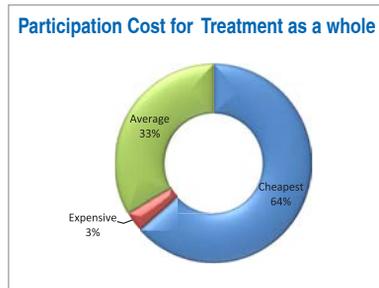
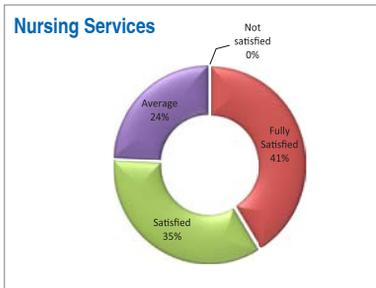
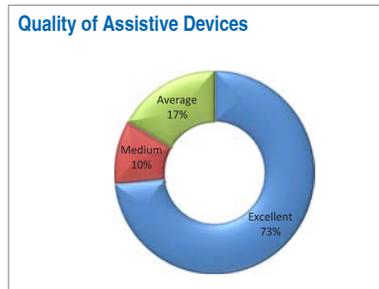
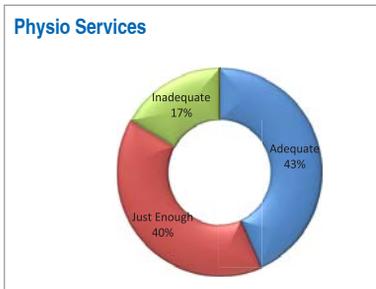
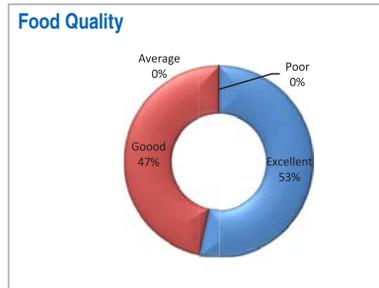
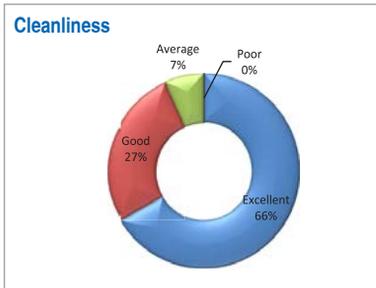




## CLIENTELE FEEDBACK: an important dimension of quality services

Clientele feedback consists of the views and opinions and service users on the care they have experienced. HRDC gathered feedback through standardized surveys focus on nursing services, assistive devices, cleanliness, food and etc. HRDC always embraces the 'clientele always right' model, betting that increased clientele satisfaction will improve the quality of care and reduce costs" to validate the investment through social audit and clientele feedback in the system.

HRDC is always in the forefront to the idea of bringing the patient experience into practice for better and cost effective interventions in understanding of how high-quality health care is related to the patient experience and health-related outcomes.



## कविता

देखेहरु भन्थे मलाई कति नक्कल गरेको  
कसले देख्छ, मन मेरो दुखै दुखले भरिएको  
एकपछि, अर्को समस्या उत्पन्न हुन्छ, मलाई  
कति बाँच्नु जिन्दगीमा यो मन मुटु जलाई ।

आधा मेरो जिन्दगी जिउन बाँकी छ  
च्यातिएको यो मन सिउन बाँकी छ  
कस्तो यो जिन्दगी खानसम्म खुवाउने पर्ने  
अमृत भनि विष मैले पिउन बाँकी छ ।

अपाङ्ग यो जिन्दगी जिउन गाह्रो भो  
असती यो दुनियाँमा बाँच्न साह्रो हो  
नसोचेको जिन्दगी आयो यो जिवनमा  
पानी पनि दुङ्गा जस्तो साह्रो भो ।

अगाडिका दिनहरु रूँदै रूँदै गए  
कसले दिन्छ उपचार भनि खोज्दै गएँ  
उपचार हुन्छ DIDP बाट भन्ने सुन्दा अलि खुसी भएँ  
HRDC बाट हुन्छ भन्ने थाहा पाउँदा अझ दुक्क भएँ ।

कसले दिन्छ उपचार कहाँ जाने भएँ  
काभ्रेको बनेपामा जाने थाहा पाएँ  
कुरा सुन्ने बित्तिकै घर आएँ  
हतार हतार गरेर गाडी चढी HRDC मा गएँ ।

पुगेपछि अस्पतालमा चेकजाँच भयो मलाई  
सवै कुरा बुझेपछि भर्ना गर्न पन्यो मलाई  
बहिर देख्दा राम्रै थिएँ, सवै जना सोध्ने मलाई  
भन्थे आफ्नो दुख मैले, आँखाबाट आंशु खसाई ।

दिन रात घाउ दुख्दा मन मुटु जलायो  
उपचार पाएपछि बाँच्ने रहर पलायो  
कति देखेँ अस्पतालमा म जस्ता विरामी  
आफू जस्तो साथी भेट्दा मन मेरो भुलायो ।

देवा पुन (०१४-१५५५)

छाँयाक्षेत्र-१, सल्यान



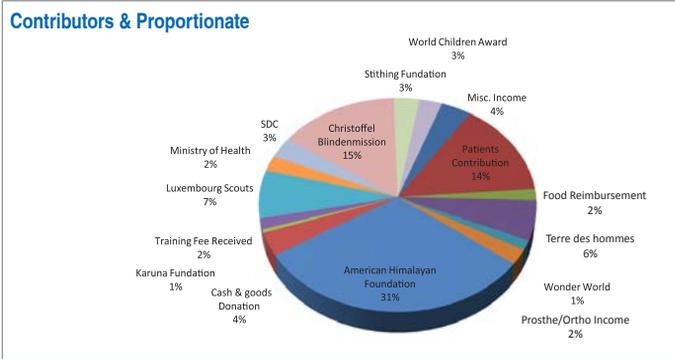
देवा पुन  
छाँयाक्षेत्र-१, सल्यान

Dewa Pun  
(Hospital No. 014-1558)  
Chhayachhetra-1, Salyan District, Nepal

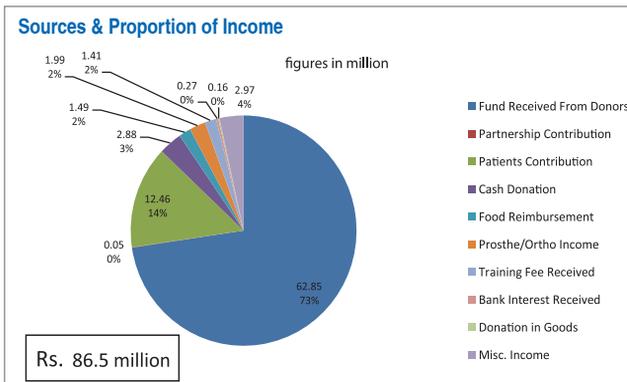
15 years old Dewa Pun wrote this beautiful poem on the woes of a childhood with disability, how she found new hope in life after being seen at an HRDC rural field clinic followed by treatment at HRDC central in Banepa.

## FINANCIAL MANAGEMENT

Since the inception, FoD/HRDC believes that it is always helpful to spend some time thinking through the questions with analysis so that tailor subsequent steps to suit purposes.



- The primary reason for conducting cost analysis is generally to determine the true (full) costs of each of the programs under analysis (services and/or products) to:
  - Identify and prioritize cost-saving opportunities for cost effectiveness
  - Fundraise from donors to cover the true costs of delivering the program
  - Price the service or product at a level that covers the true costs for justifying the importance investment into the sustained life changing intervention
  - Report the true costs of a program when claiming government/funders for reimbursements
- When combined with an assessment of a program's revenue and degree of mission-alignment, understanding the true costs of a program will also allow to understand how each program contributes to social mission and overall financial health.

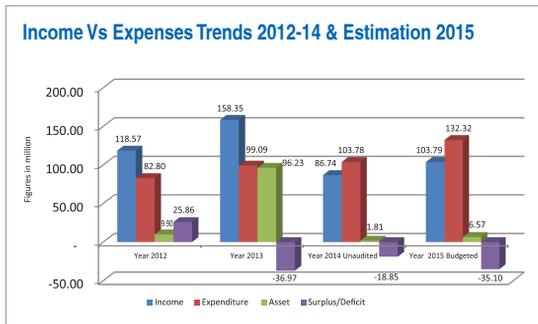


This information is instrumental to be able to:

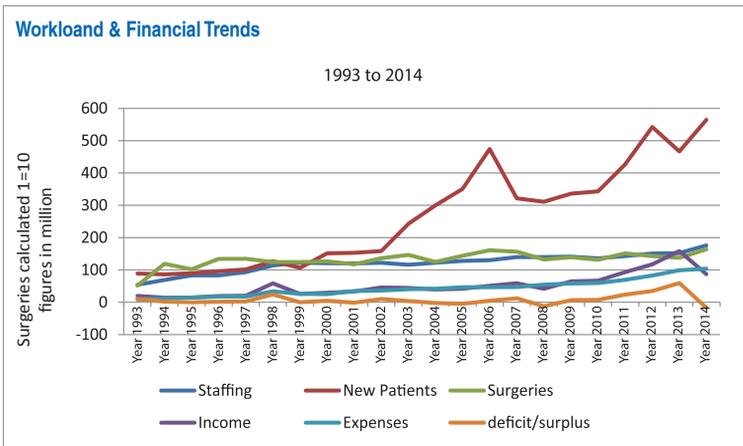
- Allocate human and financial resources effectively
- Prioritize core programs that must protect even in economically hard times
- Identify peripheral and financially unhealthy programs to eliminate
- Design smarter growth strategies
- Improve the financial health and mission alignment of the organization as a whole

In the year 2014, HRDC was able to generate revenue of 86.5 million rupees only from various sources for gearing up its activities despite the forecasting of nearly NRs104 million. The following two graphical presentations explain the sources and the apportion percentage of major donors.

The income Vs. Expenses graphical analysis clearly indicated the difficulties for FoD/HRDC to carry out the activities towards the rehabilitation of the disabled children hence FoD/HRDC always seeks your support and help towards the benefit of the disabled children.



The following graphical analysis clearly shows the need of more funds towards the sustained both medical and social rehabilitation for the children with physical disabilities. This included the data from 1993 to 2014. This clearly indicated that the FoD/HRDC has been able to cater the increasing needs with minimum increment in staffing patterns.



## Quantitative Performances and Targets for 2015

Headings / Indicators		Achievements 1985-2014	Achievements 2013	Achievements 2014	Targets 2015
1	Medical consultation				
a.	New patients	62,266	4,665	5,643	5,500
b.	Follow up	2,76,899	13,243	14,236	13,500
c.	Radiology services	46,766	2,720	2,926	4,100
d.	Laboratory services	63,028	3,810	4,248	5,300
2	In-patient services				
a.	Admission	22,163	1,018	1,142	1,070
b.	Corrective surgery	35,890	1,378	1,637	1,566
3	Community Based Rehabilitation				
a.	Assessment in early identification camp	154,332	2,331	3,766	7,000
b.	Disability orientation	76,331	9,319	14,150	10,000
4	Orthosis & Prosthesis				
a.	Fabrication of Orthosis & Prosthesis	54,165	3,555	4,558	4,500
b.	Beneficiaries	24,750	2,436	3,470	3,000
5	Physiotherapy				
a.	Physiotherapy assessment	1,07,597	5,314	6,798	7,450
b.	Clubfoot management through the "Ponseti" method	3,604	354	375	500
6	Treatment complete / ADL Independent	14,274	588	439	1,000
7	Training and Education				
a.	Primary Rehabilitation Therapy Training	353	33	38	20
b.	Ortho Shoe Training	21	2	4	5

# 2014 in Pictures



Prof. (Dr.) Ashok K. Banskota being felicitated by admitted children and escorts for Stars Impact Award



Prof. (Dr.) Ashok K. Banskota sharing experience of receiving Stars Impact Award



Ms Katie Williams evaluator of Stars Impact Award being briefed by Prof. (Dr.) Ashok K. Banskota



Delegates from ONGD-FNEL scouts Luxemburg with HRDC officials



Prof. (Dr.) Ashok K. Banskota at felicitation program for Stars Impact Award



ONGD-FNEL scouts project evaluation team



Tdh official at HRDC



AHF officials at HRDC



Disability Day 2014 celebration



Officials from Karuna Foundation with HRDC team



SDC Team at HRDC OT



Firesafety drill at HRDC



Earthquake drill at HRDC



Wheelchair distribution at HRDC through "Let the Children Learn Project"



CP stakeholder's network meeting



Exposer visit of PRT Trainees



Patient registration at camp



Waiting for consultation at camp



Assesment of CWD at camp



Consultant orthopaedic surgeon assessing CWD at HRDC



Surgical intervention



CBR worker at home visit



CBM Partners' Review Meeting at HRDC



Officials of Karuna Foundation being briefed at HRDC



Annual General Gathering



HRDC and B&B team during recreational friendly football match



CBM team being briefed about HRDC



Chairman Prof. Dr. Ashok K. Banskota with HRDC union officials



Training of Trainers



Dashain celebration at HRDC



Outing of hospitalised CWDs



Re-assessment of CWD for new club shoes



CRC celebration with UNICEF at Tundikhel



CWDs' schooling at HRDC



Orthosis measurement of CWD's during home visit at Banke



Applying serial cast at HRDC



Applying serial cast at regional office

## We Thank

HRDC's vision is recognized through the endless support of our major partners as well as other well-wishers both organizational and individuals. HRDC urges you to visit us if you can to review the work first hand and continue to help.

American Himalayan Foundation

cbm

Plan Nepal

Luxembourg Scouts FNEL-ONGD

Terre des hommes

Stichting Kumari Foundation

Swiss Development Corporation

Mr. Wolfgang Franz Bartl- Let the Children Walk

World of Children Award

MoHP

Miracle Feet, USA

Wonder Work, USA

General Medical Suppliers

Capital Enterprises

Mr./Mrs. Subash Gupta

Phil/Jo Gross Educational Grant

Karuna Foundation

Menaka Enterprises

SOGOL Mostouli Moab/Alva Barozi

Dr. Catherine & Marc. Andre Renold

Ms. Camille Renolds

Ms. Anita Ramauli

Dr. Bisharad Man Shrestha



## Achievements / recognition

Over the years, FOD/HRDC has received many awards and accolades in recognition of its pioneering achievements in Nepal in disability management.

- Stars Impact Awards 2014
- World of Children Awards
- Prof. A.N Srivastava Annual Oration Award
- Appreciation from Thakali Swasthyakarmi Pariwar
- Appreciation from Bikalang Samaj
- Bhupal Man Singh Karki Health Award
- National Citizen Gold Honour
- Appreciation to Department of Orthopedica from Shree Birendra Military Hospital
- Dr. Balram Joshi Gyanbigyan Puraskar
- Honour from Rotary International, District 3292
- Shree Chandra Kumari Raj Joshi Gyanbigan Rastriya Sewa Puraskar
- AHF 25th Anniversary, Award to FOD/HRDC
- Rastriya Nagarik Samman
- Appreciation from PHECT Nepal
- Appreciation from Rotary Club of Kavre
- Appreciation form CWIN-Nepal
- Tulashi Meher Honour from Social Welfare Council (SWC)
- Honour from Women Development Office, Dhading
- Honour from Nagarik Manch Nepal
- Orthocon-2012 The Nepal Orthopedic Association Oration
- Nepal Medical College and Teaching Hospital
- Appreciation from B.P Koirala Institute of Health Sciences
- Certificate of Appreciation from CBR Bhaktapur



## Stars Impact Award 2014

In 2014, FoD/HRDC is awarded the Stars Impact Award 2014 in Health in Asia Pacific region for seeing disability as a social issue, not just a physical one but children from disadvantage families. Through the world-class Hospital and Rehabilitation Centre for Disabled Children (HRDC) and satellite centres in rural areas, FoD/HRDC helps children with disabilities receive reconstructive surgery, nonsurgical interventions, physiotherapy, low cost prostheses and follow-up care. We, at FoD/HRDC, see the re-integration of children with disabilities into the community as central to its work, collaborating with families and communities to combat stigma and rebuild the confidence and social skills of children with physical impairments.



Photo : Andy Aitchison/Stars Foundation

Prof. (Dr.) Ashok K. Banskota, Founder of the Hospital and Rehabilitation Centre for Disabled Children (HRDC) at Friends of the Disabled (FoD) in Nepal, receives the 2014 Stars Impact Award for Health in Asia-Pacific from President Bill Clinton and Stars Foundation Founding Chairman HE Amr Al-Dabbagh on December 13, 2014 on a function at Kensington Palace, London, United Kingdom.

## Future Plans

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- Addition of 25 beds.
- Addition of Play Therapy Model to existing Physiotherapy Infrastructure.
- Capacity Building of field offices.
- Consolidation of research activities.
- Construction of CSSD Block.
- Development of parking lot.
- Digitization of Medical Record Management.
- Drinking and utility water.
- Health care waste management.
- HRDC School.
- Installation of smart generator.
- Resource mobilization/collaboration with multi-lateral/bilateral/ multinational organizations.
- Serving the underserved/un-served.
- Technology for the Provision of care... more than the building.
- Upgrading of laundry services.
- Vehicles for Mobile Camps.
- Website & Social Media.

# Why should you help the FoD/HRDC?

Donating your money to a worthy cause for the FoD/HRDC's work to make sustained medical/social rehabilitation of the CWDs. This helps make a positive difference in the world.

How you can help	Amount NRS	Amount US\$
Cost of screening camp for early identification of problems related to physical disabilities for 800 to 1000 children in rural school	Rs. 25,000	US\$ 250
Fabrication and fitting of ten low cost orthoses for ten children	Rs. 50,000	UD\$ 500
Comprehensive Physiotherapy for ten children for a week at HRDC	Rs. 10,000	US\$ 100
Cost of one patient's rehabilitation for the whole year including follow up	Rs. 80,000	US\$ 800
Management of ten clubfoot children below 4 years of age, through Posneti technique	Rs. 200,000	US\$ 2,000
Cost of one health and rehabilitation camp of one week duration in a remote district of Nepal	Rs. 500,000	US\$ 5,000
Cost of one surgical camp (with reconstructive surgery of 16 children)	Rs. 800,000	US\$ 8,000

## Contact us:

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