Hospital and Rehabilitation Centre for Disabled Children

Annual Report 2010

Hospital and Rehabilitation Centre for Disabled Children
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A Program of
The Friends of the Disabled (FOD)

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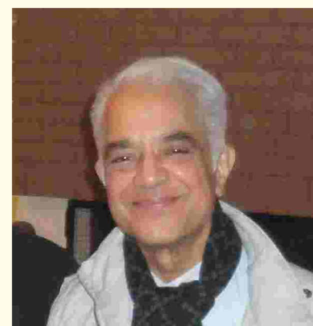


WORDS FROM THE CHAIR

Dear Friends,

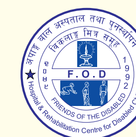
Greetings from our hospital on the hilltop here in Nepal!

Although 2010 was another turbulent year with conflicts and calamities the world over, we at HRDC were able to continue with our work smoothly. The support that each and every one of you provides is crucial for this work. I want to thank you for your help and encourage you to continue to support us.

This report provides you with an overview of the past year's targets and accomplishments. The core mission of HRDC is helping children in need! The needs of disabled children abound but the available resources and logistics are inadequate to meet the needs of the many, many children that remain unreached / untreated in remote corners of the country. Our staff out in the communities is working to further strengthen our regional links to enable us to deliver services with greater efficiency. The gratification of each child benefited by these services is indeed a reward for all of us.

Thank you all once again,
Sincerely

Dr. Ashok K. Banskota
Chairman
Friends of the Disabled



SUCCESS STORIES

Before Treatment

Namrata is a 3-year-old girl from Kavre district. Her family is not well off and she is the only child of the family.

When Namrata was just 3 months old, both her ankles and feet were badly burnt leading to chronic ulcerations and repeatead infections. She lost all her toes and the feet were a ball of scar tissue. At this point, an opportunity arose when she was referred to HRDC.

Initial assessments at HRDC revealed an absence of a smooth plantar surface for floor contact in both the feet. The scars were sensitive and susceptible to easy burising.

After Treatment

Surgery was performed to release the contractures and the defects were covered with skin grafts. Namrata was put on a high protein diet and soon her wounds healed. Physiotherapy was introduced to initiate standing and walking practice with the specially fabricated limb appliances. The family was also instructed about the problems of recurrent contractures. The patient and the family were naturally thrilled with the outcome.

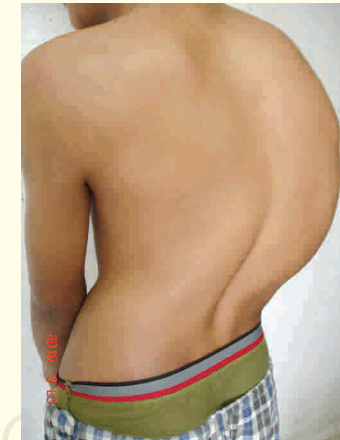
Ashish standing stooped

Ashish, a 15-year-old boy is a resident of Parbat, a hilly district in central Nepal. He is the fourth of six children in his family. Even though his family is poor, he is able to attend school and is currently in the eighth grade.

At the age of nine, Ashish developed an irregular deformity, of unknown origin, on his back and the curvature continued to worsen over the last six years. His family sought help from many hospitals, but as the surgery was complicated and expertise and facilities were unavailable he was never admitted. Finally he learned about HRDC and arrived with hope.

After a thorough assessment and many diagnostic interventions, short and long term rehabilitation goals were developed. Ashish underwent corrective spinal surgery with instrumentation. Additional rehabilitative and supportive nursing care followed enabling him to swiftly and predictably recover.

With his deformity largely corrected, and unlikely to get worse, Ashish was discharged from the hospital after six weeks but remains under follow-up care and visits the hospital when he feels he need to. His parents are overjoyed and very thankful to the HRDC team for taking such good care of their son.


Showing severe back deformtiy (Scoliosis)

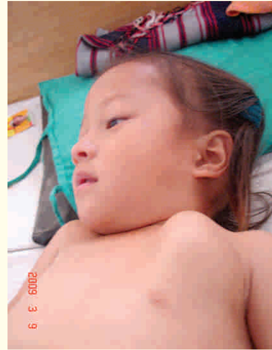
After surgery (in the braces) a confident Ashish.

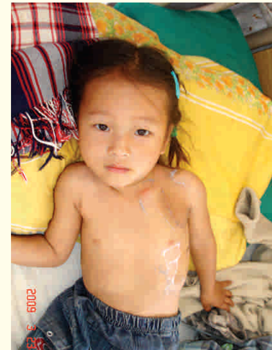
Rupan is a 5-year-old girl from Okhaldhunga, one of the remotest districts of eastern Nepal. She is one of five children from a poor subsistence farming family.

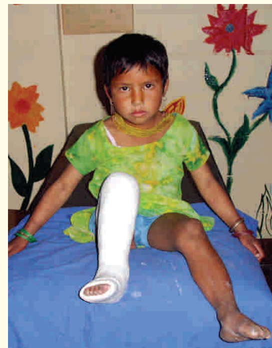
When Rupan was one year old a small mass was noticed on her left upper chest. Over time, the mass increased considerably, as did the pain, and she had trouble sleeping. Her family brought her to HRDC.

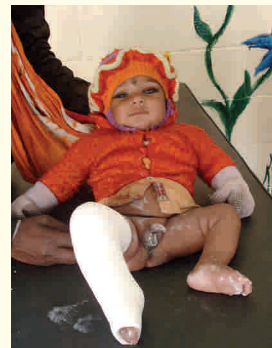
The HRDC team examined her and performed a biopsy and CT scan. Her condition was diagnosed as osteochondroma, a type of tumor. Surgery to remove the mass was successful and she was kept under nursing care to prevent infection and help the wound heal.

After a three week stay at HRDC she was completely healed with only a small scar to indicate that she had once been sick. Her parents are very grateful for the complete recovery of their daughter and the compassionate care Rupan received while at the hospital.







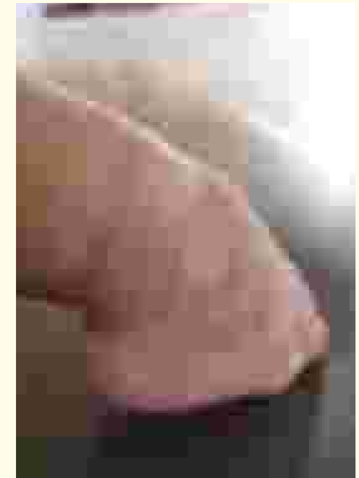


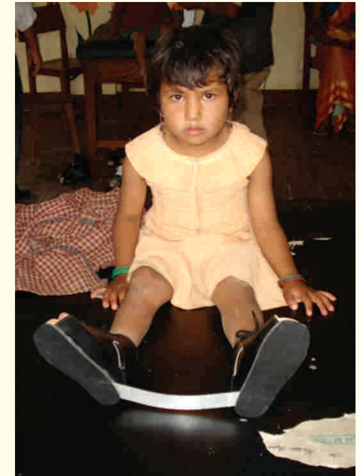
Although Chameli and Ashu are from different parts of Nepal, they have some things in common: they are both from poor farming families and both have a congenital deformity known as clubfoot.

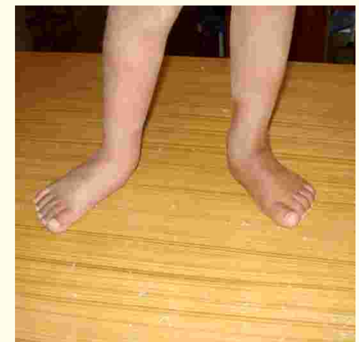
Chameli from distant Rolpa was five years old before her parents came to know about HRDC and brought her here. Fortunately for Ashu, she comes from nearby Nawalparasi and was only seven months old when she arrived.

The treatment for both was the same. First they underwent serial Ponseti casting. Plaster casts were changed every fifth day, six times and the deformity was sixty percent corrected. Following this, surgery was performed and a long leg cast was applied. After a month, the girls and their parents returned to have the cast removed and special orthopedic shoes were fitted. The parents were shown physiotherapy exercises to be done regularly and were further instructed to have the children wear the shoes at all times possible.

Both the girls can expect to have fully corrected normal feet. Follow up is crucial to recognize and promptly treat the relapses which can occur for serveral years.







HRDC appeals to individuals and agencies to support treatment and rehabilitation of children with physical disabilities who in the future could be bright hopes for their families and societies.

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Rehabilitation of Children with Physical Disabilities HRDC / FOD

Background

It seems sometimes as if Nepal is at cross-roads in every aspect of life, including disability management.

Fifteen to twenty years ago the reality of macro societal transformation in the context of Nepal was much different than it is today. The Disabled Protection and Welfare Act of 1982 was a bi-product of global thrust, especially from the UN World Program of Action initiative. With the development model being charity based, no wonder the act itself was welfare orientated!

Nepal could not keep pace with developments in disability management that took place elsewhere in the world and the paradigm shift expected in the World Decade of People with Disabilities (the 1980s) was only seriously examined in Nepal in the latter half of the 1990s.

Nepal ratified the Convention on the Rights of the Child (CRC) over two decades ago in the early 1990s. However drafting acts nationally to implement the articles of the CRC could not be completed as expected and became suspect as increasing instances of child abuse and trafficking became known. In many instances the State failed to address these problems.

Now, people with disabilities are empowered due to the actions of committed activists. They have identity and are claiming their entitlements to rights. The Convention on the Rights of Persons with Disabilities (CRPD) and its protocols were ratified by the Government of Nepal on December 27, 2009 making Nepal, from May 7, a party with defined responsibilities to enact this act nationally and incorporate its provisions in the legislative frameworks of the country. The huge and important task of implementing the CRPD lies ahead and needs the support of all so that people with disabilities are able to enjoy their rights and freedom, and live with dignity.

Research indicates the prevalence of disability in Nepal varies from 1.63% to 16% of the population (Pediatric Disability Management National Strategy 2064). Disability is closely linked to poverty; malnutrition, lack of cleanliness and hygiene and inadequate and poor quality health information and services have caused and aggravated disability management. While much of the at-risk and in-need population is in rural areas, the majority of services are urban based.

At the micro level, when families are struggling for existence and needing every member's contribution, people with physical disabilities are left behind. In addition, the Nepalese community is neither aware of, nor has non-traditional economic activities to involve people with disabilities in productive work commensurate with their capabilities.

A family's need for basic daily requirements can push children with disabilities to premature entry into the workforce, usually with lower pay, while they should be in school. This has tremendous repercussions in the quality of life they are forced to live being uneducated and with impeded social skills.

Several other hospitals in the country working with orthopedic services often refer patients to HRDC for more specialized orthopedic intervention. Often patients come to HRDC after they have first received treatment in other hospitals and health posts.

However, total service access in the country is estimated to be very low. Children outside the catchment areas of such institutions do not have access to any service whatsoever.

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Introduction

HRDC is the one and only program of the Friends of the Disabled (FOD), a non-governmental organization. The Program was initiated in 1985 by Terre des Hommes (TdH), a Switzerland based charity specialized in children's issues. Its management was handed over to FOD by TdH in 1992. Since the very beginning, HRDC has been serving children with physical disabilities by enabling their abilities so they can assert their rights for mobility and functional independence. HRDC is the leading treatment and rehabilitation program (now approved by the Ministry of Health and Population, Nepal Government) for providing comprehensive treatment and rehabilitation to children with physical disabilities mostly affected by musculoskeletal problems.

The core purpose of FOD is changing the plight of children with physical disabilities through HRDC. This is being carried out by HRDC with optimum quality as a centre of excellence where important roles of an educator, researcher and advocate for children with physical disabilities are being genuinely exercised to rehabilitate children and protect their rights.
Children and their guardians are attended with compassion and encouraged to actively participate in their therapies in whatever way possible. They are taught simple rehabilitation methods that can be followed-up at home. Additionally, they are educated on preventive measures that can be adopted in their communities to minimize disabilities in future.

Criteria for accessing treatment and rehabilitation at HRDC:

- Children with physical disabilities up to 16 years of age. However rehabilitation service is provided up to 18 years.
- Priority is given to children with physical disabilities from disadvantaged families.

Since October 1997, FOD shifted HRDC to its present permanent location in Janagal, Adhikari Gaon, Kavre District, about 25 kilometers east of Kathmandu in the Ugratara Village Development Committee on a small promontory to the south of Arniko Highway close to Banepa Municipality. HRDC has been efficiently providing treatment and rehabilitation services from this complex since 1998.

HRDC has the vision of creating a society in which individuals (especially children) with disabilities and their guardians live as equal citizens with optimum quality of life, independence and participation. HRDC addresses this vision with the mission of availing comprehensive, quality medical care and rehabilitation to children with participation restriction due to physical challenges, and assist the children to be integrated, as is their right, into the society.

Maintaining HRDC's position as the leading referral centre in the management of physical disability has been continued by:

- Increasing access by further decentralization of treatment and rehabilitation services to strategic locations elsewhere in the country. Now there are 3 regional offices – one each in Itahari (East), Baglung (West) and Banke (Mid-West).
- Increasing in participation of CWDs in community activities and
- Strengthening HRDC as the training and resource centre in rehabilitation therapy to improve the current status of children with disabilities in the activities of daily living so they become functional independent relative to their age.

HRDC is connected to the Arniko Highway by approximately 1.2 km of the approach road recently blacktopped by the Roads Department. It has 72 beds for treatment and rehabilitation intervention with two inner court yards. We have a plan to increase the number of beds to 100 in future. HRDC is a one of a kind institution consisting of a nationwide network for family based follow up care and social intervention carried out with the popularly accepted approach of community based rehabilitation.

For the last several years, HRDC has been running three month long Primary Rehabilitation Therapy training programs to produce a low level physiotherapy workforce who can assist physiotherapists or carry out simple rehabilitation therapy in the rural set up. This has helped to address the need in an affordable manner.

HRDC has been the pioneer in the introduction in Nepal of the Ponseti (serial casts) Technique which has not only reduced the cost of clubfoot intervention in children (less than 4 years) but also shifted intervention from major to minor surgery. Also spine (especially, scoliosis) management has received focus through early identification and medical intervention for the past several years. We are part of a teaching chain of hospitals under the Kathmandu University and are running a 3 year long master's degree program in orthopedic surgery. So far we have trained 20 very competent orthopedic surgeons.

HRDC has 8 departments (with 16 sections under them) and a cluster of programs which make HRDC's intervention a comprehensive model where children with disabilities do not have to go anywhere else once they are registered with HRDC. For monitoring and practical reporting, HRDC is divided into five clusters of programs; medical, rehabilitation, finance and marketing, training and education and research, ancillary and administration.

With the Counseling, Health and rehabilitation, Education and awareness, Socialization and inclusion, and Training (empowerment) components (CHEST) and strategies of networking, resource mobilization, partnership with community and empowerment of stakeholders, we have made significant achievements since the program’s inception.

As of December 2010:

- 42,268 patients received consultation services from HRDC.
- 12,013 patients completed their rehabilitation treatment from HRDC.
- Over 29,937 surgeries, both major and minor, have been performed.
- Nearly 39,511 orthopedic appliances have been produced and distributed to 18,370 children with disabilities (from 1998 – 2010).
- In 2010, HRDC catered to 14,645 cases from 49 districts.
- A population of more than three hundred thousand has been positively affected by HRDC's interventions.

Through the analysis of cases main causes of physical disability have surfaced as; congenital, post infection, post trauma, neurological, metabolic and post burn contracture. A recent study carried out has shown very positive social impact for children with physical disability due to HRDC's intervention. As far back as 1989, David Jones, a prominent British orthopedic surgeon reviewing available orthopedic services in Nepal commented in his report that HRDC was evolving into a world class centre for orthopedic care of children.

Disability management is a never ending process as disability type and nature changes its form as changes in society occur. It is in this context; HRDC is operating as the referral centre with comprehensive management of children with physical disabilities and is intervening in up to 13,000 - 15,000 cases every year, at the hospital as well as at the field level.

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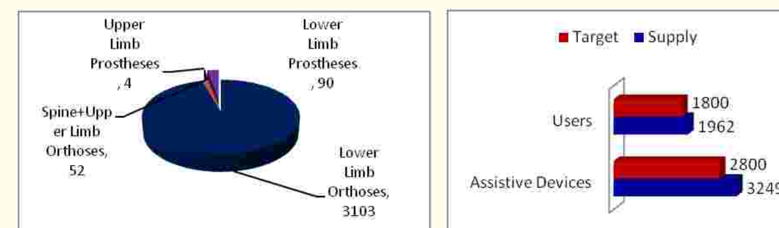
Medical Services

- **Medical Support Services**
- In addition to a faculty of seven visiting consultants, there are two full time and one part time orthopedic surgeons, one registrar two house officers working at HRDC. Outpatient clinics are run three days a week; Mondays, Thursdays and Fridays. In 2010, the team:
  - a. Screened 7,379 patients at the hospital of which 1,443 were new enrollments. The team either reviewed the intervention plan or, together with clientele and with input from all relevant departments, formulated new rehabilitation plans for each patient.
  - b. Assisted with 5,768 cases who visited the hospital for follow up.

- **Diagnostic services:**
  - a. 3,297 children utilized radiographic services, with 17 x-ray plates for every 10 children. Two staff worked in this section in 2010.
  - b. 3,079 children, either as inpatients or outpatients used laboratory services. 3.3% of them were identified with some sort of parasites. Two staff were working in this section in 2010

- **In-Patients Services:**
- This department has two sections: wards and operating theatres, with 29 personnel working in them. Additional visiting consultants and a contract expert also joined the team.
  - a. 1,055 patients were admitted to the hospital in 2010.
  - b. The medical team successfully carried out 1,234 corrective surgeries at the hospital and another 80 in the field.

Rehabilitation Services



- **P & O Services**

There are several workshops which produce orthopedic appliances in the country. The prosthetics and orthotics workshop at HRDC fabricates the largest range of orthopedic appliances to children with physical disabilities. The department is currently working in training local organizations and individuals (local cobblers included) to transfer skills for production and mending of assistive devices at the local level.

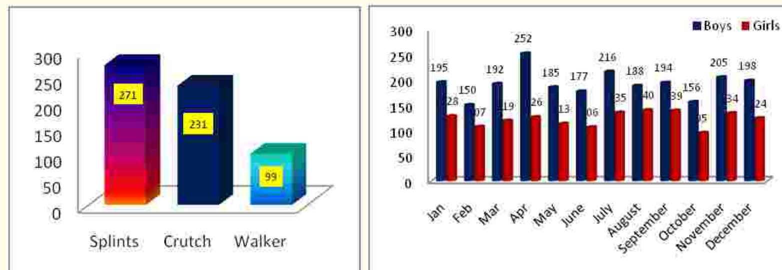
The department, comprising of nine staff, takes measurements of children with physical disabilities who need orthotics or prosthesis either for correction or prevention of deformities, or assisting in mobility. The diagrams below show details of categories of assistive devices fabricated as well as their distribution in 2010:

- **Physiotherapy**

Physiotherapy plays a vital role for pre and postoperative intervention or for rehabilitation in general. Unlike a few years back, physiotherapists are now abundantly available. However, due to resource shortage, local NGOs working in rehabilitation of adults and children with physical disabilities are not able to hire qualified physiotherapists.

The six staff in this department are engaged in physical therapy for children with different levels of functional problems in activities of daily living. All the children who come to the hospital go through screening to ascertain level of support needed for ADL independence. In 2010, 3,774 children of whom 1,466 were girls, received screening and further physio intervention on an outdoor as well as indoor

basis, with a total treatment cycle of 34,493 procedures. The department also fabricates splints, distributes crutches and walkers for the children for preventing deformity or making them more mobile. Sometimes the devices also assist in increasing range of motion. The following diagrams give data of distribution of devices (left diagram) and monthly influx of children visiting HRDC for the intervention in 2010:



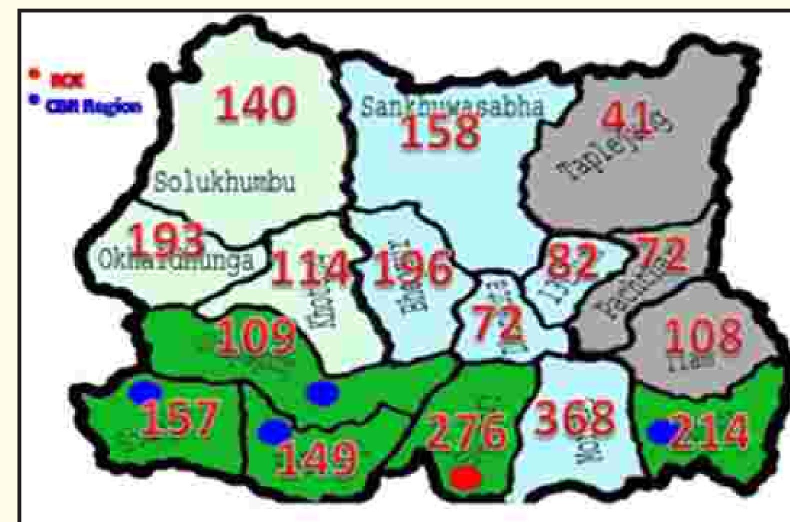
- **Community Based Rehabilitation Services**

This department was initiated in 1988-89 as a service for escorting children with physical disabilities and their guardians from home to hospital and back and has since become a very important multi-pronged social support service supplementing medical interventions at the hospital. CBR services include:

- Identification of children needing assistance for impairment correction or physical function independence, first in ADL and then participation in social events. They are then referred to HRDC and or organizations for further intervention
- Follow up with the children post intervention to ensure that they sustain the rehabilitation gain and further support them for social participation.
- Setting the environment for intervention at HRDC or through other organizations as appropriate
- Empowerment of clientele (the children and their guardians or parents) in the process through awareness and skill transfer.
- Assistance to clientele to mobilize resources.
- Support the clientele to avail themselves of their rights so that they can access the entitlements offered by the state to other children on equitable basis.

The following activities conducted by the department helped achieve the above:

- Home visits and consultations
- Organizing camps: general as well as surgical
- Awareness activities
- Resource mobilization at the local level
- Collaboration and networking
- Conduction of training and other educational activities
- Intervention plans of 3,428 children with disabilities were development implementation started
- 11,217 cases were re-examined in 2010.
- Only 1,154 patients completed their treatment in 2010. Quantitative analysis of the statistics has shown that over 45% of inactivated cases become functionally independent.
- An Inclusion Project supported by Plan Nepal (program cost) and TdH (other costs) initiated in 2005 in Morang and Sunsari Districts and from 2008 in Parbat, Baglung and Myagdi was successfully concluded.
- Patients who received treatment and rehab services through the Project in the east are shown in the map at the right:
- 224 patients received treatment and rehabilitation services from the Inclusion Project in Baglung, Parbat and Myagdi



Training, Education and Research

The following training, research and education activities were conducted in 2010:

1. Annual International Workshop on Ponseti Management of Clubfoot (Conduct by HRDC at HRDC)

2. In ORTHOCON 2010 held in Pokhara and organized by Nepal Orthopaedic Association, four members from the HRDC medical team participated and presented eight papers:
   - Dr. Ashok K. Banskota presented two papers: Hip Arthrodesis in Children, and Ponseti in Older Age Groups. Dr. Binod Bijukchhe presented three papers: Thoraco Lumbar Spine Fracture – Surgical Management; Our Perspective and Short Term Preliminary Review, Radial Head Dislocation Etiology and Management and Free Hand Insertion of Pedical Screws; Dorsal Lumbar and Sacral Regions.
   - MS Resident, Dr. Bigyan Bhandari presented a paper on Congenital Pseudoarthrosis of Tibia: A Review of Treatment Outcome.
   - MS Resident, Dr. Sanjay Shah presented a paper on Ponseti Method of Manipulation in Arthrogrypotic Clubfoot – Our Experience at HRDC.
   - MS Resident, Dr. Rajendra Gurung presented a paper on Functional Outcome of Open Quadricepsplasty in Congenital Hyperextension Knee Contracture in Arthrogrypotic Children – HRDC Experience.

3. Nepal America Spine Conference (NASCoN), the first conference of its type was successfully organized by HRDC in Kathmandu in 2010. All members of the Medical Team were involved in the organization and several of them presented papers:
   i. Dr. Ashok K. Banskota presented two papers: Musculoskeletal Training of Orthopaedic Surgeons: Experiences in Nepal, and Spine Surgery: Historical Perspective.
   ii. Dr. Binod Bijukchhe presented a paper on Correction of Post-Tubercular Kyphotic Deformity of the Spine in Pediatric Population; Challenges and Outcome.
   iii. Medical Residents Dr. Bibek Banskota and Dr. Bigyan Bhandari present Case Presentations on Spinal Infections.

4. Orthopedic Consultants Dr. Ishor Pradhan and Dr. Om Prasad Shrestha attended a conference on arthroplasty; ARTHOCON, organized by Manipal School of Medical Sciences in Pokhara.

5. Three consultant orthopedic surgeons and one MS resident participated and presented four papers at the Asia Spine Injury Conference, ASICON conducted by Spinal Cord Injury Rehabilitation Centre in Kathmandu:
   i. Consultant Orthopedic Surgeon, Dr. Babu Kaji Shrestha presented a paper on Thoraco-Lumbar Fracture Surgical Care – Our Perspective
   ii. Consultant Orthopedic Surgeon, Dr. Ishor Pradhan presented a paper on the Scope of Rehabilitation in Spinal Cord Injury Patient – HRDC Experience
   iii. Consultant Orthopedic Surgeon, Dr. Binod Bijukachhe presented a paper on the Evolution of Spine Surgery at HRDC
   iv. MS Resident Dr. Bibek Banskota presented a paper on Charcot's Arthropathy of the Hips After Spinal Cord Injury
6. A basic trauma course from the Association of Orthopedics was organized by TUTH, Maharajgunj, in Kathmandu. Final year residents Dr. Bigyan Bhandari, Dr. Sanjay Shah and Dr. Rajendra Gurung attended the course.
7. A primary trauma care course was organized at B & B Hospital. 20 Medical and paramedical staff attended the course.

8. Three final year MS residents participated in the Indian Orthopedic Association Conference, IOACON 2010 and presented three different papers:
   i. Dr. Bigyan Bhandari presented a paper on Congenital Pseudoarthrosis of Tibia: A Review of Treatment Outcome
   ii. Dr. Sanjay Shah presented a paper on Ponseti Method of Manipulation in Arthrogrypotic Clubfoot – Our Experience at HRDC

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iii. Dr. Rajendra Shah presented a paper on Functional Outcome of Open Quadricepsplasty in Congenital Hyperextension Knee Contracture in Arthrogrypotic Children – HRDC Experience

9. At the Gujrat Orthopaedic Association Conference:
   i. Dr. Ashok K. Banskota presented a paper on Ponseti in Older Children and
   ii. Dr. Binod Bijukachhe presented a paper on Bringing Orthpaedic Services to Marginalized Children

10. Dr. Ashok K. Banskota was nominated in the Overseas Advisory Board of the Indian Journal of Orthopedics.

11. Participation on other generic, paramedical and CBR conferences, training and workshops
   i. Psychosocial needs assessment training workshop was organized on the 9th and 10th of December 2010.
   ii. Sessions on hospital orientation and health education were conducted to new patients and caretakers.
   iii. A 3 month Primary Rehabilitation Therapy Training of 2010 was conducted for 22 participants.

   iv. A CBR experienced sharing event was successfully organized from the 3rd to 10th of January 2010

   v. CBM Program Officer (India) Mr. Dinesh Rana and CBM Officer (Switzerland), Miss Nadin Trundel visited HRDC and its field program on 19 February 2010.
   vi. A two day training session on vocational skills was organized to children admitted at the hospital, HRDC. Assistant Educator, Tara Badan Sedain worked as resource person in the training. Training's expenses on logistic was supported by Dhulikhel Rotary, Kavre.

   vii. A 24 minute visual presentation \ documentary has been developed showing the impact of the 5 year's inclusion project. The documentary was shown in Baglung and Biratnagar for feedback.

   viii. International disability day was observed with recreational activities organized by PWDs, children and staff involving the guests from the TdH evaluation team comprising representatives from the Ministry of Health and Population, Social Welfare Counsel and others.

   ix. A two day child to child interaction program was organized on the 6th and 7th of March in Myagdi, Babiyachaur by Regional Office (RO), Baglung to motivate children with disability to involve themselves in social events.

   x. A UNCRPD workshop and training was organized on June 3 and 4 by CBM, SARO (N) in Kolkata and was attended by CBR Coordinator and In-Charge of the Regional Office East.

   xi. Seven days' training on "Rehabilitation Orientation," was organized from the 12th - 18th of August to social workers from Baglung, Parbat and Myagdi districts. Most of them are involved in the disability sector.

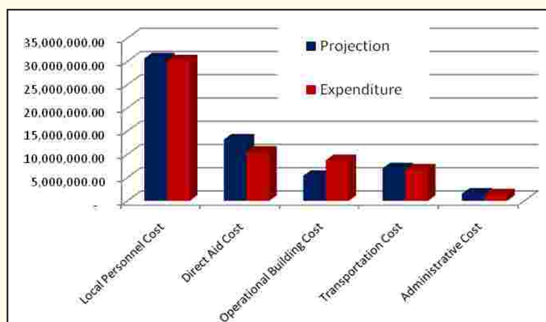
   xii. The Orthotic Prosthetic Department provided 10 days training on ortho shoe-making to Mr. Kamal Mijar from Baglung district from the 12th to 25th of August.

   xiii. Five days' training on basic psychosocial counseling was organized from the 29th of October to the 4th of November 2010 to all 23 staff of CBR Department.

   xiv. Most of the CBR staff, executive director and rehabilitation manager, CBR coordinator and RO in-charges attended experience sharing and progress review workshop conducted in Chitwan, Narayangarh on the 26th and 27th of December 2010.
   xv. A three days training on CBR Management was organized for Community Rehabilitation Committee members, GOs/NGOS/DPOs of Makwanpur from the 15th to 18th of December. The training was facilitated by the executive

Finances and Marketing

HRDC's rehabilitation work with children with physical disability is based on charity and therefore is difficult to sustain. In 2010, HRDC carried out the following activities to mobilize resources:



A Friendly Football Match: A friendly football match was organized between HRDC and B & B Hospital.
Contribution appeal was made. About 7,00,000 rupees was collected. This amount has been deposited in a separate bank account. The income shall be utilized in staff welfare and training.

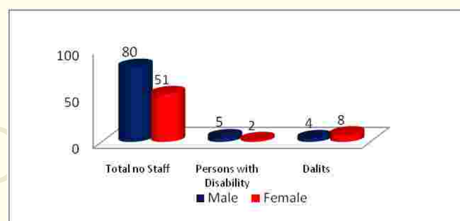
As a sustainability project, Lumber Corset's, Knee Immobilizers, etc were sold to the general public through B & B Hospital. A total of 1.1 million rupees has been collected.

In another sustainability project, FOD / HRDC invested an amount of 21.8 million rupees in real estate (thee flats in a building) with an annual buy-back guarantee of 18%.

A total of 62.1 million rupees was favorably mobilized in 2010. Actual expenditure as per the Account Books was 57.68 million rupees. However there is outstanding expense of 1.6 million rupees to be disbursed for an alternative energy project from the income.

Human Resources

The following bar diagram shows the full time human resource strength at HRDC. Additionally a pool of part time / sectional consultants and residents of the Masters Degree program, not included in the diagram also part of the HRDC system.



2010 Performance

Objective and Strategy

The core goal of HRDC is "The treatment and comprehensive rehabilitation of children with physical disabilities". For this, HRDC has been efficiently conducting itself in the roles of an educator, researcher and advocate of physically challenged children to rehabilitate them and protect their rights. The main objective is to improve the status of treatment and rehabilitation of children with physical disabilities by effective mobilization of resources.

Realization of the project as compared to the planning

Quantitative Indicators and Summary of Performance
Please note that the original quantitative indicators were projected in September 2007 and have been revised in light of changes in the program. The performance has been tallied with new indicators as tabulated below:

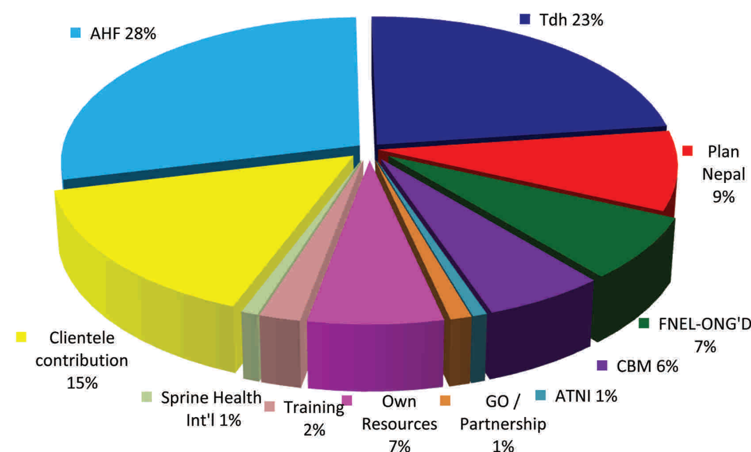
SN	Major Components / Activities	Revised Indicators 2010	Performance	Remark (+/- in %)
MEDICAL SERVICES				
1	Diagnostic Service			
	New patients	1800	1611	- 10.5
	Follow up	6300	7211	+ 14.5
2	In-patients Service			
	Admission	1145	1055	- 7.9
	Surgery	1505	1314	- 12.7
REHABILITATION SERVICES				
3	Prosthesis - Orthotics			
	Fabrication	2800	3249	+ 16
	Service-Users	1900	1962	+ 3.3
4	Physiotherapy			
	New Assessment	2200	1826	- 17
5	CBR			
	Home Visit (Patients)	4390	3292	- 25
	Mobile Health and Rehab Camps	2785	2184	-21.6
	New Patients		1153	
	Follow-up		1031	
	Patients seen at Regional Office & CBR/F			
	New patients		832	
	Follow up		4488	
6	FUNCTIONAL INDEPENDENCE	600	1154	+ 92.3
	TRAINING & EDUCATION			
	Primary Rehab Therapy	20	33	+ 65
	MS Ortho Surgery (KU)	3	3	
	Ortho Shoe Training	4	1	- 75
	FINANCES AND MARKETING			
	Mobilization of Resources (mRs)	61	62.1	+ 1.8

Summary

Patients	New			Follow Up			Total		Grand
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Mobile Camp	714	439	1153	630	401	1031	1344	840	2184
Reg. Office, home visit + CBR/Ws	493	339	832	2799	1619	4418	3292	1958	5250
Hospital	864	579	1443	3565	2203	5768	4429	2782	7211
Total	2071	1357	3428	6994	4223	11217	9065	5580	14645

Discussion:

- Most of the indicators in the above table show the output level of performance. The number of patients who completed treatment was exceeded by 92.3 percent which is more than satisfactory. In the data analyzed a few years' before, over 93.5% achieved ADL independence and 45% of them reach functional independence. However, it has to be noted that this result was the outcome of several years' effort and investment.



Partners and Contributors

Donors in 2010

In appreciation - we thank you all very much

B & B Hospital (Drs. J.L. Baidya & A.K. Banskota)
Abbott Healthcare Pvt. Ltd
Ascent Healthcare (Flamingo)
CTL Pharmaceuticals
The Donation Box at Soaltee Crowne Plaza
DOS Trading Pvt. Ltd
Dynamic Techno Medicals Pvt. Ltd
Galaxy Medicare Ltd (POP Band)
Manon Janach
Ozone Pharmaceuticals Pvt. Ltd
Panas Pharmaceuticals Pvt Ltd
Rotary Club of Wimbledon Great Britain
Sri Paramhansa Yogananda Sadhana Bhawan
Sun Pharmaceuticals Pvt. Ltd
Time Pharmaceuticals Pvt. Ltd
Yeti Helthcare Pvt. Ltd
Zen Travel and Tour Pvt Ltd
Rotary Club of Dhulikhel, Nepal
Dr. Basanta Mathema & Dr. Prashant Shrestha (Plastic and Facio-Maxillary Unit BBH)

Dr. Steven M. Eisen, USA
Mr. Byram Blomauest, USA
Mr. Frank
Mr. Hira B. KC and Ms. Binita Khadka
Mr. Krishna Shrestha
Mr. Kushal Chhantel
Mr. Rajendra Khadka
Mr. Ravi Lal Niure
Mr. Saubhagya Prasad Bijukachhe and Ms. Durga Devi Bijukachhe
Mr. Surendra Mathema
Mr. Swapnil Jain
Mr. Uddhab K. Khadka
Mr. Y.L. Kharal (Wockhardt)
Ms. Aditi Joshi
Ms. Shanti Shreshta
Ms. Tara Badan Sedai
Ms. Uma Ranjit

Lessons Learnt

1. Follow-up of the situation and context

- Normally rehabilitation of a child with disability is not a one-shot event. Even for those whose impairment correction has been successfully completed, socially mainstreaming is another level of intervention which remains. In our experience even after the basic empowerment level of ADL independence which is usually reached over 93.5% at HRDC (Impact Study 2008), their normal participation in life-events, know as mainstreaming, still remains undone in over almost 50% of the cases. The fact is that many such cases may never reach full normality, needing habilitation over an extended period of time. This indicates that a large number of clients whom we treat every year form part of workload for subsequent years. This load accrual continues. Many of the children (3,428 new) we enrolled in 2010 will have to be followed up in 2011 and beyond. Of the total of 42,268 we served so far, 27,669 (65%) are either in follow up care or contact was lost.

- Clearly the project is active in comprehensive treatment and rehabilitation of the children with physical disabilities and treated 3,428 new children, which is higher than that in 2009. From 2010, shifting of paradigm from input and medical to outcome and social has been initiated. Accordingly performance along these lines are presented below:
  - Participation in Social Functions = 1,468 (45%)
  - Play with other children = 1,365 (42%)
  - Involvement in house-hold chores = 1,632 (50%)
  - School attendance = 1,793 (55%)
  - Affiliated with child clubs = 112 (4%)

  This information was sourced from all CBR workers (facilitators) and social mobilizers and compiled by the CBR Department.

- Local involvement was emphasized for an eventual shift in ownership of social rehabilitation and resource mobilization where feasible. Networking and collaboration with local community based organizations, disabled persons organizations and district development committees became handy for potential future partnership and resource support.

2. Challenges and Opportunities:

- Challenges and Management:
  - No-show for patients' appointments was over 50%, a result of multiple factors such road-blocks affecting their movements, inability to mobilize resources needed for travel, culture of short term planning, etc.
  - Occupancy was maintained from unplanned visitors.

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- Political instability prevalent in the country had negative impacts on staff which posed a threat to the organization, almost creating division among staff members. This was handled by two general meetings of all staff within the organization.
- Water Scarcity: This has been a constant problem for the last two to three years as the natural source has not been adequate due to increase in population in and out of the HRDC complex, and decreasing monsoon patterns. A reservoir of 100,000 liter capacity was built with support from the Indian Embassy and rain and overflowing water is collected for emergency use. Also we contracted a local person to supply the water from another source.

3. Prospects

- Prevalence of disability in Nepal has always been debatable issue due to lack of reliable and comprehensive data. Except for the National Planning Commission survey, completed with financial assistance from UNICEF and carried out by New Era in 2001, other surveys done in different districts or areas, such as Morang and Kaski, though useful in their own ways, may not be representative nation-wide. Even the NPC-UNICEF survey was severely criticized for low prevalence of 1.63% possibly due to inadequate enumerator training with a narrow definition of disability negatively affecting survey results. Some discrepancy has been acknowledged by the concerned parties. Discussions in different forums have suggested a prevalence of somewhere between 4-5% in which physically disability has been among the highest categories. With this, the need for pediatric disability management can be quantified as follows:

  With the following bases, pediatric population with potential physical impairment comes to a total of a little over two hundred thousand.

  Disability prevalence = 4% (taking minimum of the accepted range)
  Total population = 28 million (projection added to the last population census)
  Pediatric population (below 15 yrs) = 42% (taken national data sheet)
  Physically disability = 39% (survey report)

  So far HRDC has catered to a total of 42,268 which is about 21% of the above figure. There are some other health institutions, private or government owned, where some orthopedic cases are also being treated. Many of them refer to HRDC for management of severe disabilities. This shows that many of the children with physical problems have not yet come into mainstream treatment processes. Even after every effort, the majority of CWDs still need services which assist to establish their rights on ADL / functional independence.

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- Even after two decades of becoming a state party of the UN Convention on the Rights of the Child, a lot needs to be done to reach the outcome laid out in the convention. Amidst these, children with disabilities are left far behind others in enjoying their rights and benefits of education, health, social participation, etc. which may be natural for non-disabled children. Establishing full physical functions (ADL) that lead to functional independence positively influencing their quality of life, is yet to be reached.

  Empowerment of children in physical functionally independence opens up for them better choices in life and mainstreaming should then become a reality. So far HRDC / FOD has been able to treat over 42,000 children and rehabilitate over 12, 000 with support from different partners. Over 93% have become ADL independent and have been leading better life (Impact Study 2008). This physical empowerment of children with physical disability and CBR workers' follow-up input has led to over 83% being in schools - almost in par with the national data. On the average over 500 children with physical disabilities have been getting a new life every year.

- With TdH, HRDC / FOD celebrated 2010 as the Silver Jubilee Year. Over these 25 years in which we were active, we collectively looked into the successes and learned from whatever happened. We utilized opportunities to learn and grew putting ourselves in the front line to better support children to enjoy their rights of physical function and to reshape their future. Unflinching and unprecedented support from American Himalayan Foundation, Terre des Hommes, Christoffel Blindenmission, Plan Nepal and many others has helped us to create a landmark in the history of pediatric disability management in Nepal. This has been a tremendously boost for keeping focused on our joint target of making positive differences in the life of children with physical disabilities. Without your continued support we would not be in the situation we are now.

- It is also very important to mention here is that all our partners' support in rehabilitative management of children has been clearer than in the past. The country is in a transitional phase and needs more time and resources for transformation to take place. The scenario in disability management where a shift in paradigm, from welfare and charity to rights and participation, inclusion and mainstreaming, has been accepted in legal theory and where reality of implementation, as laid out by the UN Convention on the Right of the Persons with Disability, is still in the pipeline needing all stakeholders' input.

2011 Plan

QUANTITATIVE TARGETS FOR 2011

Consultation
New = 2,100
Follow up = 6,500

Admission = 1,145

Surgery
Major = 873
Minor = 644

CBR
Early Identification = 6,000
Camps = 2,850
Follow up = 5,500
Counseling = 3,200

Prostheses and Orthotics
Fabrication = 3,306
Beneficiaries = 2,000

Physiotherapy
New Assessments = 2,300 (Ponseti = 500)
ADL Independent = 500

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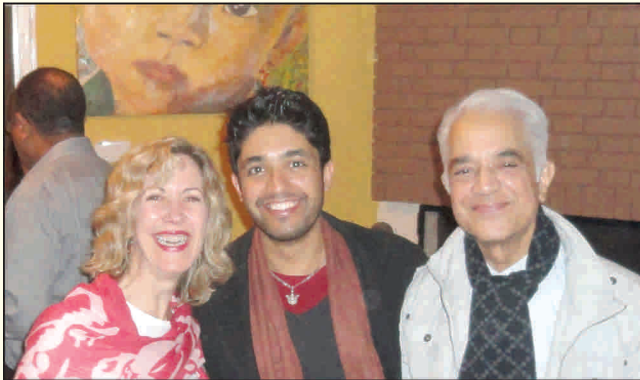
News in Pictures

Silver Jubilee Year Celebration

Donors

AHF Director, Bruce Moore with the Byrne family during their visit to HRDC.



Program Director Eileen Moncoeur, AHF during her recent visit to Nepal

HRDC "Patron" Mike Klein and his son Sasha during their visit observing activities in the appliances workshop

Joseph Aguettant, TdH Country Representative distributing fruit to the children

HRDC Executive Director, Krishna Bhattarai with Mr. Aguettant and other Government officials during a Program Assessment Committee meeting

Mr. Paul Geditz with HRDC team members during his visit to HRDC

Mr. Ruepport and others from ONGD-FNEL

Soni Pradhan, Plan Nepal's Program Manager (right) and Sher Bahadur Rana, Health Coordinator reviewing HRDC proposal on impact visualization and Surgical Project

Plan Nepal team members with Dr. Banskota following their felicitation

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Plan Nepal PU official at the presentation and discussion of the Inclusion Project

Representatives from partners CBM SARON and CBM Switzerland with a HRDC patient in Kavre

Dinesh Rana, Program Manager of CBM SARON thanked for their long term support

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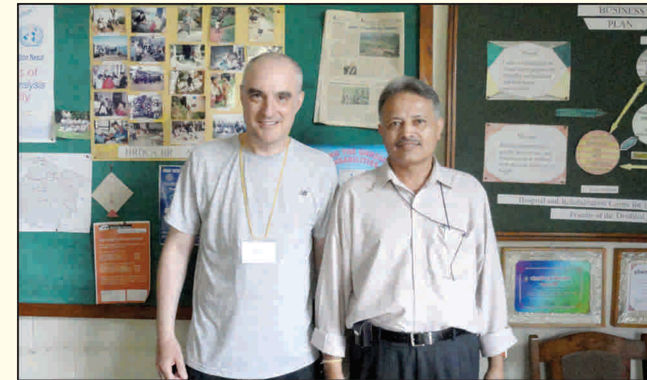
Rotarians Mr. Robert Rose and Ashok Shrestha with Dr. Binod Bijukachhe and Mr. Krishna Bhattarai during their visit to HRDC for discussions on IUC and X-Ray generator

Dr. and Mrs. Byron Blomgquist, well wishers and supporters from the USA

HRDC supporter Uddab Khadka from UNICEF, with his wife and son



HRDC supporter and regular visitor, Dr. Eisen

Recognition

Mr. Don Healy on the summit of Mount Everest with a HRDC banner

Mr. Moore from AHF with Mr. and Mrs. Healy before Don's expedition to Mount Everest

Dr. Chand and a team from The Ministry of Health and Population on a visit shortly before the department recognized HRDC as a tertiary hospital.

Officials from Ministry of the Women, Children and Soical Welfare during the monitoring visit to HRDC

Mr. Bhattarai receiving honour from CBR National Network Nepal for his longtime guidance and support

Chief District Officer of Kavre (seated first row, far left) and other district officials being briefed by Mr. Bhattarai during a visit to HRDC

Silver Jubilee Celebration Events

HRDC and B&B Hospital staff following a friendly football match.

Dr. Banskota and other board members with partner represntatives and HRDC's honorary consultant Dr. David Spiegel

Disabled Day 2010

Dr. Ashok K. Banskota and Prof. Batuk with Hospital Staff in Annual Gathering Meeting at HRDC

Dr. Banskota (4th from right) with medical team in NASCoN 2010

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Vice Chairperson of FOD Prof. Batuk P. Rajbhandary being felicited by Dr. Banskota and Mr. Moore

AHF Director Bruce Moore after felicitation by Dr. Ashok K. Banskota

Dr. Banskota, Prof. Rajbhandary & Mr. Bhattari with Mr. Moore and Mr. Geditz during "Felicitation Program" organized on the ocassion of HRDC's Silver Jubilee.

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Teaching & Training

From left to Right: Residents Dr. Rajendra Gurung, Dr. Bigyan Bhandrari and Dr. Sanjay Shah at the AO Trauma Course in Kathmandu

HRDC Medical team attending the 2010 Indian Orthopaedic Conference in Jaipur, India

Dr Banskota with Prof. Tuli at the 2010 Indian Orthopaedic Association Conference

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Psychosocial Counseling Orientation from Dr. Pashupati Mahat to HRDC Management and FOD Officials

Trainers and participants in the Primary Rehabiltiation Therapy Training (15th batch)

Rehabilitation Partcipants Orientation from Baglung, Parbat and Myagdi Districts and Laxman Thapa, Western Regional Office In-Charge

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Miscellaneous

Deligates from the National Association of Services Providers in Physical Rehabilitation (NASPIR) of which HRDC is a member

At the CBR Department's year-end experience sharing workshop in Chitwan

Orthopedic Surgeon Dr. Binod presenting medical progress development

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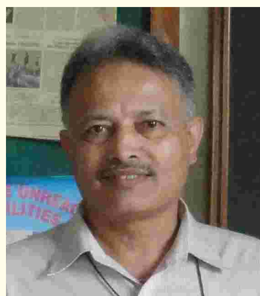
Mr. Bhattarai with ROE team during year-end discussions on the conclusion of the Inclusion Project

The showing, in Baglung, of a documentary on the impact of the Inclusion Project

HRDC is part of the CBR National Network and involved in CBR management training.

Particapnts in Basic CBR Management Training in Makwanpur

Executive Director's
Concluding Note



Dear Friends and Well-Wishers,

Greetings from HRDC!
On the whole 2010 proved to be a successful year. Several track records were created: Spine International Conference, Conclusion of the five year Inclusion Project, Surgical Camps in the East, a friendly fundraising football match with sister organization B & B Hospital, are a few examples of best practices. We have highlighted the important events in this Report. We humbly solicit your comments and your interest to know further about matters of importance.

Nepal observed politically unwanted and rigorous pull-push for personal (unilateral) benefit and the chaos created by this, poorly maintained law and order and its aftermath and continued violence from underground groups – all these reverberated in the decelerating most of the development initiatives and unmet fundamental needs (shortage of water, hours of power-cut, etc.) negatively affecting quality of life of citizens. This also prompted turbulence among HRDC personnel which was tactfully handled without letting it affect the quality of performance.

Every one of you contributed to the success we reached. We are therefore very grateful for your continued contribution. We cherish this as you genuinely left notable impacts, especially:

- American Himalayan Foundation for understanding HRDC's work at the Centre and in the field and gearing support accordingly.
- Terre des Hommes for the prolonged and continued support.
- FNEL – ONG'D (Luxembourg Scouts) for continuing support in operation also.
- CBM for increased guidance and support for comprehensive rehabilitation of children with disabilities and inclusive development.
- Plan Nepal for guiding us on services to those who were and still are marginalized
- All the clientele for your confidence on us, reflected through their participation
- All DPOs, NGOs, CBOs and other community organizations for partnering with HRDC to change the plight of children with physical disabilities
- The Ministry of Health and Population for approving HRDC as a tertiary level hospital and all other departments, ministries, district administrative offices, the Social Welfare Council, the National Planning Commission and the Government of Nepal for facilitating and recognizing our work
- All board officials for your active listening and guidance
- All other donors, partners and stakeholders for your positive role in the smooth delivery of treatment and rehabilitation services and
- All those whom I had forgotten here to mention and who stood by us as all others through all odds – thick and thin!

Looking forward to further collaboration in future…!

Krishna P. Bhattarai
Executive Director, HRDC
March 2011

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ANNEX: Logical Framework 2010

Intervention Strategy	Indicators and targets as defined in the project document *copied from the project document*	Results achieved at the end of the year, as measured by the respective indicators	Explanation of discrepancies between expected and achieved results
Improve status of treatment and rehabilitation of the children with disabilities by effective mobilization of resources	• Increased access by decentralizing services to Satellite Centres • Increased beds for the CWDs (clients) • Children with Disabilities enjoy their rights in the community • Participating in social functions • Established collaboration for increasing coverage	• 3 Regional Offices / Satellite centres were established and were functional • Rather than increasing beds at the centre, services were decentralized and local facilities were utilized • 45% children intervened participated in social function	
Objective 1: Increase access by further decentralization of treatment and rehabilitation services to different strategic locations in the country.	• Ten beds added at the centre • 4500 children with disabilities are enrolled for intervention every year • Primary Rehabilitation Therapy, Accessibility to Assistive Devices, reconstructive surgical and counseling services at the Centres (hospital and satellites) and other partnerships are established / upgraded	• Rather than increasing beds, services were decentralized and local facilities were utilized. • 3428 children were enrolled in 2010 • Set-up for psycho-social counseling done • BPT was hired at HRDC	Over Projection
Objective 1: Result1: Increased number of hospital admission of patients	HRDC admits 110 additional CWDs admitting a total of 1250 by 2010 year	• 1055 children with physical disabilities were admitted in 2010	Beds were not added

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Intervention Strategy	Indicators and targets as defined in the project document *copied from the project document*	Results achieved at the end of the year, as measured by the respective indicators	Explanation of discrepancies between expected and achieved results
Objective 1 Result 2: Increased early identification of CWDs	• 8210 new CWDs are identified annually for further rehabilitative intervention • 50 % of CWDs reached within 6 months of incidence (onset)	• 3428 new CWDs were identified in 2010 • Average age of intervention has decreased from 6.23 in 2008, 5.86 in 2009 to 5.81 in 2010 indicating early intervention	There was typo error in the LFA and this indicator was for 3 years and not for every year.
Objective 1 Result 3: Improved mobility with correction of deformity	• Deformity corrected and mobility improved in 2400 CWDs in 3 years	• Deformity was corrected in 1314 cases • 1154 children completed treatment in 2010	Overshot the target
Objective 1 Result 4: CWDs are successfully rehabilitated in their respective family / society	• 1800 CWDs actively participating in social functions • 1800 CWDs participate with peers in sports • 1800 CWDs involve in household chores	• 1468 CWDs actively participating in social functions • 1365 CWDs participate with peers in sports • 1632 CWDs involve in household chores	
Objective 1 Result 5: Treatment and Rehabilitation services are available at local level	• Surgeries, primary rehabilitation therapy, assistive devices and counseling services are locally available. • At least 30% of clients' visit to HRDC are reduced	• Outside hospital surgical camp –3 round, no of surgery-115 pts , Mobile camp-8 round 1031 pts seen • 413 new pts approached Regional Offices	Reduction of visit was difficult to measure

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Intervention Strategy	Indicators and targets as defined in the project document *copied from the project document*	Results achieved at the end of the year, as measured by the respective indicators	Explanation of discrepancies between expected and achieved results
	• 720 new CWDs from regular coverage areas approach to local service / satellite centres.		
Objective 2: Increase in participation of CWDs in community activities	• At least one CWD is involved in each child club and child related community events in HRDC coverage districts, including through partners. • 90 % of 2400 CWDs attend schools in 3 years • HRDC facilitates 15 CWDs between 16 – 18 years to get life-skill development training in concerned organizations	• 112 CWDs involved in Child club • 1793,(74.7%) attending school • One person received the training	
Obj2 Result1: Pro-CWD policies are made at local institutions	• CWDs utilize HRDC's advocacy role to influence decisions that affect their life • In 15 districts, clubs with CWDs play influential role in local organizations	• Since CWDs participating in the Child club increased in 2010, the result may slowly be visible	Difficult to ascertain at the moment
Objective 3: Strengthen HRDC as the training and resource centre in rehabilitation therapy	• 45 PRT Technicians are produced • 12 orthopedic shoe technicians are produced	• 22 participant in PRT in 2010 only • 1 orthopedic shoe making training Provided	Diploma training course - not implemented

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Intervention Strategy	Indicators and targets as defined in the project document *copied from the project document*	Results achieved at the end of the year, as measured by the respective indicators	Explanation of discrepancies between expected and achieved results
	• 3 HRDC staff receive Diploma in CBR course • 3 internal capacity building events organized	• Several capacity building trainings such as TOT, Communication, Psycho-Social Counseling, project cycle management	
Objective 3 Result1: Quality resources are available	3 groups of people / representatives / 10 volunteers per year (within and outside Nepal) from different institutions approach HRDC for training and other resources	• 18 volunteers from outside Nepal and about 60 Nursing students and 6 physiotherapy trainees and • one doctor is volunteering	
Objective 4: Mobilize resources for HRDC activities	• 200 million NRs. raised to smoothly run HRDC for 3 years • Established partnerships with 9 organizations for treatment and rehabilitation	• 62.1 Million NPR was mobilized in 2010 • Established partnership with 9 organizations in 2010	Target in resource mobilization was met in 2010
Objective 4 Result 1: HRDC's core activities are smoothly running.	Sufficient budget allocated for the services:. Hospital based: 70% Out of Hospital: 30%	CBR's 17.65% other hospital based section 82.35%	Only core expense of CBRs was taken into count, otherwise proportionate cost would be met.
Objective 4 Result 2: Resources shared with the partners	Of the joint activity cost, field collaborating partners contribute 25% of the HRDC's contribution - first year 35% of the HRDC's contribution - second year 50% of the HRDC's contribution - third year	Not implemented	The result was cancelled from 2009 for lack of fund

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