



Hospital and Rehabilitation Centre for Disabled Children



A Program of The Friends of the Disabled (FOD)



**Annual
Report
2012**

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Chairman's Message



Dear Friends,
Greetings from HRDC, Nepal!

It is once again time to reflect on the achievements of the past year and the on-going challenges facing HRDC in its quest to better serve our target group of children with physical disabilities.

2012 saw the steady flow of work in our Hospital center as well as in our regional centers, but there were reduced patient attendance on some occasions, and this was a source of concern to me! It was soon realized that many recurring events beyond our control (politics, natural disasters, logistics mostly related to finances) were at play. The western regions of Nepal still have large pools of abjectly poor patients who require total support for treatment. Many patients identified in the camp screening cannot make it to the hospital on their own. This is where more help is required. And it is also important to steadily continue with the mobile camps to ensure steady patient flow for optional utilization of our services.

This past year also saw encouraging developments in our partnership, further consolidating old ones and mapping new beginnings. The support and guidance provided by AHF to assist HRDC through the transition in leadership is noteworthy. The large grant provided by the Swiss Embassy has provided a golden opportunity to upgrade a lot of our old equipment and the solar project supported by ONGD-FNEL (Luxembourg) is due to commence soon. When completed HRDC will be 80% solar powered! Not a mean achievement!

Many other friends and partners continue to assist our programs at the Hospital and in the field, for this we are truly grateful.

My sincere thanks to all of you.

Sincerely,
[Prof. Dr. Ashok K Banskota](#)
Chairman, FOD/HRDC

Words from the Director



Dear friends and well-wishers!

Belated Happy New Year
May God bring peace, progress, and prosperity to you in 2013 and beyond!

When Dr. Ashok Banskota, Chairman of the Friends of the Disabled, briefs visitors about HRDC, he often says “..And there has been no looking back”. This is so true, as HRDC’s performance in 2012 proved evident, and lent further weight behind our claim of HRDC being a ‘Center of Excellence’. 2012 saw records set in terms of numbers of new registration and follow-up while maintaining international standards of professionalism, provision of cost effective patient care and disability management. HRDC has reached the summit of achievement, leveraging a relatively small investment to provide long lasting and life changing results for many children with physical disabilities from financially disadvantaged families throughout the country.

These heights have been reached only through the support of our partners; The American Himalayan Foundation, Terres des Hommes, Christoffel Blindenmission, Plan Nepal, Luxembourg Scouts, our clients, individuals, government officials, other non-government organizations, community based organizations and disabled people’s org B ...

From every one of us at HRDC, thanks to all for playing this most important role to bring positive change in the lives of children who otherwise would have very limited choices.

We hope you will continue to support us in the future, addressing a need that is ever increasing!

Sincerely,
Krishna P. Bhattarai
Executive Director
HRDC
February 2013

List of Abbreviations:

AHF	:	American Himalayan Foundation
CBM	:	Christoffel Blindenmission
CMC	:	Center for Mental Health and Counseling Nepal
CME	:	Continued Medical Education
CBR	:	Community Based Rehabilitation
CDWs	:	Children With Disabilities
CRCP	:	Comprehensive Rehabilitation of Children with Physical Disabilities Project
F/U	:	Follow Up
IOACON:		Indian Orthopaedic Association Conference
NGO	:	Non-Governmental Organization
OPD	:	Out Patient Department
OT	:	Operation Theatre
POD	:	Prosthetics Orthotics Department
PRT	:	Primary Rehabilitation Therapy
PWDs	:	Person With Disabilities
RO	:	Regional Office
SDC	:	Swiss Development Corporation
SFN	:	Suvadra Foundation Nepal
SLC	:	School Leaving Certificate
TdH	:	Terres des Hommes
TOR	:	Terms of Reference
YWDs	:	Youth with Physical Disabilities

How HRDC Has Changed My Life....

Phul Kumari

Phul Kumari was just six months old when she was severely burnt at home. Her mother rushed her to a nearby health post but they were unable to provide adequate assistance and her condition continued to worsen as the wounds became infected. The family was unable to pay for more advanced medical care and it took six months for Phul Kumari's wound to heal. However deep scars remained on both her legs and as she grew, she experienced severe mobility difficulties.



She also suffered emotionally from discrimination and deprivation and was made to feel a burden on her family and society. While other siblings went to school and enjoyed their childhood, Phul Kumari was confined to her home. Tired of living such a life, Phul Kumari wanted to leave her family and look for opportunities alone. When she was 15 years old, a neighbor took her to Kathmandu and



helped her get a job in a carpet factory. She worked for four months and then left after receiving no pay. She took other odd jobs in the capital but was met with prejudice at every turn. Just when she was about to give up, a glimmer of hope appeared through the darkness – a friend told her about HRDC, a place where children with physical disabilities are given life-

transforming treatment and care.

Her first day at HRDC, 14 September 2012, will remain the most wonderful day – the disabled-friendly facility and caring staff at HRDC breathed a new lease of life into her. As she witnessed the transformation in the lives of the children around her, she knew there was no looking back and a new life awaited ahead. After an initial assessment, the doctors proposed that Phul Kumari’s treatment be in two phases: a knee disarticulation surgery for the left leg, and contracture release for the right leg. While Phul Kumari was a bit apprehensive, the child counselor played an important role in allaying her fears and getting her ready for the surgical interventions.

On 19 September 2012, Phul Kumari underwent surgery on her left leg and a month

later on her right leg. A month later, when Phul Kumari was discharged, she was beaming with life and courage. The prosthesis (a device to assist movement) placed on her left leg enabled her to walk upright and independently on both legs – like she always dreamt of.



When Phul Kumari thinks of that fateful night sixteen years ago, a chill runs down her spine. She now wants to forget the hardships of her previous life, and live a new life lead by her potential and abilities. “I want to become a social worker and do my bit in the field of disability,” says Phul Kumari, with a bright smile.

Man Bahadur Bhujel

Eleven-year-old Man Bahadur was first brought to HRDC in 2009. He suffers from spina bifida, a congenital disorder where part of the spinal cord and its meninges are exposed through a gap in the backbone. It often causes paralysis of the lower limbs and mental impairment. Born into a poor family, Man Bahadur's parents could not afford to get him treated at a good hospital when he was young and he suffered difficulties. As a result, Man Bahadur had to limp, crawl, and walk on all fours till his parents brought him to HRDC.

At HRDC, Man Bahadur's parents were given a date for admission and treatment of clubfoot on his left leg. Man Bahadur and his parents did not turn up



on the appointed day. It took them another three years to return to HRDC. Over time, the wounds on Man Bahadur's lower limbs became so bad that his parents were compelled to bring him back. In September 2012, Man Bahadur had his left leg amputated below the knee and was given an artificial limb.

Worse still, the wound on his right leg, developed due to crawling, worsened and became deeper. Doctors feared if they might have to amputate the right leg as well, should the wound begin to infect his entire leg.

The CBR Counselor at HRDC thought it would be beneficial if he could help Man Bahadur secure admittance to a special home for children with disabilities. Man Bahadur needed this assistance because his parents, both unemployed and poorly educated, could not afford for good care of the growing child. Upon exploring his contacts, the counselor found Suvadra Foundation Nepal (SFN), an NGO for the support and care of disabled children at Bhaktapur, and

managed to get him a place in the children's home. Man Bahadur's mother supported this move, as she knew her child could not get what he needed if he was taken home. Call it a result of good networking between organizations, working tirelessly for the cause of persons with disabilities, Man Bahadur who never went to school before, is enrolled in Nursery at Suryodaya Secondary School, Bhaktapur. Tulasa Pyakurel, Physiotherapy Technician at SFN, says, "Man Bahadur has improved immensely since he first came here. He goes to school regularly in his wheelchair, and does limb strengthening exercises with minimal assistance. His mother will be surprised to see his progress when she comes to take him for Dashain vacation."

Interestingly, Tulasa underwent three-month Primary Rehabilitation Therapy (PRT) training at HRDC in 2009, to be able to work as a physiotherapy technician. Her role at SFN is to assist children in their physiotherapy exercises, dress their wounds, train them to use their assistive devices and bring them regularly to HRDC for follow-up.



Man Bahadur is happy to be in the company of 24 other children at the home, all of them with disabilities. He moves around the home using his crutches and is crazy about playing carom with his friends. Thanks to Tulasa didi's effort, the wound on his right leg has almost healed and he can wear prosthesis on his own. When asked what he wants to be in future, he replies, with a bright smile and a twinkle in his eyes "I want to be a doctor, a doctor who can make children wa

Deuta Kumari Das

"I never let my deformity affect my studies"

Sixteen-year old Deuta Kumari Dev suffers from a condition called genu valgum, commonly known as 'knock knees'. It's a condition in which the knees angle inward and touch one another when the legs are straightened - resulting in a limp. A mild form of this condition troubled Deuta when she was about five years old, and it became more severe as she grew older.



By the time Deuta was ten, she could hardly walk to school, let alone run and play like she could just a few years before. Worried about her condition, Deuta's parents took her to various hospitals before arriving at HRDC.



Deuta first visited HRDC in November, 2010, when she was 14 and studying in grade 9.

Deuta received her first corrective surgery on her right leg, on 26 November, 2010 as part of an HRDC field surgical camp in Biratnagar. "The surgery involved straightening of bones at the knee joint, and I had to stay in bed (at home) for about four months. My dad carried me to school every day so that I could take my exams. I never let my deformity affect my studies," recalls Deuta, who passed her grade 10 (SLC) exams with first division.

Two years have passed and Deuta now walks comfortably to her school in Rajbiraj where she is pursuing her intermediate certificate in commerce. Seeing her indomitable spirit, her neighbour, Shyam Kishore Singh, an ex-mayor of Rajbiraj municipality exclaims, "There was a time when she would limp to school. Now, it is amazing to see her walk a distance of about a kilometer (to her college), every day. I must say, she is a brave girl."

When asked what her plans are for future, a quiet and composed Deuta replies, "I want to study further – I want to pursue my bachelors in commerce. My dream is to work as an accountant in a well reputed bank."



Khum Bdr. Pandey

"Nothing is impossible; the word itself says 'I'm possible'!"
- Audrey Hepburn.

For the past 27 years, HRDC has been committed to transforming the lives of children with disabilities, and making the impossible possible. One such exceptional life story is of thirteen-year-old Khum Bahadur Pandey from Baglung district in western Nepal.



Until the age of eleven, Khum lived with a condition called bilateral hyperextension of knee - a congenital disorder in which the back of the knee joint opens too widely, allowing the tibia (shinbone) to slip backwards, beyond its normal limit. Born to a poor family, Khum's parents could not afford to get him treated at a good hospital, and he grew up with severe difficulties related to physical development and mobility. As he grew older, he continued to crawl on all fours, and his condition was a major concern for his parents.



A mobile camp organized by HRDC in Baglung district in 2011 opened a window of hope for Khum. The doctors assessed Khum's deformity, gave him an elective date for admission at HRDC, and assured him of a significant change in his quality of life.

Khum's first day at HRDC will remain etched in his memory as the most remarkable day in his life. Seeing many other children with similar life situations and difficulties, Khum felt that he, and his disability, was accepted – and not chastised like he was in his community. On May 18, 2011, Khum received his first reconstructive surgery to his left knee

(a knee quadricepsplasty and realignment osteotomy) which was followed by rigorous post-surgery care and physiotherapy. The second surgery, on his right knee, was performed in six weeks. Khum was then given continuous walking or gait training with the help of knee orthosis and Khum's life changed forever.



Khum had never been to a school. As Khum's life turns a new leaf, he sees his future in education. "I want to become a doctor and work at HRDC one day, to serve children with physical disabilities like myself" HRDC helped to enroll him



to a boarding school facility so that he could pursue education like other normal children. Impressed with his spirit of life and courage, Khum's class teacher, Ms. Laxmi Prajapati, comments, "Khum is one of the most sincere, dedicated and confident students in the class. The fact that he

has secured a third rank out of 73 students is testament to the fact that he can achieve a lot in future.

"I wish Khum Bahadur to realize his dream of becoming a doctor, and to stand as a role model in the field of disability," adds Laxmi.

We all at HRDC, too, wish him the very best for a bright and successful future and we will continue to support him to this cause.

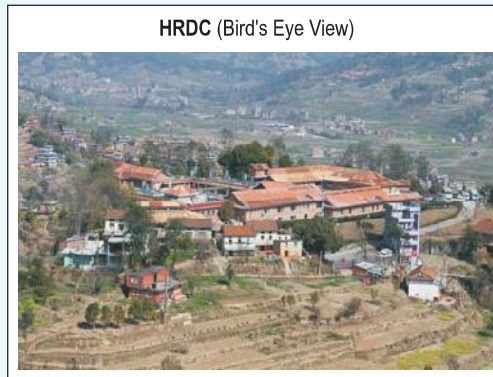


Background Information

Friends of the Disabled and the Hospital and Rehabilitation Center for Disabled Children

The Hospital and Rehabilitation Centre for Disabled Children (HRDC) is a program of the Friends of the Disabled (FOD). FOD is an autonomous, non-religious, nonprofit, nongovernment organization. The Hospital was established as a tertiary level referral center for children with physical disabilities. This program

focuses on underprivileged children up to 16 years of age for registration and treatment and continues rehabilitation services up to 18 years of age with the aim of "enabling abilities".



The history of HRDC began with the visionary leadership of Dr. Ashok Kumar Banskota and the arrival of Terres des Hommes (TdH), a Swiss NGO, which initiated services for physically disabled children in Nepal in 1984. With support from TdH, the Hospital for Disabled Children was established on 5 September 1985 with one doctor and 30 staff at Jorpati, Kathmandu. In 1988 a new relationship was established with the American Himalayan Foundation headquartered in San Francisco, USA. There was a rapid growth in services provided by the hospital, development of community based services and expansion in training capabilities and community based follow-up care of patients till early 1992. In the same year, due to the continued support of TdH, a temporary hospital premises was established at Dhobighat. In September that year, FOD was registered and took over responsibility for the management of the hospital from TdH.

FOD entered into general agreement with the Nepalese Government's Social Welfare Council and TdH in May 1993. As a result, the construction of a new

HRDC premises at Janagal, Banepa, began with the help of Luxembourg Government and other donors. HRDC became a postgraduate training institute for Kathmandu University in 1999. In 2004, new treatment strategies, a new clubfoot program and spinal surgeries were expanded.

HRDC is connected to the Arniko Highway by approximately 1.2 km of the approach road from the turn off. It has 74 beds (but has approval from the government for up to 100) for treatment and rehabilitation. 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 (CBR)".

Vision

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

Mis

Provide comprehensive quality medical care and rehabilitation to children with physical disabilities, to facilitate their re-integration as productive members of society.

2012 Objectives and Achievements

Our services include:

Out Patient Department

Assessment and consultations of patients are carried out during OPD days (Monday, Thursday and Friday).

5,425 (2,220 girls) new patients and 12,529 (4,803 girls) existing patients were seen (in the Hospital as well as in the field) in 2012. 861 patient files were inactivated by the end of 2012.



Diagnostics Services

Laboratory and Radiology are components of this section. Through support of the Australian Embassy, HRDC's X-ray service is now completely digitalized and film free. 2,792 children with physical disabilities (1,227 girls) received radiography (X-ray) services in 2012.



- ❖ 3,134 children with physical disabilities received laboratory services during 2012. Certain tests are sent to the other hospitals. A blood bank facility is available on site.
- ❖ Special filters are used to purify phenol for use in tone management in cerebral palsy.
- ❖ 2,792 patients received radiography (X-Ray) services.

Inpatient Services

With the recommendation of medical team, inpatient services were divided into two major departments this year; Wards / Nursing and Surgical Departments.



The HRDC medical team is staffed by :

Doctors (Medical Support Services) :10

IPS (In patients service) Staffs: 29

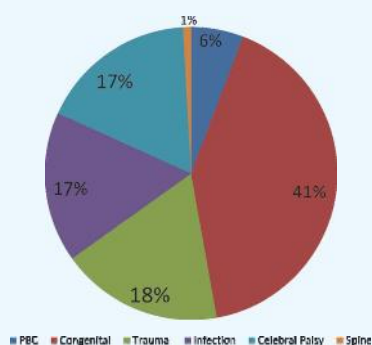
Two Wards at HRDC are classified as the acute ward and the rehabilitation ward.

In 2012, 1,091 patients were admitted, out of which 487 were girls.

The average length of stay of a patient was approximately 20 days (19.42 to be exact).

Surgical Services

In 2012, 1427 surgeries on 1,170 patients (518 girls) were performed at HRDC. Distribution of major surgeries in different categories is shown in the pie diagram below:



A Wednesday operation day moment for a photo with Dr. Ashok Kumar Banskota



Physiotherapy

The HRDC Physiotherapy team is staffed by 7 members:

HOD (Head of Department)	1
Physiotherapist	1
Senior Physiotherapy assistant	2
Physio Technician	3



5,029 children (1,467 inpatients-1 and 3,562 outpatients) with physical disabilities received physiotherapy services in 2012.

Conservative management of 1,442 clubfoot cases (434 girls) were performed using the Ponseti technique in 2012.

42,451 treatment cycles were given to all in and out patient in 2012.

Prosthetic and Orthotic Services

Prosthetics and Orthotics Department fabricates a variety of orthopedic appliances such as artificial limbs, spinal braces, and lower limb orthoses to aid in the mobility of children with physical disabilities. 2,253 (707 girls) benefited from orthopedic appliances in 2012.



The following assistive devices were measured, fabricated and distributed in 2012:

- ❖ Measurement: 3,492
- ❖ Supply: 3,191
- ❖ Fabrication: 3,546

498 orthopedic appliances were repaired in 2012.

Community Based Rehabilitation (CBR) Services

HRDC's experience shows that rehabilitation is less effective without involvement of family and community as a whole. So partnerships, collaboration and networking are essential for successful rehabilitation.

CBR department works hand-in-hand with families of children with physical disabilities, communities and local organizations to mobilize local resources to achieve optimum functional independence and improve quality life of children with disabilities.

The CBR department has operated 3 Regional Offices in Nepalgunj, Itahari and Baglung and supports / monitors them in order to improve access to HRDC's services for clientele particularly those from disadvantaged and marginalized communities.



Targets / indicators vs. Achievement in 2012 under the CBR Department

1. 7,288 children with physical disabilities got social consultation (F/U) against planned 5,700, through home visit, CRC and Regional office visit.
2. Out of 3,000 targeted, 3,515 CWDs (old 1,440 + new 2,075) received rehabilitation services through MC.
3. Out of 4000 targeted, 3136 children with spinal deformity were examined.
4. Disability orientation sessions were organized for awareness of 10,402 people out of 7,500 planned.

Of the total:

- a. 3,015 representatives from community organizations.
 - b. 7,387 School students were benefited in orientation sessions.
 - c. Out of total, 712 were persons with disabilities.
5. Out of 50 planned, 57 CWDs received surgical intervention through regional offices.



6. Out of 60 targeted, 123 CWDs with clubfeet deformity successfully received intervention through Ponseti technique through two regional offices and CRC Project (East, Nepalganj & Chitwan).
7. Out of 66 planned, Heel Cords of 68 CWDs were released at local level.
8. Only 8 CWDs/PWDs were given link to vocational training. This is one area that needs focus in future.



A Brief Introduction to the Comprehensive Rehabilitation of Children with Physical Disabilities (CRC) Project

CRC Project is the result of over one-and-a-half decades' experience with HRDC partnering with Christoffel Blindenmission from Germany, through CBM – SARON, India in the belief that the partnership should be involved in results-based work on paediatric disability management, focussed on sustainable development at the community level. Normally children with disabilities have a poor quality of life in Nepal and it is essential to make a positive difference to their plight through treatment and rehabilitation. Reaching this sustainable development would allow HRDC to shift from one geographical area to another and in this case from the present involvement of Dhading, Chitwan and Makwanpur Districts to some other relevant and needy districts.

With the knowledge that children with physical disabilities and their families benefit from HRDC's strengths in reconstructive surgery, specialized nursing care, low cost prostheses and orthoses, community network follow up and resource linkage, viable and affordable modality of physiotherapy, this project was initiated. In these specific districts, HRDC is fully committed and carrying out rehabilitation work with the community to make a difference in the lives of children with physical disabilities.

So far, HRDC has provided services to more than 51,000 children which form only about a fraction of the needy children with physical disabilities of Nepal. The rest still have no access to rehabilitation services. Core focus of the "Comprehensive Rehabilitation of Children with Physical Disabilities (CRC)" Project is to provide services to these children.



HRDC's Executive Director providing school kits for children

The Project is focused on achieving four major result / streams with clearly defined indicators:

Results

1. Socialization and Mainstreaming: Children with disabilities and their families utilize family based rehabilitation support through the ongoing CBR program.
2. Health: Appropriate facilities are available and accessible for CWDs with respect to quality medical care and rehabilitation.
3. Education: CWDs have access to mainstream and appropriate vocational skills and education within their community.
4. Training (Empowerment): Community is sensitive and supports inclusion of CWDs and their families in mainstream development.

Indicators

We have been committed to make a difference to the lives of 2,100 children with disabilities by the end of 2015. This means that, along with working on further

intervention on those of 1,066 children who had received some services in the past, we have to work in identifying and providing interventions for an additional 1034 children with physical disabilities. The CRC Project's macro targets are as follows:



Ponseti cast applying at CRCP

- ❖ In five years (2011 – 2015) 2,100 CWDs and some of their families from the project districts will take part in their own treatment and rehabilitation intervention to eventually enjoy their rights of functional independence in activities of daily living and opportunities for participation in social events relevant to their age as any other normal colleagues.
- ❖ Of the total of 2,100 children with physical disabilities who receive intervention through the Project, the following CWDs shall live an improved quality of life:
 - ❁ 1,890 achieve functional independence in activities of daily living.
 - ❁ 1,680 join school in either local or general / integrated school (s)
 - ❁ 36 become competent enough for self / employment

Achievement under CRC project

The Project was started in 2011 with rapid survey to find out status of children with physical disabilities in the districts, as there were 1,066 children (300 in Dhading, 301 in Chitwan and 465 in Makwanpur) who had intermittently received some treatment and rehabilitation services from HRDC. Major findings of the survey towards the status of CWDs were:

1. Low self – esteem in CWDs in all 3 districts, more severe in Dhading and Makwanpur than Chitwan.
2. Inadequate independence in activities for daily living, again more work needed in Dhading and Makwanpur.
3. Inadequate accessibility of CWDs to education, health and other social areas.
4. Community empowerment to responding to paediatric disability.
5. Inadequate awareness in disability – prevention and rehabilitation and rights issues.
6. No vocational orientation (especially for youth with disabilities) based on their interest.
7. On the whole, a need for assisting them to bring positive change in life.

So far, we have identified 806 children with physical disabilities (368 in 2011 and 438 in 2012). Follow-up intervention for several children has been taken-up from their previous status. 148 of them have completed treatment. A substantial disability awareness campaign is being carried out. Efforts to find a partner (DPO or CBO) at the local level in each district are ongoing so that project

ownership can be eventually shifted to them. We have found a local DPO called Disabled Concerned Centre in Makwanpur District who, so far, are successfully carrying out rehabilitation work since April 2012. Progressively the services are being decentralized as expert services are made available at the local level. In different project works, we have involved 10 youths with disabilities rehabilitated through the intervention of HRDC. They have been good role models. Effort is ongoing to create models in three VDCs (one in each district). This would mean developing a system in the community so that they take self-initiative and automatically respond to disability issues both in prevention and rehabilitation. The Project has been transparent in its functioning, achievement and investment through annual social audits in each district.

Training and Education

This department plans and coordinates intramural and external training programs and runs the center's library services. It aims to extend opportunities to HRDC staff and personnel from partner organizations for enhancement of knowledge and skills through quality training programs. It networks



for the development of information and resources in collaboration with national and international organizations dealing with human resources development and physical medicine and rehabilitation.

Educational activities in 2012

- ❁ A group of orthopedic consultants, surgeons, registrars, house officers, department staff of POD, wards OT, CBR and physiotherapy departments attended the Ponseti workshop held on the 4th of January at HRDC Training Hall. The physiotherapy department was utilized for practicum.
- ❁ One month Primary Rehabilitation Therapy Training was organized in July. 19 Participants from different organizations successfully participated in the training and were certified.
- ❁ Refresher training on "Orthopedic Shoe Making" was held from the 18th to the 22nd of June, 2012 at HRDC under the financial support of ENPRED, Nepal from Parbat district. Mr. Durga Bahadur Nepali participated in the training.
- ❁ A two-day 'Workshop on Advocacy' with the support of Plan Nepal was held in Bhaktapur Guest House. HRDC's Executive Director, Head of Departments, Regional Office In-charges and Section In-charges participated in the Workshop. Mrs. Shova Lama facilitated the workshop as a resource person.
- ❁ Follow up & Rehabilitation Empowerment Training was carried out from the 9th to the 14th of September, 2012. 16 members participated in the training. The training was supported financially by PLAN-Nepal.

- ❁ A one-day "CME on pediatric trauma 2012" was conducted by the Department of Orthopedics and Trauma (HRDC and B & B Hospital) on the 8th of December 2012. Prof. Kaye E. Wilkins facilitated the session.

- ❁ A one-day workshop on "CRPD Empowerment" was held on December 24, 2012 at Dhulikhel Lodge Resort. The entire program was based on CRPD experience in Nepal

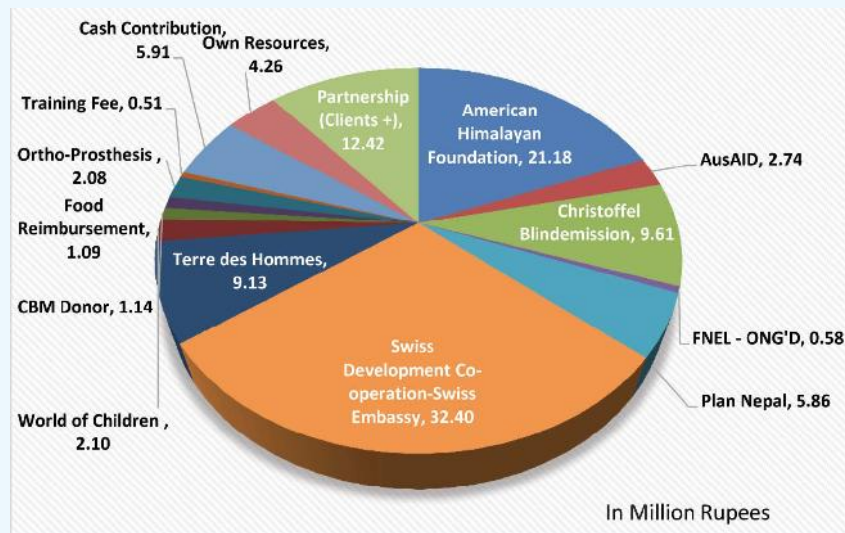


and facilitated by Mr. Birendra Prasad Pokherel, an independent consultant. The program was organized by HRDC with the financial support of PLAN-Nepal.

- ❁ A one-day interactive workshop was held on 31 December, 2012 at Lovely Banquet, Jawalakhel for feedback on country level status of childhood disability. The program was based on research conducted and presented by Mr. Birendra Prasad Pokherel, an independent consultant on Plan Nepal's TOR. The program was organized by HRDC with the financial support of PLAN-Nepal.
- ❁ A basic concept of CBR and HRDC services was presented by Executive Director of HRDC to over 40 Rotoract Members on 17 August, 2012 at the HRDC Training Hall.
- ❁ Staff participation: Similarly, staff of HRDC participated on several training programs like HIV prevention and co-ordination program, Dietary and food management training, etc.

Finances and Marketing

Donors / Partners and Donation: Total donations received in 2012 amounted to Rs.110,998 million including a donation of Rs 40.05 million received in Dec 20, 2012 from Swiss Development Cooperation, Swiss Embassy for equipment and machinery needed in HRDC. The support from SDC / Swiss Embassy has to be spent by July 2013. Thank you all donors / partners for the support! The donation is presented below in pie chart in million rupees.



Contributors who reinforced personally and through organization

The American Himalayan Foundation, Christoffel Blindenmission, Terre des Hommes, Plan Nepal, Ms. McClant, The Australian Embassy, World of Children Health Award, Swiss Development Co-operation, FNEL-ONGD (Luxembourg scouts), Phil/Jo Gross Educationan Grant, Rotary Clubs, Gham Power Nepal Pvt. Ltd, Mselma Bastl (with team), Ms. Ruth Steinmann, International Financial corporation, Ms. Daniella Egerer USA, M/S Marwari Sangh, Mr. Nun Karan Agrawal, Mr/Mrs Saubhagya Pd. Bijukchhe, Mr. Bhim Chandra Limbu, Life Guard Surgical Pvt. Ltd, Jeevan Dhara Nepal , Dr. Bisharad Man Shrestha, Rephael Clinic International KOREA

Thank you all for your valuable support favoring our noble cause.

General Administration

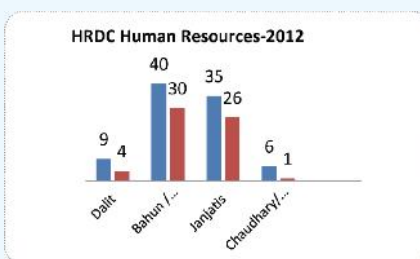
For a humanitarian organization like HRDC/FOD, the success and efficacy with which the efforts of the combined workforce achieve ambitions and goals is reliant on management and administration, which works for the attainment and enforcement of the administrative policies laid down by management and approved by the FOD.

In 2012 the administration of HRDC handled secretarial work, prepared and disseminated reports and information to a number of authorities, assisted different departments and sections of HRDC when required, and provided services to guests, partners and volunteers.

The General Administration comprises of and supervises:

1. Personnel Administration

As at the end of 2012, there were 151 staffs working at HRDC. Out of the total, 61 were women and 18 were PWDs (of whom 10 were women).



In 2012, 9 staff resigned from their positions and the vacancies thus created were filled up. Two security personnel were contracted to an outside company as it was cost effective.

2. Maintenance and Transport

This section ensures smooth running of medical and office equipment, sanitary system, water supply system, electricity, road and transportation. It also arranges transportation services for the staff, doctors, patients and others who work for the benefit of the hospital and oversees maintenance of the buildings and hospital premise. As usual, the Section successfully fulfilled its work in 2012 also.



3. **Domestic Services:** The domestic section provided nutritious and hygienic dietary services, a clean and healthy environment through housekeeping and delivered laundry services with effective logistics.
4. **Medical Records:** This section worked with patient's information by keeping and updating records, data-management and systematic filing of admission, discharge, follow up and inactivation of files. It offered elective and follow-up dates for patients admission based on the instruction given by doctors. A sub-section under medical record section called "Research and Photography" was added realizing the need to assist evidence based research.

News in Pictures



A team of 3 staff (Executive Director, Physiotherapist and CBR Coordinator) from HRDC / FOD Nepal visited Adelante and Stitching Kumari Foundation (SKF) in the Netherlands from Sept 21 – Oct 12, 2012 to attend the 10th anniversary celebration of the SKF. The visit was very useful for developing a link with the organizations.

The Chair Women Mrs. Monique Derwig of the SKF (2nd from left) with Nepal Team

American Himalayan Foundation (AHF)



Mr. Bruce Moore from AHF familiarizing himself with admitted children

Terre des Homes (TdH)



FOD Chairman briefing TdH officials on HRDC services and activities

Christoffel Blindenmission (CBM)



CBM team with Executive Director and field staff during patients' home visit in Kavre

Luxembourg Scouts FNEL-ONG'D



FNEL-ONG'D and Scouts' team during their visit to HRDC

Donation and contributions



Australian Deputy Head of Mission Mr. Damien Dunn and Program Coordinator Mr. Krishna Karki from Australian Embassy with Chairman and ED during handover of OT equipment.



Dr. Om P. Shrestha checking out the newly installed Digital Xray network system at HRDC, installed through a grant from the Australian Embassy.

Visitors at HRDC



Members from the International Financial Corporation (IFC)-World Bank Group with the FOD Chairman. The team organized a magic show at HRDC, to entertain children, and distributed woolen caps. The team also donated a sum of \$ 1500 during the program.

Five automatic street solar lights worth USD 5,000 was donated by Gham Power Nepal Pvt. Ltd. The lights were jointly inaugurated by FOD Chairman and Gham Power Nepal President (shown in picture).



Mr. N. K. Agrawal, Treasurer of FOD visited HRDC with his family and distributed wheelchairs and fruits to the children.



*Madhbari Sewa Samiti donated
75 Blankets to HRDC.*

*A group of 8 Austrians visited
HRDC on the 12th of November
2012 and donated 6 electric
A/Cs along with an amount of
2000 Euro. We thank them for
their kind donation.*



Visit and Visitors



*EU Ambassador Dr, Alexander
Spachis and Mrs. Elemi Spachis
visited HRDC and noted HRDC
“An impressive social contribution
to those in need; worth
encouraging and supporting “*



Experts of Monitoring and Evaluation surveillance team including members of Social Welfare Council (SWC) and TdH visited HRDC on the 9th of November 2012. Brief presentations on HRDC management and activities, medical data and challenges, income, expenditure & other financial topics as well as CBR / outreach services were made by the HRDC team. The group was then taken to patients' home visit facilitated by CBR department.

Representative Child Sponsorship (RCS) Program, CBM

Mr. Tobias Pflanz, Representative Child Sponsorship (RCS) Coordinator from CBM International visited HRDC and presented on RCS program.



Recognition



Juddha Nepali, a former patient and employee of HRDC for over 20 years, being felicitated by Prof. Banskota at a function to mark the 21st International Day of Persons with Disabilities.

“Play for a cause”



HRDC team at a friendly football match with sister hospital B & B

Teaching, Learning Guidance

Our final year orthopedic residents Jyoti, Shilu and Prem at the IOACON meeting, Chennai, India, Dec 2012



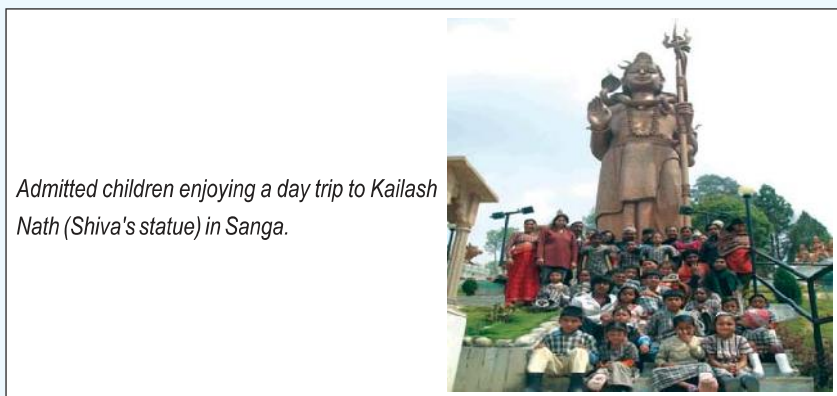
Students from Phulchowki Nursing College during their visit to HRDC. HRDC also provides learning opportunities to students and volunteers from outside.



Participants and faculty members with Prof. Kaye E Wilkins on the occasion of the C M E on "Paediatric Trauma- 2012", organized by HRDC and B & B Hospital.



Dr. Bibek with Phil and Jo Gross



Admitted children enjoying a day trip to Kailash Nath (Shiva's statue) in Sanga.

Track Records of 2012 and Indicators of 2013

Track Records of 2012:

SN	Headings	2011	Targets/ Indicators 2012	Achievement 2012	Achieved %
1	Medical Consultation (HRDC + Field)				
	i New Patients	4,265	4,000	5,425	135.6
	ii Follow up	11,632	13,800	12,529	100.9
2	In-Patient Services				
	iii Admission	1,104	1,145	1,091	95.3
	iv Corrective surgery	1,511	1,529	1,427	93.3
	Major	800		723	
	Minor	711		704	
3	Community Based Rehabilitation				
	v Assessment in Early identification camp	2,307	4,000	3,136	89.6
	vi Disability orientation	7,097	7,500	10,402	138.7
4	vii Fabrication of Orthoses - Protheses	3,313	3,000	3,165	105.5
	viii Beneficiaries	1,969	2,100	1,975	94.0
5	ix Physiotherapy Assessment	2,035	2,400	1,949	81.2
	x Clubfoot Management through the Ponseti method	678	615	662	107.6
6	xi Treatment Complete / ADL Independent	373	800	861	107.6
7	Training and Education				
	xii Master's Degree Program in Orthopedic Surgery / KUTH	3	3	3	100.0
	xiii Primary Rehabilitation Therapy Training	15	20	19	95.0
	xiv Ortho Shoe Training	3	4	3	75.0
8	xv Resource Mobilization (Rupees in Million)		Rs 87.1m	Rs 78.6m	90.2

Discussion

- ◆ Against 15 different parameters, under 8 clusters, set as target indicators, we exceeded the target in 40% of indicators with an average performance of 116% and in another 40% our performance was within 90 - 100% range, with an average performance of 94.7%. In 20% of the indicators (3 indicators only) with an average performance of 78.2% for the year.
- ◆ Over 50% of the corrective surgeries successfully performed were complex cases (major surgeries).
- ◆ 8,61 children with physical disabilities completed treatment with us and attained independence in their activities of daily living. We exceeded the target by over 7.6%. One noteworthy point here is that this result is accumulated achievement of some year's work in the past as they began their rehabilitation journey earlier.
- ◆ Resource mobilization is a continuous activity. When donors have different priorities or gradually withdraw, responsibilities have been transferred to FOD / HRDC to find resources to continue treatment and rehabilitation of children with physical disabilities.

INDICATORS OF 2013

- ◆ Assess 2,200 new and 6,500 follow up patients per year, jointly chalk out rehabilitation goals for every patient and execute activities to address rehab goals.
- ◆ Admit 1,145 patients for hospital based intervention and carry out 1,541 surgical procedures (832 major) and provide post surgical care.
- ◆ Measure 3,000 cases and fabricate 3,000 orthopedic assistive devices

tailor-made to 2,000 children, distribute and evaluate usefulness of the devices.

- ◆ Through CBR, monitor rehabilitation of 5,850 patients through home visits, screen 2,800 children through mobile camps and develop plan to intervene.
- ◆ Assist 1,000 patients in achieving optimal functional independence in activities of daily living and enable them to participate in social events.
- ◆ Plan and execute education and training activities for clientele, DPOs, CBOs, and staff for enabling patients reach physical functional independence.
- ◆ Mobilize Rs 91.18 million monetary resources so that adequate fund is made available to meet FOD / HRDC's objectives in 2013.
- ◆ Implement administrative policies approved by the Executive Board of the Friends of the Disabled.

Strategic Initiatives

Understanding that HRDC has reached a maturity stage in its growth, management realized the necessity to formulate a new strategic document and implement the strategies to ensure the sustainability of the project. Dr. Khem Karki, a CEO of SOLID Nepal is facilitating several seminars for ultimately developing a strategic document of FOD / HRDC.

HRDC's executive management team, heads of departments and section in-charges, have attended the strategic planning sessions several times. A SWOT analysis was performed with input from various HRDC employees and analysis and results presented by the facilitator.

Three macro strategies from the draft strategic document accepted so far by the middle level managers of HRDC have been mentioned below for information. Once the complete draft is developed, it shall be presented to all concerned including FOD Board to provide feedback and revised accordingly. After stakeholders' input and approval from the Board of FOD, the document shall come into effect from the 2014.

Discussion and work on setting indicators and activities is going-on.



Three Macro Strategies of HRDC / FOD

Logical Framework for 2013

Hierarchy of Objectives	Intervention logic	Objectively verifiable indicators of achievement (2011-2013)	Performance of 2012 and Sources and means of verification	Risk / Assumptions
Overall objective	Children with disabilities and their families enjoy their rights and entitlements and thereby improve quality of life as equal citizens.	<ul style="list-style-type: none"> Increased access by decentralizing services 2400 children with Disabilities enjoy their entitlement in the community and Participating in social functions Established collaboration for increasing coverage 	Regional Office Reports: Observation / monitoring reports <ul style="list-style-type: none"> School register Home visit reports Mobile camp reports Child club reports Medical Records	<ul style="list-style-type: none"> Part of funding available Continued political turmoil Law and Order is restored
Specific Objective A	A: Correction of Impairment leading to reduction of impact on physical functional independence of children with physical disabilities (CWDs)			
Expected results (Specific Objective A)	Result: 1: Root cause of impairment, activity limitation or participation restriction in children is identified: Result: 2: Children with impairment, activity limitation and / or participation	AR 1: Indicators: a. Each of 7,200 children with physical disability has a jointly agreed intervention plan for rehabilitation b. 20,100 are provided with follow up services c. 3,934 children with disabilities get 11,800 tests done of which results are made available to experts to ascertain their disabling condition d. Radiographic image of 9,600 children with	AR 1: Records / Observation a. Medical Records: Each one of 5,425 newly enrolled CWDs (2,220 girls) has a jointly agreed intervention plan in 2012 b. HRDC's Report: 12,529 CWDs (4,803 girls) received follow-up services in 2012 c. 2,996 children with physical disabilities received different laboratory Tests (2,806 inpatients and 190 outpatients) d. Medical Records: 2,792 children (1,227 girls) received	

<p>restriction in participate rehabilitation intervention as per the plan.</p>	<p>impairment, activity limitation or participation restriction are available for further clarity</p> <p>AR 2: Indicators</p> <p>a. 3,435 children with physical disabilities admitted at the Hospital receive preoperative care for rehabilitation intervention</p> <p>b. 4,587 cases getting their impairment corrected through successful reconstructive surgeries (2,531 major, 2056 minor) receive quality post-operative care saving their potential loss of functional independence</p>	<p>radiographic (X-ray) services</p> <p>AR 2 Achievement: Inpatients' Reports:</p> <p>a. 1,091 patients (487 girls) were admitted and received preoperative care for rehabilitation in 2012</p> <p>b. 1,427 successful corrective surgeries were done in 2012 with 723 major surgeries</p>	
<p>Specific Objective B</p> <p>Expected results (Specific Objective B)</p>	<p>B: Independence in self-care & activities of daily living, enabling clients for making personal choices in life.</p> <p>Result 3: Children with physical disabilities attain functional independence enabling themselves enjoy entitlements</p> <p>BR 3: Indicators:</p> <p>a. A total of 7,200 children receive thorough physiotherapy assessment to ascertain level of ADL functionality and further intervention</p> <p>b. From the total, 6,000 children with physical disabilities (1380 outpatients) got thorough assessment from the physiotherapy department</p> <p>Physiotherapy Report: In 2012, 5,029 (1,467 inpatients and 3,562 outpatients) received Physiotherapy intervention</p> <p>Physiotherapy Report: In 2012, 539 children with clubfoot</p>		

<p>Specific Objective C Expected results (Specific Objective C)</p>		<p>disability receive physiotherapy intervention c. Additionally 1,575 children with clubfoot problems will have received rehabilitation intervention through ponseti technique d. 6,600 needy children with physical disabilities receive 10,285 low cost prosthesis and orthosis making them further mobile to assert their rights</p>	<p>problems (190 girls) received successful treatment through Ponseti d. POD Report: 2,252 patients (707 girls) were benefitted from 3,191 orthopedic appliances in 2012. e. 4 CWDs (3 girls) over 16 years of age are being trained in different vocations from CRC Project areas</p>	
<p>C: Inclusion of CWDs in social events</p>				
<p>Specific Objective C Expected results (Specific Objective C)</p>	<p>Result 4: Children with disabilities and their families seek CBR supports in their own locality / home surroundings to achieve rehabilitation goal</p>	<p>CR 4: Indicators: a. A total of 17,050 CWDs will have got consultation services on social rehab through home visit and follow up b. Among the total, 33 clients got special rehabilitation visits for special care c. 8,650 CWDs (new = 4,671 & old=3,979) got screening service through health and rehabilitation camps in 175</p>	<p>a. 17,954 (7,023 girls) received social consultation in 2012. b. CBR records: No separate record of patients who got special rehabilitation visits in 2012 maintained as the activity was merged with camps c. CBR camp records: 3,515 CWDs (1,446 girls) got screening service through HRMC in 116 camp (71 clinic) days. There were 2,075 new</p>	

		<p>clinic days</p> <p>d. 9,900 clientele got consultation services at the Hospital including need based Psycho-social counseling</p> <p>e. 11,500 CWDs received services through assessment and early identification camps</p> <p>f. Psycho-social counseling shall be integrates in rehabilitation intervention</p> <p>a. 8 CBR personnel are trianed in psycho-social counseling</p> <p>b. 4 screening points are established</p> <p>g. Ponseti technique of club foot management has been decentralized to regional offices</p> <p>a. 160 children with clubfoot problems receive intervention at field level through ponseti technique among them:</p> <ul style="list-style-type: none"> □ 125 receive minor surgeries (Heel Cord Release) at the local 	<p>patients.</p> <p>d. 7,151 (2,739 girls) received counseling services including 3,440 CWDs (1,428 girls) from HRDC</p> <p>e. CBR Reports: 3,136 (1,528 girls) received services through early identification camps in 2012</p> <p>f. (a.-b) We have been effortful to integrate psycho-social counseling into HRDC's services.□No training was organized in 2012, but we provided special counseling to 4 cases (1 girl CWD + 3 female guardians) at the Centre utilizing services from CMC. No training was conducted in 2012. We have been using only the Centre (HRDC Hospital) for counseling so far.</p> <p>g. We are carrying out Ponseti intervention in 3 regional offices including Chitwan and excluding Baglung. CBR Reports: 127 children (37 girls) were benefitted through</p>
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			<p>level</p> <ul style="list-style-type: none"> i. 30 receive major surgical intervention at the local level b. At least 3 staff from Regional Offices got basic+refresher trainings on clubfoot management c. Among the clubfoot patients, average age of enrollment for intervention is decreased by 5% compared to 2010 record 	<p>Ponseti technique at field level and 539 at the Centre. 78 (23 girls) received Heel Cord release (HCR) , minor surgery at the local level. 135 CWDs (47 girls) surgical procedures were successfully carried out in the field with 88 boys and 47 girls. 3 staff participated in the Ponseti management training. In general, this was 6.8% decrease in the age of new enrollment at HRDC in 2012 compared to 2011 showing early intervention</p>	
	<p>Result 5: Children with disabilities have access to mainstream, vocational skills and education in their community</p>	<p>CR 5: Indicators</p> <ul style="list-style-type: none"> a. 300 CWDs participate in child club activities of their area. b. 85% of 17,050 children with physical disabilities will have attended schools c. 30 CWDs between 16 – 18 years given links to get vocational training 	<ul style="list-style-type: none"> a. CBR Reports: 146 CWDs (66 girls) participated in club activities b. CBR Reports: 5,024 CWDs (2853 girls) attended schools in 2012. c. 4 YWDS (1 boy) were given vocation link in 2012 		

<p>Specific Objective D</p> <p>Expected results (Specific Objective D)</p>	<p>Result 6: Community supports inclusion and rights of children with disabilities and their families in mainstream development</p>	<p>CR 6: Indicators</p> <p>a. 22,500 community people and other stakeholders are directly involved in disability awareness activities</p> <p>b. Clubs with CWDs play influential role for accessibility and rights in local organizations in 10 districts</p> <p>c. CRCs in 6 districts taken charge of the primary rehab services</p> <p>d. 2,000 children with physical disabilities involve themselves in each social events, sports and recreational activities</p> <p>e. 2,000 CWDs involve in household chores</p>	<p>a. Local CBR records: 10,402 (5351 females) involved in disability awareness activities.</p> <p>b. CBR: Social integration report: Process has started in 10 districts</p> <p>c. 28 CRCs are functional but they are not yet in the level of taking charge of services.</p> <p>d. Participation of CWDs in Social Functions was 1,907 (837 girls), 1,897 (771 girls) in sports and 1475 (687 girls) in household chores</p>	
	<p>Result 7: Availability of adequate funds for HRDC's services and transparent record of transactions</p>	<p>DR 7: Indicators:</p> <p>a. Rs 252.25 million is available for smooth running of all HRDC</p> <p>b. As part of the monitoring of disbursement and appropriate transparency, a</p>	<p>D: Effective and efficient administration and management with appropriate transparency</p> <p>A total of Rs 110.99 millions was available in 2012 as per the Account Books.</p> <p>b. Yes, monthly statements were prepared and shared with the partners who wanted it.</p> <p>c. Audit is normally done in the 1st</p>	

		statement of the Accounts is produced monthly, quarterly, six monthly and annually and circulated to the concerned. c. Accounts Books shall be formally audited annually and circulated to the concerned stakeholders	quarter of subsequent year. In 2012 also, it is being done.	
	Result 8: Administrative and managerial functions are intact and functioning	DR 8: Indicators: a. Policies and by-laws of HRDC / FOD are intact and functioning b. Personnel, maintenance, transport and domestic services are availed to concerned departments / sections for their smooth operation	a. Revision of Nepali and English version of PAM is in process b. Administration has been successfully providing needed support to other services	
Specific Objective E	E: Strengthening of HRDC as training and resource centre in physical rehabilitation			
Expected results (Specific Objective E)	Result: 9: HRDC is developed as training and resource centre in rehabilitation therapy	ER 9: Indicators a. Basic management (communication, supervision), Ponseti techniques, Project Cycle Management Trainings (3 events) are internally organized at HRDC to build	a. Training and education department report: Major training of 2012. (Training attendance register & report: 34 Volunteers (27 females & 7 males) from different countries visited HRDC for observation and elective	

		<p>capacity of concerned personnel</p> <ul style="list-style-type: none"> b. 40 volunteers per year (within and outside Nepal) from different organizations approach HRDC for observation and elective study c. 2 research findings are published in national and / or international journals as outcomes of interventions d. 3 Modular Primary Rehabilitation Training / Orientation Trainings have been conducted to representatives of HRDC's field partners and stakeholders e. Newcomers including patients and care takers are sensitized through disability prevention sessions at HRDC throughout the years f. 60 representatives of NGOs, DPOs, CBOs and other stakeholders receive 	<ul style="list-style-type: none"> b. Follow-up and rehab Empowerment training was organized and 16 representatives of the Inclusion and Non-Discrimination Project got the training c. Medical Research Papers ready to be published (as part of the thesis needed for the MS Program in Orthopedic Surgery) d. One month's Modular training was organized for 19 participants in 2012 e. Sensitization: (Admin, training and CBR records) <ul style="list-style-type: none"> ☑ Disability sensitization sessions were run throughout the year. 10,402 (5,351 females) persons from different organizations, schools / campus received disability sensitization orientation. There were 712 persons with disabilities. ☑ Five HRDC's CBR personnel led by the Director participated in CBR 	
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		<p>PRT Training</p> <p>g. One refresher training is organized per year for a minimum of 10 ex-graduates of PRT</p> <p>h. 8 representatives of NGOs, DPOs, CBOs and other stakeholders, especially the ones dealing with leather work get orthopedic shoe technician's training</p>	<p>World Congress held in India.</p> <p>e. Two day long Advocacy Training was conducted for 20 senior / middle managers of HRDC</p> <p>f. 19 participants got modular Primary Rehabilitation Therapy training in 2012 (same as d. above)</p> <p>g. No refresher training was organized in 2012</p> <p>h. Total 2 persons from CRCP Project got ortho-shoe training in 2012</p>	
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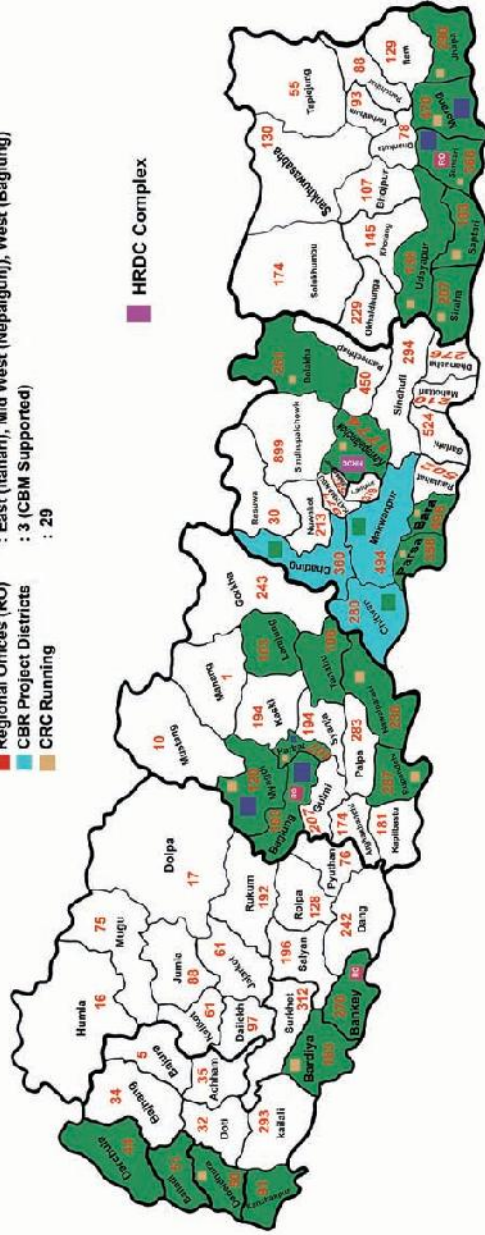


HRDC CBR / Field Districts



- CBR Coverage Districts : 26
- Inclusion Districts : 5 (Plan Nepal Supported)
- Regional Offices (RO) : East (Itahari), Mid West (Nepalgunj), West (Bajlung)
- CBR Project Districts : 3 (CBM Supported)
- CRC Running : 29

■ HRDC Complex



Coverage VDCs : 1338
 Coverage Municipalities : 30
 Coverage Wards : 4268

Note: Figure in each district indicates patients' number under current HRDC follow-up.



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