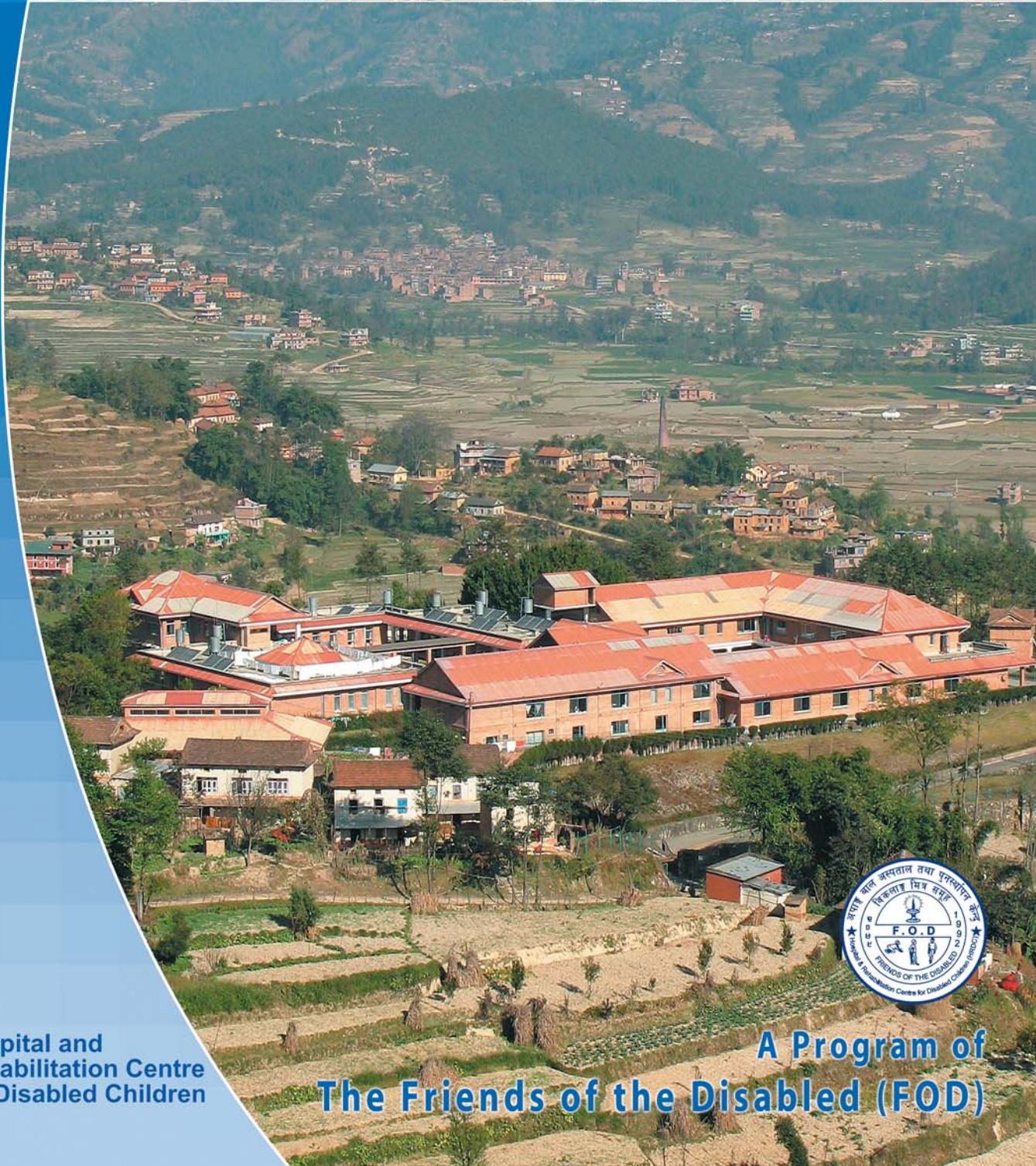


# ANNUAL REPORT 2007



Hospital and Rehabilitation Centre for Disabled Children

A Program of The Friends of the Disabled (FOD)



# Message from the Chairman,

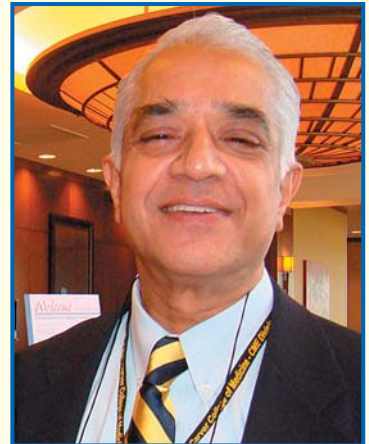
## F r i e n d s o f t h e D i s a b l e d

Greetings from HRDC !

The past year has been noteworthy in many ways. The anticipated peace process has stalled and Nepal continued to face many uncertainties, with the people suffering a great deal thereof. We are amazed to see our patients surmount so many hurdles to pursue their medical treatment with us. Travel inside Nepal continues to be a nightmare, full of many unexpected unpleasant events!

The confidence that our partners demonstrate in our activities is most heartwarming. Without your support, this program for needy disabled children has little chance of survival. We look forward to your continued support.

This report will appraise you of the current situation at HRDC. We are consolidating our manpower expertise, and more and more difficult problems are addressed ever more confidently. To accommodate the pressure for more space, we are all set to add about 7000 sq. ft. of space with the assistance of the Philip Green Memorial Trust of UK. We were greatly honored to have the chairman of the foundation Cyril Paskin visit HRDC last August.

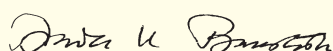


The American Himalayan Foundation has been our staunch friend through all our difficulties. It was my privilege to catch up with Dick, Erica, Norbu and Mike (Michael Klein) during their brief visit to Kathmandu in November.

Joseph has now replaced Reinhardt as the new Terre Des Hommes delegate and we look forward to our continued close liaison with our old partner.

All of you who have individually or collectively taken so much interest in HRDC deserve our sincere thanks. It is our sincere hope that you will continue to take interest in HRDC, an institution entirely focused towards the treatment and rehabilitation of physically disabled children.

With sincere thanks,



Dr. Ashok K. Banskota

Chairman

The Friends of the Disabled (FOD)





# ORGANIZATIONAL BACKGROUND

The services rendered by HRDC commenced in September 1985, when the program was initiated by Terre des Hommes (Tdh), a Swiss Children's Organization based in Lausanne, Switzerland. The Friends of the Disabled (FOD), a Nepali Non-Governmental Organization took over the responsibility from Tdh in 1992, and has been successfully carrying the HRDC program from one milestone to another, earning the confidence of its clientele and supporting partners.

The primary goals are to provide comprehensive treatment and rehabilitation of children under 16 years of age with musculoskeletal disabilities, from disadvantaged socio-economic backgrounds. Rehabilitation services are provided upto 18 years.

These goals are effectively met through its hospital centre at Banepa, Kavre district and its extensive outreach program covering many far flung regions covering over 60 districts of the country.

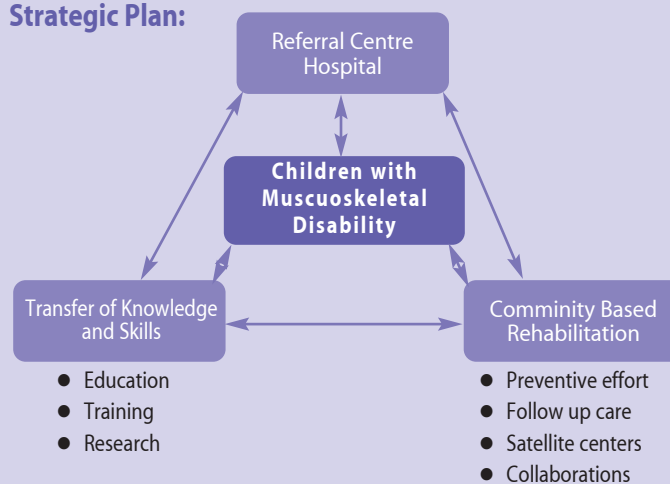
## Vision:

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

## Mission:

Provide comprehensive quality medical care, rehabilitation and facilitate the integration into the society of these children with participation restriction due to physical challenges.

## Strategic Plan:







# SUMMARY OF PERFORMANCE

HRDC's comprehensive quality treatment and rehabilitation services are available to physically disabled children even up to the age of 18 years, once they are enrolled at or under the age of 16 years.

Below we look at the achievements of HRDC against objectives set for 2007. The performance of each department / section is briefly highlighted.

## MEDICAL SUPPORT SERVICES

The department provides assessment services both at the centre and in the field involving both the child and the family. Diagnostic services including laboratory tests and X-Rays are provided at the Centre.

### Departmental objectives for 2007

- ❖ To evaluate 150 new and 600 follow-up patients per month at the Hospital.
- ❖ To set short and long term rehabilitation goals for each patient.
- ❖ To execute the treatment plan to achieve targeted rehabilitation goals.

### Achievement

- ◆ Total influx of new patients was 3216 (1567 at the Hospital and 1649 in the field)
- ◆ Inflow of follow-up cases was 6071 at the Hospital.



Outdoor Clinic at the Centre

- ◆ Every patient targeted for admission had interventions as planned with short/long term rehabilitation goals addressed.
- ◆ Clinical assessment, counseling and complex rehabilitation management, both conservative and surgical was efficiently carried out.
- ◆ 3487 routine tests were performed by our laboratory. In addition, the hospital laboratory organized blood for transfusion in surgery.
- ◆ 3051 patients required x-ray examinations.

## IN-PATIENT SERVICES



Doctors at work in the field.

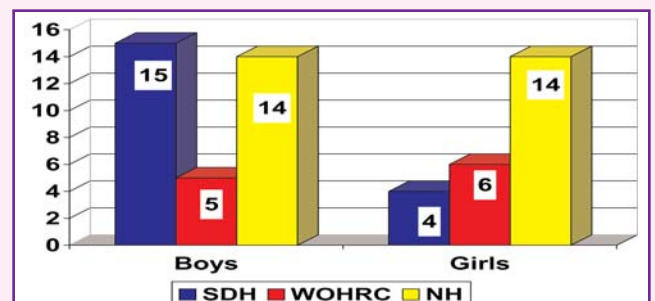
The in-patients department accommodates 72 children and is responsible for total care of those who are admitted to the Centre, preparing them for surgery and following through all the post operative care and rehabilitation steps.

### Departmental objectives for 2007

- ❖ Target 1025 patients for admission and treatment.
- ❖ Target 768 cases for major operations.
- ❖ Target 720 cases for minor operations .

### Achievement

- ◆ 1103 children (658 boys and 445 girls) were admitted to the Hospital for management
- ◆ Performed a total of 1567 operations (933 major and 634 minor).
- ◆ Average hospital stay per patient was 16 days.
- ◆ A total of 58 children were benefited from surgical camps carried out at 3 locations in 2007 in collaboration with the following partners :
  - Solu District Hospital (SDH), Solukhumbu from April 9 -10, 2007
  - Western Orthopaedic Hospital and Research Centre (WOHRC), Bankey from June 8 - 9, 2007.
  - Neuro - Hospital (NH), Biratnagar from November 18 – 20, 2007.



Diagrammatic representation of the Surgical Camp Work.



## REHABILITATION SERVICES

### Physiotherapy

The department provides a variety of services to both the in and out-patients. Its services include evaluations, therapy programs to restore function and promote locomotion and the fabrication of a variety of static and dynamic splints and other therapeutic aids.

#### Departmental objectives for 2007

- ❖ Thoroughly assess 1972 new patients, formulate and execute physiotherapy plan.



Physiotherapists at work.

#### Achievement

- ❖ Thoroughly assessed a total of 2051 patients. Assisted in developing and implementing short and long term rehabilitation goals for them

### Prosthetics-Orthotics

This department designs and produces orthopedic assistive devices, namely orthoses, prostheses and wheel chairs, all tailored to individual patient needs.

#### Departmental objectives for 2007

- ❖ To fabricate 2040 tailor-made orthopedic appliances for 1500 children.

#### Achievement

- ❖ Fabricated 2818 orthopaedic appliances for 1778 children.

- ❖ Based on demand from local organizations, provided training in orthopedic shoe-making to local cobblers/staff from different organizations, to facilitate minor repairs and maintenance of appliances in the community.



CBR Department staff at working side by side with Orthotist - Prosthetist.

## COMMUNITY BASED REHABILITATION (CBR)

The CBR department provides follow-up care through home visits, organizes health and rehabilitation mobile camps, and strives for increased collaboration with other community based organizations whenever possible.

#### Departmental objectives for 2007

- ❖ To carry out home visits of 5500 patients.
- ❖ To assess 4500 new and follow-up patients through outreach camps.
- ❖ To continue our school screening program for early detection of spinal disorders and to heighten the community awareness for the prevention of disability related disorders. Target to screen 40,000 school children.

#### Achievement

- ◆ Follow-up care was provided to 5428 cases through home visits.
- ◆ 17 rounds of camps were conducted in 124 camp days and 55 clinic days covering 33 districts of Nepal. 21 of these were non CBR districts. Of 3054 children (1295 girls) who were provided with outdoor services, 1649 patients (707 girls) were new.



The CBR Team of HRDC



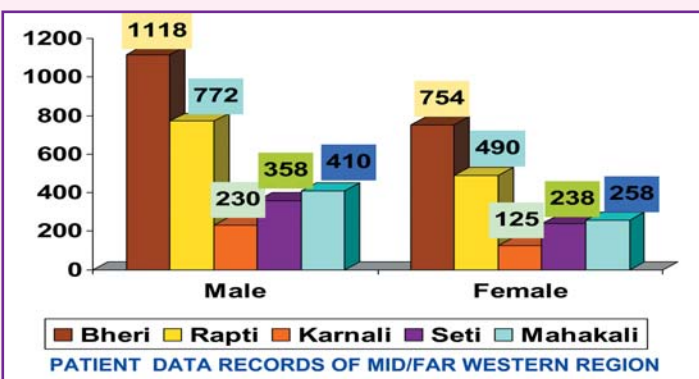
- ◆ 32296 students were screened in schools in 2007. Disability prevention awareness was emphasized and suspicious cases were called to HRDC for further evaluation.

## DECENTRALIZATION OF HRDC SERVICES

It is the HRDC / FOD policy to develop our regional and local centers so that they become slowly capable of independently providing the necessary services. In this context, we are constantly seeking local partnerships and collaborations.

### 1. HRDC Regional Office (HRO), Nepalgunj, Banke, Mid-Western Region

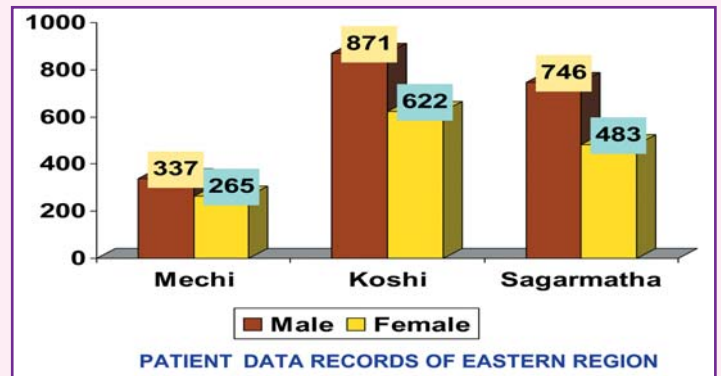
- ◆ The HRO Mid-West began its work from 2005 and is catering to physically challenged children with various rehabilitation services in the Mid-Western and Far-Western Regions of Nepal (total 24 districts).
- ◆ Under the HRO Mid-West, we identified 4753 children needing rehabilitation services and follow up care as shown in the chart below.



### 2. HRDC Regional office (HRO), Itahari, Sunsari, Eastern Region

- ◆ The HRO East commenced its services since just over a year back.
- ◆ The HRO East is providing treatment and rehabilitation services to 3324 physically challenged children with focus on follow-up care and awareness / empowerment activities in 16 districts of the Eastern Region.

### 3. Presently four staff are working in each Regional Office.



### 4. Inauguration of the HRO East.

The HRO East was formally inaugurated on December 23, 2007. The FOD Chairman Dr. Ashok K. Banskota, Mr. A. M. Joshee, HRDC Medical Team members and other staff were present on the occasion. Dr. Jwala Raj Pandey, Professor of Orthopedics, Kathmandu University and Nepal's first Orthopedic Surgeon was the Chief Guest at the inauguration ceremony. Targeting to sensitize the people of the Region, the following activities were carried out as a part of the inauguration :



Executive Board Member Mr. A. M. Joshee welcoming guests during the Inauguration of Regional Office at Itahari in East Nepal.

- ◆ Out-door clinic (camp) was organized for assessment / consultations for 170 patients
- ◆ Press conference was held to inform the local media about our activities.



- ◆ A total of 75 appliances were distributed to HRDC patients from the Eastern Region.
- ◆ The inauguration of HRO-East was attended by local government officials.



*In-Charge of HRO East Hari Tamang with local officials/representatives.*

5. Plan Nepal officials, representatives from various community organizations and families of the HRDC Patients of the region were present on the occasion.
6. The same evening, an awareness program was jointly organized with Rotary Club of Mid-town Biratnagar. Both Dr. J. R. Pandey and Dr. A. K. Banskota were present on the occasion along with HRDC staff. Dr. Jwala Raj Pandey addressed the gathering and Dr. Banskota made a slide show presentation on HRDC activities. Questions were entertained in a fruitful interactive session.

## TRAINING, EDUCATION AND RESEARCH

The department coordinates and plans internal and external training programs, provides health education and actively pursues efforts to improve educational facilities at the centre.

### Departmental objectives for 2007

- ◆ Conduct Primary Rehabilitation Therapy (PRT) Training for community workers and CBR facilitators who are working at the grass-root level and produce at least 40 PRT Technicians who will meet the needs of different communities..

- ◆ Conduct PRT refresher training for participants of previous PRT trainings.
- ◆ Conduct orientation and health education sessions to patients and their guardians.
- ◆ Provide support in educational and vocational activities to the children and their guardians in the Hospital.

### Achievement

- ◆ The slated objectives for this department were more than adequately achieved. The 10<sup>th</sup> and 11<sup>th</sup> batches of candidates (21 in the 10<sup>th</sup> batch and 20 in the 11<sup>th</sup> batch) successfully completed the three month long training at HRDC.
- ◆ Handicap International provided direct or indirect support to 23 of the total participating candidates.
- ◆ The 4th PRT refresher training was organized from November 26 to December 6, 2007. There were 12 participants from various organizations involved in disability care
- ◆ In addition, the hospitalized children continue to be gainfully engaged in educational and play therapies innovatively organized for their comprehensive needs.
- ◆ Exchange programs with institutions both national and international continue, with all participants providing positive feedback of their experiences at HRDC.
- ◆ Need based trainings for HRDC staff are organized both at the center as well as outside. Several staff members were benefited by such activities in 2007.
- ◆ A "Case of the Month" profile posted at the main entrance lobby has been a regular attractive and informative feature this past year



*Two rounds of Primary Rehabilitation Therapy (PRT) Trainings were organized from March 12 - June 04, 2007 and June 18 - September 10, 2007 respectively. [ Participants of Batch I (left) & Batch II (right) PRT training. ]*



## OTHER INFORMATION

### PATIENT PARTICIPATION AND COST COVERAGE

A token participatory cost coverage for treatment has been functional at HRDC for the past several years and its impact is very positive. For those patients who are unable to contribute this token charge, an inbuilt system of funds organized through voluntary donations of HRDC staff and some Board members, automatically provides the necessary coverage. A sum of Rs. 20,407/- was utilized from this source in 2007. As of December 2007, the current balance in this fund stands at Rs. 51,969/-.

### SCREENING AND INTERVENTION FOR REFRACTORY ERROR CORRECTION

Refractory errors are common in school going children and since HRDC enjoys a very large catchment base through the length and breadth of the country, it was decided to introduce screening for vision errors in combination with our general disability school screening program. HRDC had one of its staff trained in Joseph Eye Hospital, Trichy, India as an Ophthalmic Technician. This screening service will commence from 2008.

### PROJECT FOR DISABLED CHILDREN'S MOTHERS

Rotary and UNFPA provided funds to address a unique problem that came to our attention in Chitwan and Makwanpur Districts as we were following up our disabled children. It was observed that uterus prolapse was not uncommon amongst mothers of disabled children. This is no doubt related to multiple factors, including poverty, poor ante natal and post natal care, ignorance and cultural taboos. Of the 481 mothers of disabled children screened from five different locations of two districts, 311 were detected to have varying degrees of uterine prolapse. HRDC was able to successfully co-ordinate the surgical treatment for fifty six of these mothers.

### MASTERS DEGREE PROGRAM

HRDC is one of the two training centres of Kathmandu University for the Masters Degree (MS) program in Orthopedic Surgery. In the 8 years since its commencement, 14 Orthopedic Surgeons have graduated and taken key leadership roles in various hospitals in the community, with very encouraging feedback. The other training center for this post graduate program is B & B Hospital, also a Kathmandu University Teaching Hospital located at Gwarko, Lalitpur.

As a part of their continuing education several post graduate students accompanied by professors J. R. Pandey and A. K. Banskota presented papers and actively participated in the National ORTHCON meeting held at BPKIHS, Dharan in December 2007. Dr. Banskota presented a paper on "The Ponseti Revolution in Clubfoot Treatment".



*Dr. Banskota with students at training session. Prof. G. K. Singh from BPKIHS, Dharan (front row) looks on.*

### YOGODA SATSANGA SOCIETY OF INDIA (YSS)

The YSS donated a sum of IC 65,000/- to HRDC for the purchase of educational and playtherapy tools for the patients admitted to HRDC. The YSS monks have visited HRDC on several occasions in the past. HRDC gratefully acknowledges this gesture.

### SOUTH ASIAN REGIONAL CONFERENCE IN CBR (SARCIC - 4)

The SARCIC - 4 was organized from October 04-06, 2007 jointly by CBR National Network Nepal, National Federation of Disabled Nepal, Ministry of Women Children and Social Welfare and CBR Network (South Asia). A team of 9 HRDC staff participated in the Conference. On the occasion, HRDC children assisted by some of its staff members welcomed the guests with songs. Executive Director, HRDC has been elected as Regional Coordinator of CBR Network (South Asia) by the Conference for two more years.

### STAFF EMPOWERMENT

Based on the fact that Resource Mobilization has been a key approach for addressing the growing service demands in Disability Management, a 5 day long proposal writing training was organized from September 21-29, 2007 to further educate and empower our staff members.



*Participants are pictured with the Trainer Mr. Harihar Adhikari (standing - fifth from left).*



# A STORY ...

Muna is a 15 - year old girl from Kavre district. Her family survives from hand to mouth on a subsistence income from labor work and some farming. She was attending class 5 at a local school, until she fell off a tree, while picking mangoes and severely injuring her back. Paralyzed below the waist, the family brought her to Dhulikhel Hospital for treatment. After evaluation she was referred to HRDC for definitive care.



*Muna on arrival at our center*



*Immediately after surgery*

With dedicated team effort, the institutional capability of HRDC to deal with complex spinal disorders has made tremendous gains. Dr. Babu Kaji Shrestha has played a leading role from the initial stages to provide spinal surgical treatment at HRDC. With the additional training of a six month long spine fellowship in Cochin, South India, Dr. Binod Bijukachhe has been successful in providing the thrust that this demanding subspeciality of Orthopadic surgery so desperately needed at HRDC. The wise counsel of our visiting faculty, Dr. David Spiegel has further strengthened our capabilities. Muna Kumari Kharel was throughly evaluated and the surgical intervention planned. She underwent spinal decompression and instrumentation in a three hour long successful procedure. To our great relief, Muna made a slow but steady recovery. Her leg muscles gradually become strong enough for her to once again stand and walk independently. She is expected to make further progress.



*Muna with our nursing staff.*



*Smiling and Happy Muna after regaining her ability to walk.*





# FINANCES AND MARKETING

With the support of the major donors complimented by other support groups (individuals and institutions), HRDC has been able to muster the funds required to run it's program at the center and the periphery in 2007. The peripheral outreach program generates new backlog of work which requires additional funds. The departments of finances and marketing are at work continuously to find additional revenues and new collaborations.

We anticipate our marketing department to become more active in seeking new resources to meet the expenses for the ever increasing work load for needy disabled children.

## SENSITIZATION AND FUNDRAISING EVENTS

Local activities were organized to enhance awareness of HRDC work and help our new fund raising and marketing strategies.

### ABILITIES CUP GOLF TOURNAMENT

The second Abilities Cup Golf Tournament 2007, was successfully concluded at the Le Meredien Gokarna Forest Golf Resort & Spa on Saturday the 20<sup>th</sup> of January with HRDC as the official host.



The prizes at the Le Meredien Golf course.

Over 100 golfers representing various Golf Clubs from across Nepal participated in the tournament. Sponsored by United Telecom Limited (UTL), participants competed to win various prizes: DIG Niraj Pun won the championship, while, Kesang Lama claimed the ladies title. S. Annan, General Manager of UTL, Joseph Nathan, Editorial Advisor of International Media Network P. Ltd, Shen Si Hua, General Manager of China Southern Airlines, FOD/HRDC Chairman Dr. Banskota and HRDC Executive Director Krishna Bhattarai gave away the prizes.

### 'BOWL FOR A CAUSE' TOURNAMENT

This event for the year 2007 was held at the Bowling Boulevard, Kantipath, Kathmandu, on Thursday, the 20<sup>th</sup> of September. A total of ten teams from different corporate sectors participated in this event.

The U.S Embassy lifted the trophy with the highest number of pin falls while Buddha Air and Speedway Cargo came in the second and third positions respectively. Various promotional collaterals were displayed at the venue and the media also covered this event. The prime sponsors of the event were Soaltee Crowne Plaza, Mount Everest Brewery and Varun Beverages.

### BANK OF KATHMANDU (BOK) KNOWLEDGE SERIES



HRDC Executive Director at the BOK knowledge series.

This event was once again successfully completed on the 23<sup>rd</sup> of December at the Hyatt Regency Hotel. HRDC was the recipient of the proceeds of the event the previous year as well. The topic for debate this time was "Seize the Future: A Visionary Leadership Workshop".



Participants at the BOK knowledge series, a HRDC fund raising event.



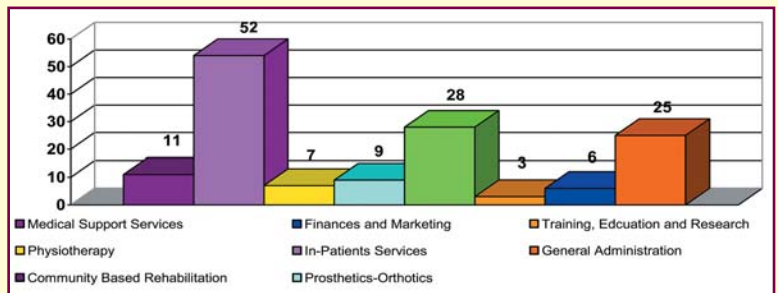


# ANCILLARY SERVICES

Functions of the department include administrative, managerial and logistical support to other departments / sections of HRDC. It ensures the implementation of the policies and programs of the HRDC approved by the Executive Board of the Friends of The Disabled.

## Human Resources :

- ❖ At the end of 2007, 141 staff were working at HRDC, of which 132 were regular contract-basis staff. This also included 9 disabled persons working with us performing their jobs like all other 'normal' staff. There are 11 staff members from dalit minorities.
- ❖ During 2007, there were 17 new recruitments; most of them were made to fill up the vacancies created by staff resignations and retirements.
- ❖ 47 Volunteers from different countries were placed for 2 to 12 weeks as part of their teaching learning activities at HRDC in 2007.
- ❖ Domestic services at HRDC include house keeping (laundry and sanitary), food supply, tailoring and maintenance of cleanliness in the hospital, including the dormitory facilities at the premises.
- ❖ Store and procurement sections managed resources satisfactorily in 2007 to meet the demands of different departments. Systems review is taking place to make them efficiently responsive.
- ❖ Transport and maintenance section managed to provide vehicles satisfactorily in 2007 despite our vehicles getting older and requiring frequent maintenance. This year, HRDC purchased a new bus for staff transportation.
- ❖ Accurate and uniform documentation of all medical records through all phases of treatment and follow up are crucial. At HRDC we are periodically evaluating the outcomes of treatment that we provide to our patients. This will go a long way to improve or implement better therapy models.



Staffing distribution among HRDC departments

## SUPPORT APPEAL ON BEHALF OF DISABLED CHILDREN AWAITING DEFINITIVE TREATMENT

There are 634 patients from the western region of the country who have not been accommodated for definitive treatment due to the lack of resources. This is the type of unanticipated workload that camps generate !

On December 20th, 2007 a joint meeting was organized between HRDC and the INGO's active in the disability sector in the Mid and Far Western Region, at Nepalgunj. HRDC Executive Director Krishna Bhattarai and Friends of Disabled Board Member Mr. Ambika M. Joshee were participants in the discussions along with our Regional Office Staff members . There were some positive indications for potential collaboration and these leads will be pursued.



Participating INGO members and the HRDC team members at the "Support Appeal".



# A STORY ...



*The "tumor".*



*After excision*

Rohit is a 8-year-old boy from Kailali district in Mid West Nepal. His parents are subsistence farmers with limited means, and were unable to seek treatment for their son with a steadily growing mass in the left shoulder region and arm that had now reached massive proportions!

Rohit was managing to go to school (he is a fourth grader at a local school, a half hour walk from his home), but often faced the embarrassment of curious questions from his mates!

Things changed when Rohit was fortunate to attend one of our numerous mobile camps. The HRDC mobile team at Kailali gave the appointment date for possible surgical treatment. It was in June 2007 that after a thorough evaluation, a major surgical intervention was undertaken. To our relief, the mass which was a surgical challenge to remove turned out to be benign with a good prognosis.

The patient and family, along with the HRDC team were pleased with such a wonderful outcome.



*After surgery*



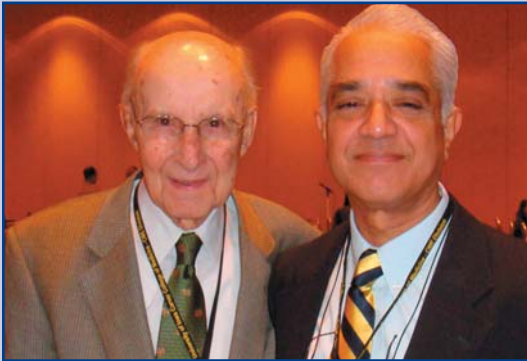
*Ready to go home - all smiles !!*





# THE PONSETI PROGRAM FOR CLUBFOOT TREATMENT

Clubfoot is one of the commonest orthopaedic problems managed at HRDC. With the wide international acclaim and proven success of this simple and effective treatment method, HRDC has also changed its approach to clubfoot care. Although we see patients presenting to the hospital late or without any treatment, the success of this treatment in the younger age group has led us to implement prospective trials in older age groups as well. Early results are very encouraging.



*Dr. Banskota with Dr. Ponseti during his visit to Iowa, USA to attend the International Clubfoot Meeting.*

Dr. Banskota represented HRDC at the International Clubfoot meeting at IOWA, USA in September 2007. This meeting was attended by representatives from over forty countries. The success of the Ponseti Clubfoot treatment method was shared by participants from many low and middle income countries of Asia, Africa and South America. Over 80% of the global challenge of clubfoot care is faced by the developing world. The need to share information, conduct research and implement trials for the Ponseti method for older children was discussed during the four day deliberations.



*Dr. Banskota with Dr. Jose Morcuende during his visit to Iowa, USA to attend the International Clubfoot Meeting.*

Dr. Ponseti who is 93 years old is still active teaching his technique to students from all over the world. Dr. Jose



*Physio staff applying the Ponseti method for child with clubfoot*

Morcuende who works with Dr. Ponseti at IOWA was keen to see the Ponseti Program take off at HRDC, which with its volume of clubfoot work, has the potential to be a resource center for additional research and training. At this meeting in IOWA, Dr Banskota also had the opportunity to meet with Dr. Shafiq Pirani who along with Dr. Norgrove Penny has spearheaded with great success the Ponseti clubfoot treatment in Uganda. Dr. David Spiegel had been instrumental in boosting the Ponseti Clubfoot treatment program at HRDC, where controlled clinical trials are ongoing.





# CLUBFOOT TREATMENT BY PONSETI METHOD A TYPICAL STORY



*This is four year old Pooja with an untreated left clubfoot*

One of the organizations working in the Dadeldhura district in Far West Nepal referred Pooja to HRDC for treatment. Till this time she had received no treatment whatsoever because of the remoteness of her home and poverty. Despite the referral, Pooja's parents were not able to afford the trip to the hospital. Finally, a volunteer organization offered the economic support for the travel. At HRDC it was decided to treat Pooja by the Ponseti method which consists of a series of weekly cast changes followed by a small surgical procedure to release the tight heel cord.

Pooja completed her serial cast treatment satisfactorily. After the heel cord surgery, the final cast was left for an additional three weeks. The foot, now

fully corrected was ready to fit into special shoes fabricated at HRDC.



*Pooja getting her first ponseti cast*



*Pooja with the cast just before the heel cord release*

Long term night bracing is crucial to prevent relapses and recurrence of deformity. Our community workers will need to assume increasing responsibilities in the management of this common congenital deformity.



*Pooja with corrected foot*

A total of six cast changes were required and the results are obvious in the pictures. Prevention of recurrence is the real long term challenge! For children like Pooja who present late for treatment, we do not have clear answers about the type and duration of long term bracing methods! Our controlled studies should provide some clues.

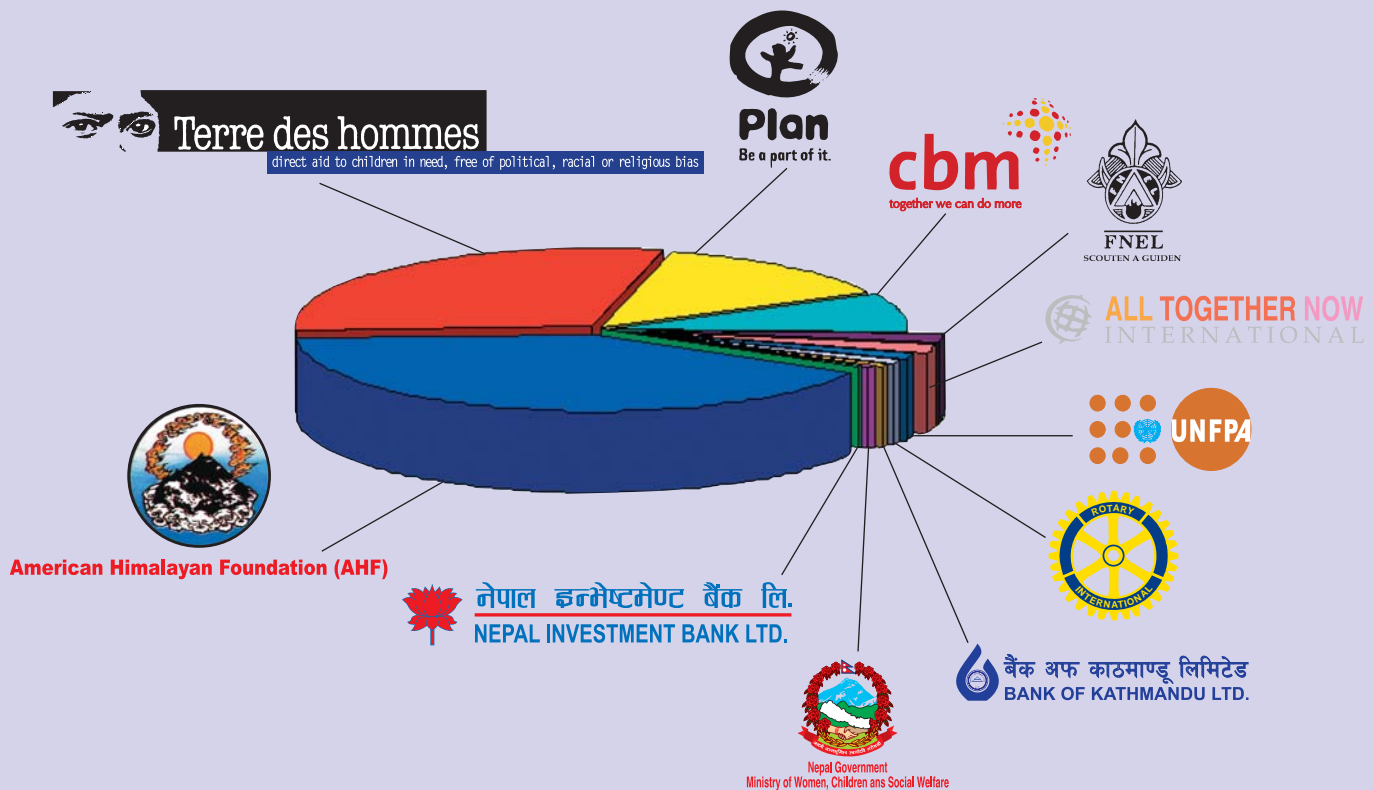


*Pooja with shoes on ready to go home.*



# IN ACKNOWLEDGEMENT & APPRECIATION

## Our Partners and Regular Donors



## OTHER NEWS ...

- ❖ HRDC received letters of appreciation for its services from the St. Xavier's Social Service Center, Shree Janajati Primary School and the Women Development Office at Dhading. You can all count on our commitment to serve the needy.

The **Jordan Foundation** based in Seattle has pledged its support to help with the burn cases that we treat at HRDC. Burn contractures constitute a great continuing challenge at HRDC and this currently makes up about 10% of our work. Thanks a million.



Mr. Jordan and Mrs. Laura with the children.



## NEW POTENTIAL PARTNERSHIPS

### ● The Philip Green Memorial Trust (PGMT), UK



With the initial link established through Handicap International Nepal, Mr. Cyril Paskin, the president of PGMT visited HRDC on August 29, 2007. A proposal was prepared and presented by Dr. Banskota and Krishna Bhattarai for construction to add about 7000 sq. ft. of space to accommodate the growing needs for more space for patients awaiting admission and the increasing in-house training requirements at



Trustee Mr. Calderhead at HRDC

HRDC. Subsequent to Mr. Paskin's visit, Mr. David Calderhead a trustee of PGMT also visited HRDC. Both of them have assured us of their full support.

If everything works out well, the extension construction project will materialize towards the end of 2008 or the beginning of 2009.



Mr. Cyril Paskin

### ● The Embassy of India, Kathmandu

The Embassy of India is studying the HRDC proposal for black topping our Hospital access road, constructing a water reservoir and providing an ambulance. The road which currently requires regular maintenance work, would be much more user friendly and provide a more comfortable ride. Conserving rain water to ease the periodic shortages is also crucial for the hospital. Thank you Sir, at the Embassy!

## A big thank you to all who have contributed to HRDC ... ..

### ORGANIZATIONS

- M/S Balaji Trade Concern, Nepal
- M/S Paramahansa Yogananda Sadhana Bhawan, Nepal
- M/S Bhajuratna Engineering & Sales Ltd. Nepal
- M/S General Surgical Suppliers, Nepal
- M/S B & B Hospital, Gwarko
- M/S Yogoda Satsang Society of India
- M/S Balaji Trade Medi Link Pvt. Ltd. Nepal
- M/S Asia Pacific Communication Associates
- M/S Auto Parts International, Nepal

### AND INDIVIDUALS

Ms. Geeta Devi Shrestha, Nepal ; Mrs. Raksha Bajracharya, Nepal ; Ms. Usha, Anu, Kishor, Uttara, Samrat, Siddhartha, Samyukta Pandey, Nepal ; Mr. Ruth Steinmann, Switzerland; Mr. Urs Brehm, Switzerland; Dr. Asha Thapa Pun, Nepal; Mr. Deepak Gautam, Nepal; Ms. Kopila Karki, Nepal; Mrs. Bhuban Kumari Pandey, Nepal; Ms. Christine Preston, UMN; Dr. Aachana Korindha, Thailand; Ms. Ursula Conrad, USA; Mr. Subikram D. Pandey, Nepal



# A STORY ...



*Immobile with contracted knees.*

Okhaldhunga is a hilly district in Eastern Nepal, famed for its beauty and terrain! There are few roads and only limited access by air. Without a pair of good legs, life in this district of Nepal could be a nightmare, as it was for 16-year-old Binda Karki.

Binda was unfortunate to suffer from Juvenile Rheumatoid arthritis at an early age, affecting severely her knees, which gradually developed severe contractures. Due to the non-availability of any treatment, she was forced to crawl around the house. The hips also gradually became contracted making any type of walking impossible. You can imagine the mental anguish of a young girl, doomed for a life in a wheelchair.

Binda's poor parents took her to the local mission hospital but there was little they could offer for her severe plight.



*Treatment begins at HRDC in traction!*

As luck would finally have it, the HRDC mobile camp at Okhaldhunga was advertised and Binda became one of our patients. She was given dates for admission and when she did arrive at HRDC, the treatment began.

Assessments revealed that her elbows were also affected in addition

to the hips and knees. Skeletal traction was instituted to restore extension in the hips and knees, and physiotherapy begun to strengthen and mobilize all the affected joints. General measures to improve nutrition were instituted side by side. With compassionate team effort, the results were nothing short of dramatic. She was able to walk with a pair of crutches first and finally without any support whatsoever.

Binda remained at HRDC for several months, but look at the results of simple, dedicated effort. A life almost doomed to a miserable existence was rescued and rehabilitated, successfully, rewardingly! This is what HRDC is all about!



*On her feet once again, with a smile!*



*All set to return to Okhaldhunga, treatment completed.*





# EXECUTIVE MANAGEMENT TEAM MEMBERS VOICE THEIR SENTIMENTS

"The success of FoD / HRDC is possible only with quality leadership, commitment and shared responsibility. And above all, participation of children with physical disability and their families in treatment and rehabilitation has larger impact on the sustainability of this program."

"More funds are required to address the ever increasing numbers of patients with of disability"

HRDC must continue not only to be the best home of hope & refuge for many children but also the first home providing early guidance & appropriate intervention for them.

To the children we serve ... **"Together we pave the road you walk on, we will always be behind you for support."**

Put on a pair of very nice shoes and make your own way.



aShankar Malakar, Dr. Tarun Rajbhandari, Krishna Gurung, Krishna P. Bhattarai & Joseph Aguetant. (left to right)

## Comparative Achievements: 2006 – 2007 and Targets of 2008

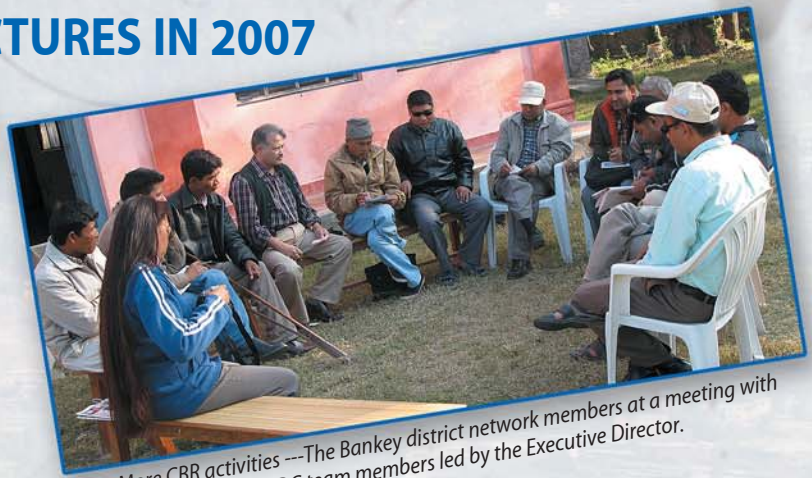
	2006	2007	2008 Targets
<b>Medical Services</b>	11170	10692	14460
Consultation of new patients	4739	3216	2960
Consultation of follow up patients	6431	7476	11500
Admission	1071	1103	1145
Surgery	1609	1567	1770
<b>Physiotherapy</b>			
Thorough assessment	1925	2051	2050
<b>Community Based Rehabilitation</b>			
Follow-up of patients			
Home Visits	4367	5428	5000
Mobile Camps	4401	3054	4500
Screening of students	47943	32296	30000
<b>Prosthesis &amp; Orthosis</b>			
Fabrication	2562	2818	2600
Patients (benefited)	1597	1778	1800



# HRDC IN PICTURES IN 2007



HRDC team at the Indian Orthopedic Association Conference, Kolkata, December 2007. The final year residents are seen with Dr. Tarun This activity is a part of the post graduate training at our centres.



More CBR activities ---The Bankey district network members at a meeting with the HRDC team members led by the Executive Director.



Snowfall after an interval of sixty years! HRDC was blanketed in thick snow and everyone enjoyed this "treat".



With the members of Rotary Club of Kathmandu Mid-Town at a presentation by Executive Director Krishna Bhattarai, on the successfully concluded project related to reproductive health and disability.



Celebrating International Disability - 2007 at HRDC.



12th National Network Conference Participants. HRDC Staff from the center as well as from Nepalgunj Satellite Center participated in the Conference.



# HRDC IN PICTURES IN 2007



Dr. Banskota with Dick Blum, Erica, Eileen and Bruce with other AHF partners during a visit to the AHF office in San Francisco.



AHF Field Director Mr. Bruce Moore (middle) with the FOD Chairman (left) and Executive Director at HRDC.



Executive Director receiving on behalf of HRDC the proceeds from the Himalayan International Food Festival from Mr. C. U. Anand.



Community activities - attending the Kapilbastu District Network meeting in November 2007.



Participants at the Regional Conference. Dr Banskota is at the extreme left, front now.



HRDC Children singing the welcome song at the inauguration of the South Asian Regional Conference on Community Based Rehabilitation, held in Kathmandu.



Tdh delegate Mr. Rienhard Fichtl during his HRDC visit at a farewell function.



Welcoming the new Tdh delegate.



**HRDC is not just another hospital. The work here leaves an imprint in one's heart that is difficult to erase. Our doctors along with all the support staff know what a privilege it is to be a part of this great effort. You are all appreciated.**

**Thank you all very much!**



*Dr. B. K. Shrestha  
Ortho. Surgeon*



*Dr. Saroj Rijal  
Ortho. Surgeon*



*Dr. K. D. Joshi  
Plastic Surgeon*



*Dr. T. Rajbhandari  
Ortho. Surgeon*



*Dr. B. Bijukachhe  
Ortho. Surgeon*



*Dr. I. Pradhan  
Ortho. Surgeon*



*Dr. A. R. Singh  
Ortho. Surgeon*



*Dr. S. Mathema  
Plastic Surgeon*



*Dr. J. R. Pandey & Dr. A. K. Banskota at a teaching session for residents.*



*Dr. K. Sharma  
Neuro Surgeon*



*Dr. S. Shakya  
Paediatrician*



*Dr. P. Baral  
Anaesthetist*



*Dr. David Spiegel  
CHOPS, USA*



*Dr. S. Shrestha  
Orthopedic Registrar*



*Sr. Hari Maya Gurung  
Anesthesia*



*Krishna Gurung  
Anesthesia*



*Sr. K. Shrestha  
Anesthesia*



*Dr. Om Shrestha  
Ortho. Surgeon*



*Dr. R. Gurung  
House Officer-2007*



*Dr. B. Bhandari  
House Officer-2007*

# FROM THE DIRECTOR'S OFFICE

Happy New Year 2008 to All !

2007 remained another successful year for HRDC / FOD in mobilizing national, local and international resources for quality treatment and rehabilitation work being carried through the Hospital and Rehabilitation Centre for Disabled Children (HRDC) to the needy children with disabilities.

We are in the 23rd year of our continuous and quality work. There has been no looking back for HRDC / FOD and within our reach, we left no stone unturned in 2007 as in previous years. Technology continues to bring rapid change and, hence, considerable resources need mobilizing to maintain the quality of work expected from HRDC, a "Centre of Excellence". Burgeoning challenges in resource mobilization and fiscal policies, supervision and regulation policies, and collaborative work in producing expert level workforce for the country and participatory management in follow-up care, awareness activities in the field were undertaken in 2007. We are well aware that the demands made for our services need to be carefully calibrated with the ability of HRDC / FOD to mobilize the resource that the change need.



Although we faced almost as many political uncertainties and challenges in 2007 restricting the children and their family's movements as in several previous years, more so in the southern plains of Nepal, we grabbed the opportunity created by the situation and strategically jumpstarted our services by shifting the focus on newly identified regions of the country with children's disabilities. In addition to other regular work, this strategic shift allowed us to successfully carry out several surgical interventions in the field; select partners for increasing field follow up care and reach out to more needy children.

The uninterrupted patient flow demonstrates their confidence in us. Proactively, stakeholders' participation is sought mostly in disability management campaign for eventual ownership shift to the community and for increased technical empowerment at the centre. At the policy level we are faced with challenges of meeting the financial costs of our projects against an ever increasing inflation. The diminishing values in our economy makes for some uncertainties in our strategy to achieve our targeted goals. We envision a continuous refinement of our risk-management paradigm to opportunity shift in "Enabling Abilities" of the clients. We also cautiously step forward by maximizing sustainable growth with permissible extension of self-reliant programs only. These are some rules of the thumb for us for the up-coming years.

Inevitably, for a referral centre and rehabilitation program like HRDC / FOD which is catering to the poorest of the poor strata of population as priority, difficult challenges lie ahead for resource mobilization to sustain the services. The already existing work volume and the additional load each field activity adds, makes the challenge to provide services still more daunting. Having experienced the activities of HRDC for more than two decades, we are fully confident that HRDC's competent team of fellow colleagues – medical, para-medical and non-medical has been and will lead HRDC / FOD ahead in addressing an ever-widening service need of needy children with disabilities.

Nearer term as the trends show, booming demands of rights based quality services along with empowerment from both local partner organizations as well as individual clients will inevitably not simmer down but rather shoot up. To address such development, invaluable contributions from American Himalayan Foundation as the major donor, Terre des hommes as founding partner, Christoffel Blindenmission, The Scouts of Luxembourg (FNEL – NGO'D), Plan Nepal ( centre as well as districts level), Jordon Foundation (USA), Ministry of Women, Children and Social Welfare, Handicap International Nepal, local NGOs / DPOs / CBOs, APCA, Bank of Kathmandu, Nepal, Investment Bank, clients of HRDC, and many other organizations / individuals and well-wishers have taken us to this level of quality service which would not have occurred otherwise.

On behalf of all of us (children and their families, personnel and Executive Officials) here at HRDC / FOD, I sincerely convey my heart-felt appreciation to all of you for your unprecedented contribution to bring us to this level of functionality.

We expect as ever your kind collaboration in the days ahead!

Thank you very much!

A handwritten signature in black ink, appearing to read 'K.P. Bhattarai', written over a thin horizontal line.

Krishna P. Bhattarai  
Executive Director  
HRDC





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