

Hospital and Rehabilitation Centre for Disabled Children (HRDC)



Winner of World of Children Alumni Award 2016

Annual Report 2016

A Program of the Friends of the Disabled (FoD)

Vision

Creating an inclusive, compassionate and caring society, in which children with physical disability enjoy equal opportunities and optimum quality of life

Mission

Ensure equitable access to quality of life through appropriate interventions and enabling environments, for children with physical disability



American Himalayan Foundation Sterling Partner Award 2006



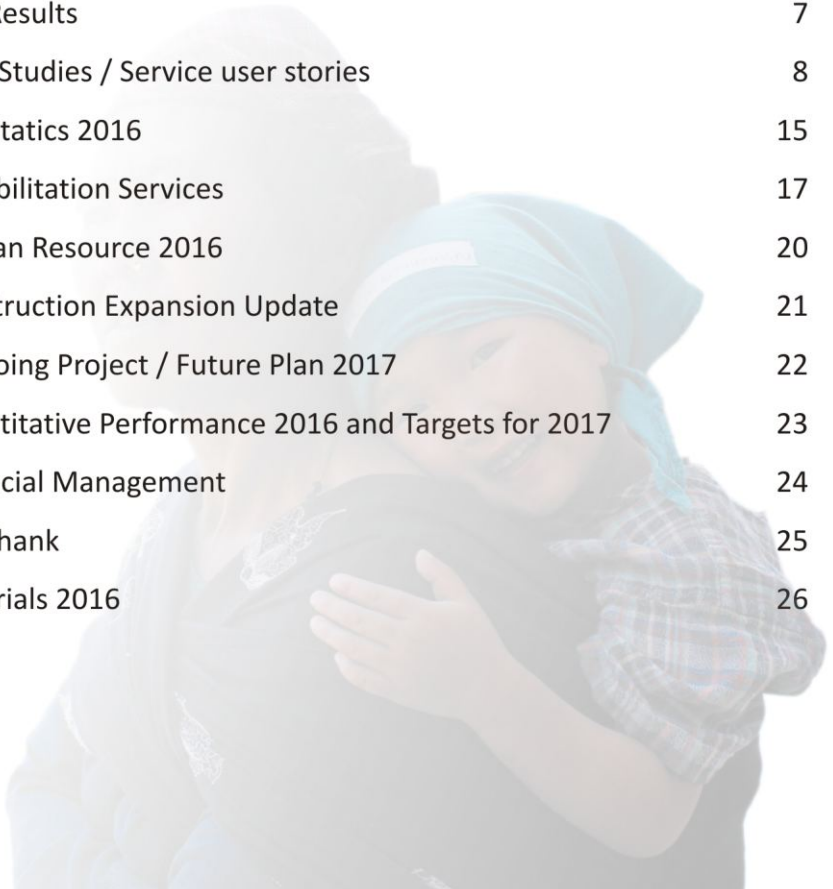
Winner of World of Children Award 2011



Asia Pacific Winner of Stars Impact Awards 2014 in Health

Contents

	Page No.
1. Message from the Chair	1
2. Executive Summary	2
3. World of Children, Alumni Award 2016	3
4. Background Information & Introduction	4
5. The Typical Surgical Procedures	6
6. The Children and 'Child Protection & Safeguarding Policy'	
7. Creation for Accessing Treatment and Rehabilitation Service	
8. The Results	7
9. Case Studies / Service user stories	8
10. The Statics 2016	15
11. Rehabilitation Services	17
12. Human Resource 2016	20
13. Construction Expansion Update	21
14. Outgoing Project / Future Plan 2017	22
15. Quantitative Performance 2016 and Targets for 2017	23
16. Financial Management	24
17. We Thank	25
18. Pictorials 2016	26

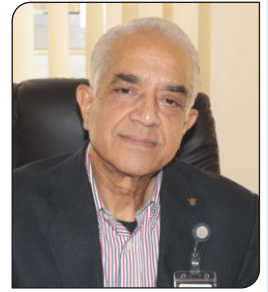


List of Abbreviations

The background of the page features a soft-focus photograph of children in a classroom. In the foreground, a young girl with a red headscarf and a plaid shirt is smiling broadly while sitting at a table with colorful geometric blocks. Behind her, another girl in a blue and white patterned headscarf is also smiling. A boy is partially visible in the background. The overall atmosphere is bright and positive, representing children with disabilities in an educational environment.

ADL	Activities of Daily Living
AHF	American Himalayan Foundation
CA	California
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CDO	Chief District Office
CP	Cerebral Palsy
CRC	Child Rights Convention
CRC	Comprehensive Rehabilitation of Children with Physical Disabilities
CWD	Children with Physical Disabilities
DHO	District Health Office
DPHO	District Public Health Office
DPO	Disabled People's Organization
DTOT	District Training of Trainer
ED	Elective Date
FCHVs	Female Community Health Volunteers
FoD	Friends of the Disabled
HDC	Hospital for Disabled Children
HOD	Head of Department
HRDC	Hospital & Rehabilitation Centre for Disabled Children
INGO	International Non Governmental Organisation
IDD	International Disability Day
IPS	Inpatient Services
LCD	Leprosy Control Division
MoHP	Ministry of Health & Population
MPRT	Modular Primary Rehabilitation Therapy
NGO	Non Governmental Organization
NHRC	National Health Research Council
OPD	Out Patient Department
P&O	Prosthetic & Orthotic
PRT	Primary Rehabilitation Therapy
PT	Physiotherapy
PWDs	Person with disability
SWC	Social Welfare Council
TLSO	Thoraco Lumbo Sacral Orthosis
UNCRPD	United Nation's Convention on the Rights of Persons with Disability
UNICEF	United Nation's Children Fund
VDC	Village Development Committee
WHO	World Health Organization

Message from the Chair



Dear Friends

Greetings to all from HRDC here in Nepal. 2016 has just slipped by, but it was a most notable year in many ways. As the statistics will show, the work load at the hospital has reached a peak level with an average occupancy rate of over 85%. Our CBR activities have been steady and extensive following the initial evaluation, rescue, rehabilitation camps, post the earthquake! The new construction which finally started in the end of 2016 is proceeding at a good pace.

HRDC was the recipient once again of the World of Children Alumni award in "Beverly Hills, CA" in April 2016. Similarly, a presentation by Dr. Bibek Banskota, Medical Director of HRDC, was hugely successful at the annual AHF event in San Francisco in October 2016.

The experience provided at the hospital in the management of complex cases continues to evolve and improve. We can be proud of the fact that these children receive the very best care and this is only possible because of the unwavering support that we receive from all of you, our friends. I cannot thank you enough! It is my sincere hope that you will continue to partner with us in our mission to help these needy children.

Prof. Dr. Ashok Kumar Banskota
Chairman

Executive Summary

The Friends of the Disabled (FoD) has been actively working in the field of pediatric disability management since 1985 through Hospital & Rehabilitation Centre for Disabled Children (HRDC).

The dominant purpose is changing the plight of children with physical disabilities through the services of the HRDC with the help of nationwide network for family based follow up care and social interventions carried out with the popularly accepted CBR approach and so far 74,939 children with physical disabilities have been benefitted.

HRDC promotes social development and emotional well-being by incorporating frequent opportunities for age-appropriate recreational and academic activities throughout the hospital stay for rehabilitation process in view of HRDC's vibrant child protection and safeguarding policy (CPSP).

This year alone over 23,500 children with physically benefitted from HRDC by its hospital and non- hospital based activities. HRDC also spent 175 additional days in the field by conducting outreach camps in various parts of the country beside hospital based activities. The 2016 report of HRDC shows that the performances were well beyond the anticipation. The capabilities and competence of the HRDC continue to improve by the year.

The services have been supported by various generous individuals and organizations unconditionally for the wellbeing of children with physical disabilities.

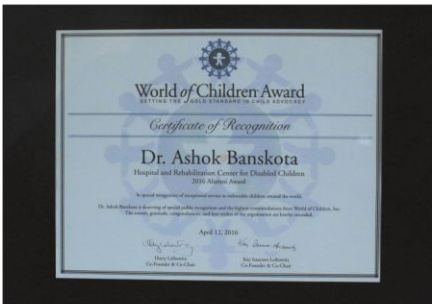


World Of Children, Alumni Award 2016

Funding and support from World of Children Award does not stop when a grant is received. We continue to work with our Honorees in the years following their recognition. The Alumni Award recognizes past Honorees whose work has excelled beyond what we could have imagined and grants them additional funds to further their work for children.

To become a World of Children Honoree in the first place, the Honorees have had to submit to an incredibly intensive investigation conducted by an independent agency, Andrews International. This assures that they are who they say they are, they're doing the work presented and they're above reproach. Since 1998, World of Children Inc. have received thousands of nominations and only 110 people have been selected and HRDC is one of them. The Honorees are the best of the best.

And yet, the World of Children Inc. finds continually in awe at the work these incredible heroes are doing on behalf of children. The Alumni Award was created to honor past Honorees who have leveraged their original awards far beyond what could have anticipated and by so doing, have impacted the lives of more children in a manner that could not have imagined.



The WOC Plaque



Kids honoring Prof. Dr. Ashok Kumar Banskota at WOC ceremony



The kids and HRDC Team



Award recipients Denisse Pichardo, Ryan Hreljac and Prof. Dr. Ashok Kumar Banskota

Background Information & Introduction

Friends of the Disabled (FoD)

Friends of the Disabled (FoD) is registered with the Kathmandu District Office, Government of Nepal under the Organization Registration Act of 2034 B.S. (1978 AD), and under the National Directives Act of Nepal, 2018 B.S. (1961 AD) as a non-profit making non-political, non-governmental organization. It received affiliation from the Social Welfare Council (SWC), the apex body of national and international NGOs working in Nepal in 2049 B.S. (1993 AD).



Initial phase of HRDC at Jorpati

Hospital and Rehabilitation Centre for Disabled Children (HRDC)

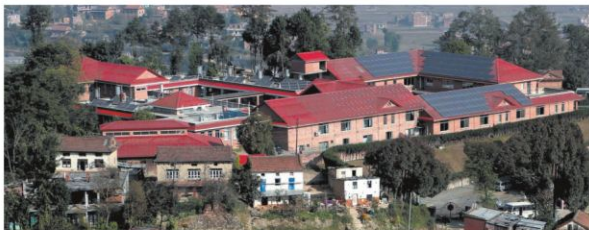
Hospital and Rehabilitation Centre for Disabled Children (HRDC) is the only program of the Friends of the Disabled (FoD) with the vision "Creating an inclusive, compassionate and caring society, in which children with physical disability enjoy equal opportunities and optimum quality of life."



Interim phase HRDC at Dhobighat

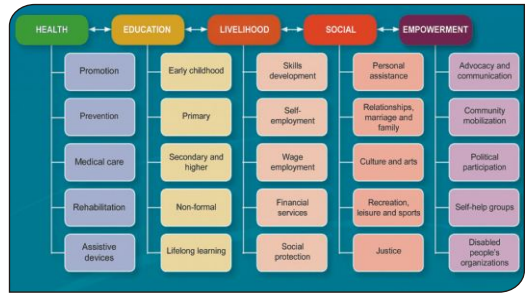
The services began at Jorpati as the Hospital for Disabled Children (HDC) way back in 1985 and in 1993, the FoD re-initiated the hospital and rehab program as HRDC at Dhobighat as interim phase and started serving children with physical disabilities by "enabling their abilities" so that the children can assert their rights for mobility and functional independence.

In October 1997, the FoD's HRDC relocated to its permanent setup at Janagal, Banepa 11, Kavre District, about 25 kilometers east of Kathmandu on a small mound to the south of the Araniko Highway from where HRDC has been efficiently and effectively catering full fledges treatment and rehabilitation services utilizing 74 beds for medical and rehabilitation interventions.



HRDC at Banepa

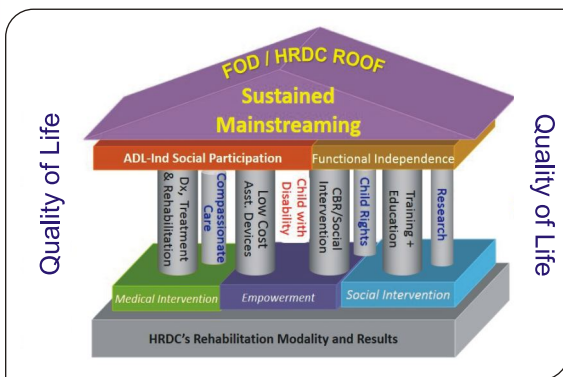
The chief purpose of the Friends of the Disabled (FoD) is **changing the plight of children with physical disabilities** through the services of the HRDC with the help of nationwide network for family based follow up care and social interventions carried out with the popularly accepted CBR approach.



CBR Matrix

The children with physical disabilities and their guardians/parents attended with compassionate care and encourage them to take active participation in therapies (procedures) whatever way possible. They are given some insights and taught simple rehabilitation methods that can be practiced at home. Additionally, they are educated on preventive measures and nutritional aspects that can be adopted in their communities to minimize disabilities.

HRDC as one of the largest dedicated tertiary level pediatric orthopaedic hospital and rehabilitation centers in Nepal, medical and social rehabilitation program embraces the children as a whole, and addresses their full spectrum of medical, therapeutic and social needs. This program promotes social development and emotional well-being by incorporating frequent opportunities for age-appropriate recreational and academic activities throughout the children’s hospital stay for rehabilitation process.



HRDC Modality

At central HRDC and field, our trained and experienced staff members provide compassionate care, to the children with the highest quality medical and social rehabilitation services in a family environment. Specializing in caring for children with special needs, the HRDC team is always committed to create an intervention plan that meets children’s individual needs.

HRDC operates two regional centres, i.e. Itahari in the east, Nepalgunj in the west and four project offices to improve access to HRDC services and networking through decentralisation for children with Physical disability from disadvantage and marginalized communities. A total of 199 competent staff members fully engaged at different capacities. HRDC’s surgical suites equipped with 5 sophisticated operating rooms and are being used for selected surgeries.

The Typical surgical Procedures

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

The Children and 'Child Protection & Safeguarding Policy'

As a tertiary level service provider in disability management, HRDC staff are child centric in their approach to rehabilitation process in view of HRDC's vibrant child protection and safeguarding policy (CPSP). HRDC serves children with physical disabilities on inpatient and outpatient basis for functionalities regardless of geographical and political boundaries.



CPSP code of conduct



Briefing of CPSP at HRDC

Criterion for Accessing Treatment and Rehabilitation Services

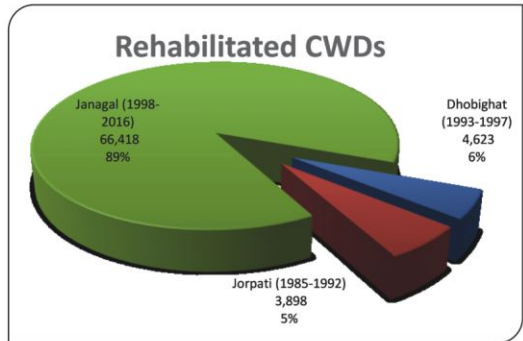
- Rehabilitation services is provided to the children with physical disabilities
- Priority is given to children with physical disabilities from disadvantaged communities

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

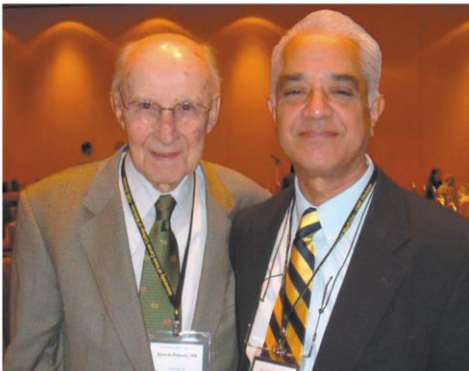
The Results

FoD's HRDC has been serving the pediatric population who suffer from physical disabilities beyond the geographical barriers since its inception i.e. September 5, 1985 and 74,939 children with physical disabilities are being benefitted from FoD/HRDC. This included 29,454 girls.

Disability management is a never ending process. The types and nature of disability changes its form, as changes occur in our society. It is in this context; HRDC is operating as one of the tertiary referral centers with comprehensive management of children with physical disabilities and has successfully intervened 23,503 cases in 2016 alone and of those 7,785 (33%) pathological services, and 4,314 (18%) imaging services contributed in identifying the right causes of problems for further intervening the chief cause of impairments.



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



Prof. Dr. Ashok Kumar Banskota with Dr. Ignacio Ponseti who invented the Ponseti method in treatment of clubfoot



Applying Ponseti cast at field camp in Bhojpur District

My son can walk around independently

Homnath B.K. with congenital deformity known as CTEV born some 20 years ago in Khotang districts in the family of Jagat B.K. It requires around 8-9 hours' drive to reach to Khotang though it was just around 400 kilometers away from the Kathmandu valley due to rough road.



Homnath is from a poor and marginalized scheduled castes (Dalit) communities. The entire family (wife, son and daughter) depends on the father's earning only. The father works as a seasonal labor. The family owns a small piece of land and the production is very meager and hardly enough for 2-3 months.

Homnath recalls his past bad memories the rumor spread within few seconds "Jagat's wife gave a birth of boy with "Bange" (deformed). The relatives and the neighbors started nattering the family might have had done something wrong in their previous life and the god punished them in a form of Homnath.

Homnath was quite happy when enrolled in the school, but he left school as the classmates and other friends used to tease copying his gait pattern and this made him felt discriminated.

The family was wandering for treatment of Homnath at a specialized hospital but no luck. The father Jagat explored many possibilities and found one or two possibilities but again the affordability was the issue.



*Homnath's first visit at HRDC
Eastern Regional Centre*

One fine morning Jagat decided to migrate to Sunsari from Khotag hoping to find an appropriate job so that the earning could feed the family and also explore the possibilities for treatment of the son. Luckily Jagat, the father, found job in one of the factories and the family decided to enroll Homnath into school as he already completed grade 5 in Khotag.

The family continued to explore the possibilities for treatment of Homnath, the blessing in disguise, father was brought by one of his colleagues in a disability orientation session conducted by the HRDC where he learnt a lot about the disabilities and realized that Homnath is not only person with such kind of deformity. This made Jagat hopeful that his son's deformity could be corrected.

Homnath was brought to HRDC Eastern Regional Centre with a strong hope for treatment where initial assessment carried out and diagnosed as neglected clubfoot and further communication established with the orthopedic surgeons' team at HRDC Kavre using tele-rehab approach. Assessment report together with x-ray films and photographs were sent using "skype" seeking opinions. A fair amount of technical discussion took place and decided to bring Homnath to HRDC Kavre for further intervention.



Homnath during hospital stay

Accordingly Homnath brought to HRDC Kavre and all the required protocols and procedures carried out and concluded that the deformity can be corrected.



Homnath at jewelry workshop

The father was so excited to learn that his son's deformity could be corrected but again he became sad as the family does not have enough means for treatment. The CBR team counselled the family and explained about HRDC's philosophy "no children with physical disability left behind for intervention for not having money". Jagat, the father was very happy to learn this and agreed to proceed further and accordingly Homnath was admitted. The team immediately were in action for corrective intervention and accordingly Homnath's right leg was operated on May 2, 2012 after needful pathological tests and the other leg operated on January 8, 2014.

After some time on July 25, 2014 again Homnath was operated to remove the implants, then he continued physiotherapy and assistive device for 3 years through HRDC's Eastern Regional Centre, Itahari and followed up until fully corrected.

HRDC did not stop there. HRDC made arrangement with a jewelry workshop for placement where Homnath acquired the skills to design and making gold ornaments and he started making livings. Simultaneously he continued his education and completed plus two level.

Jagat full of joy with tear expresses the gratitude to HRDC and the team as his son Homnath can move around independently and started earnings that supports family for living. The parents are overjoyed and very thankful to HRDC.



Homnath with club shoes

Keman's Family is thankful to HRDC

Keman a 14 years old boy from Chhitapokhari VDC- 6, of Khotang district which is approximately 3 days travel time from Banepa (Kavre).

The parents noticed a hump on Keman's shoulder which gradually increases its dimensions and they were pretty worried and they do not have any idea where to approach for the treatment.

One day Keman's mother Debika came to know about the HRDC's upcoming mobile camp at Diktel District Hospital through a radio jingle. The mother brought Keman to the mobile camp on April 24, 2016 in a great excitement where the camp team with help of physio expert made an initial assessment and diagnosed as left sided "Kyphoscoliosis".



Keman at mobile camp



Keman with T.L.S.O. Braces

The CBR team counselled Keman and her mother. Accordingly on July 15, 2016 they came to HRDC where all the further required investigations carried out and simultaneously Keman and family members briefed and oriented on HRDC's Child Protection Policy and rules and regulations they have to abide by. On August 31, 2016 the surgical team successfully intervened and corrected the posterior instrumentation of left side through surgery.

Within 27 days of short span time, Keman could walk without any complication. He was also a bright student and did not miss even a single day at HRDC School while he was at HRDC. He was given an assistive device called T.L.S.O. Braces for quicker recovery that need to be continued on regular basis.

Keman discharged on September 22, 2016 appropriate prescription such as importance of continuity of use of braces and follow through the physiotherapy exercises that parents were taught to be continued back home.

On November 16, 2016, Keman was brought to HRDC Kavre for follow up where both father Binod and mother Debika Rai expressed that it would have been impossible to live in the village if the deformity had not been corrected due to the bullying and the stigma in Rai family.

Keman and his family members are very much thankful to HRDC team. The result change the perception of villagers and the school mates as Keman is being easily accepted in community.



Keman in HRDC ward

Wow, this is amazing, I never believe this ...

A 15 years old girl, Tankeshwori born in a very poor family in Patalkot VDC, Ward No. 8, Amruk of Achham district, which lies in far western region of Nepal.

Parents noticed the deformity when she was born but due to the poverty, ignorance and geographical difficulties, they didn't consult anywhere. They family thought it was the punishment by the god for their wrong act of the previous life. Nobody expected that the type of deformity can be treated.



As Tankeshori grow up, the deformity increased, it made very difficult for her to live like a normal human being as she could only crawl like animal. It was very difficult to carry out her activities of daily living.

One good thing about this family is that Tankeshwori was enrolled in nearby school where she used to crawl everyday.

One fine day, HRDC's CBR worker was doing his follow up visits, a person from neighborhood informed, Tankeshwori was assessed by the HRDC CBR worker and after in depth counseling the family with reluctance agreed to take her to HRDC Banepa .

The HRDC team oriented the family and Tankeshwori about HRDC's protocols and the Child Protection and safe guarding Policy. The HRDC's medical team reassessed Tankeshwori's deformity and diagnosed as the hyper extension on both knees which is known as the "Larsen Syndrome". The team briefed thoroughly about the procedures to the family.

Tankeshwori's right leg was operated on April 13, 2016 and the other left leg was operated on April 26, 2016.

After two months' regular efforts and tender care by the entire HRDC team, Tankeshwori was able to take her very first step in her entire life using walker then crutches with the technical and morale support.



Like other patients Tankeshwori also started attending the HRDC School within the premises so that she did not missed her classes during the hospitalization period.

"Wow, this is amazing, I never believed this miracle could happen." The brother in-law expressed and told us that the amount of happiness could not be measurable at any cost. This sort of miracle happens only at HRDC.

Tankeshwori mesmerized the transformation with a big smile and recalls the traumatized period and the bullies she faced but now she is very happy and excited as she could walk like other normal kids.

Tankeshwori resumed back to school at class four and the teachers were quite amazed to see unbelievable transformation which they never thought possible.

Now, Tankeshwori realizes that she can independently carry out her activities of daily life easily without support of others such as studying, writing, toileting, playing and etc and does not have to face humiliation and isolation from community any more.

Tankeshwori and the family members are ever grateful to HRDC and UNICEF for the support and transformation.



Tankeshwori before, during & after treatment at HRDC

It would have been impossible for Sakhina.....

A 7 years old Muslim girl Sakhina Bano, from Holiya VDC of Banke district. Sakhina is an elder daughter of Lal Mohabaad and Noor Baano. She has one brother and a sister. The main source of income of Lal Mohammad was labour. Her parents were worried about her legs. Her both legs were different from each other.



Sakhina before treatment at home

Although she was unable to express her pain, it was reflected through her behaviour. Her family was very poor. And her village lacked education, awareness, modern health facilities and health professionals. Because of this, she was left untreated. Villagers used to gossip about her legs problem as her past-life sin. Such behaviour of villagers used to hurt her family deeply.

We know disability and poverty fuel each other in a brutal cycle of hardship and deprivation which is hard to escape. In the society where being a girl is already taken as burden, being a girl with disability created a worse situation. Sakhina's life was a worst nightmare until she met a CBR worker from HRDC Nepalgunj Regional Centre who was visiting Holiya VDC. Luckily Sakhina was noticed and the CBR worker informed her parents about the upcoming HRDC's mobile camp scheduled at Nepalgunj and requested to bring Sakhina.

Initial assessment carried out by the camp team with a provisional diagnosis of limping gait and then, she was referred to HRDC, Banepa for further intervention. Accordingly on March 20, 2015, Sakhina was brought to HRDC, Kavre and the technical experts re-assed her and diagnosed as right "leg length discrepancy" (LLD) and suggested the amputation.



Sakhina at HRDC



Sakhina after surgery in HRDC ward

Several attempts of counselling convinced the parents and finally, they brought Sakhina to HRDC Kavre for further intervention. Sakhina was operated at HRDC on March 24, 2015 and her left leg's below knee was amputated. She was at HRDC for 3 months under close medical supervision with passionate and proper nursing care, regular physiotherapy and nutritious diet. Then after, appropriate prosthetic (artificial) leg was provided with ample gait training.

Sakhina enrolled into Madrassa (Muslim school) at grade one where she walks on her own with the artificial leg without any problem. Now, she plays with her brother, sisters and class mates. The community including the family is so happy with the positive change in her life due to the HRDC's intervention.



Sakhina after surgery at home

Sakhina and her parents are so grateful to HRDC for her present life. The father says "It would have been impossible for Sakhina to go to school if we had not met the HRDC's CBR worker". She is now on regular follow up at HRDC Regional Centre, Nepalgunj.



Sakhina's home visit by HRDC CBR facilitator



Sakhina with friends

The Statistics 2016

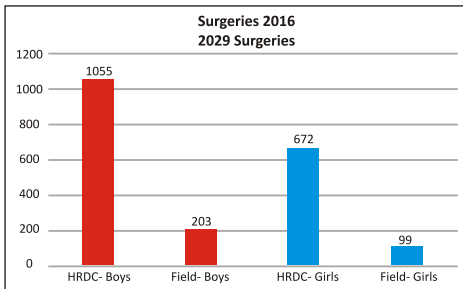
Medical Services

The medical team comprises of 13 orthopaedic surgeons, 2 anaesthetic consultants, 4 anaesthetic nurses, 2 plastic surgeons, 1 hand surgeon 3 house officers and 30 other members in different capacities.

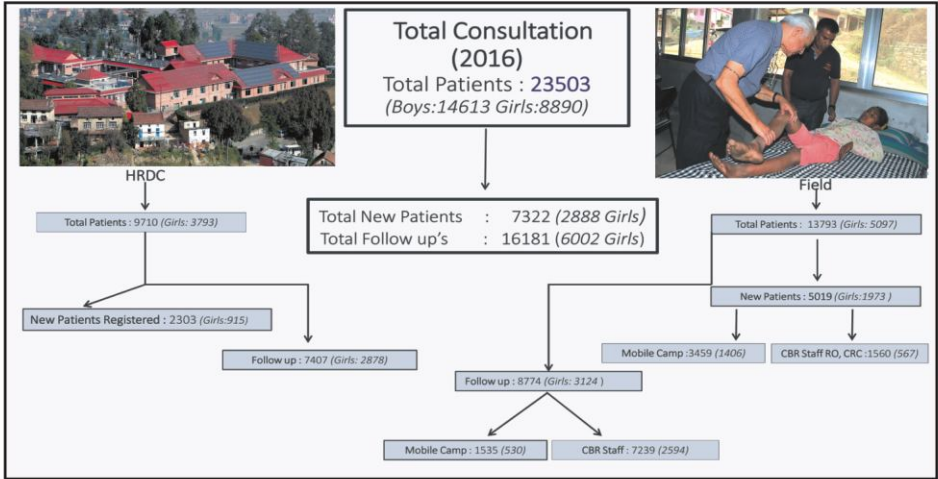
The medical team performed over 2,029 surgeries against 23,503 consultations in 2016. Outreach clinics at field are an integral part of identification process. An average of 175 extra working days spent in field this year for screening new patients, following up of old patients and people affected by the earthquake to provide safer medical/surgical interventions including counselling.

A Medical Snapshot 2016

- A total of 23,503 (children consulted at hospital and field. Out of those 7,322 (2,888 girls) new patients and 16,181 (6,002 girls) follow up patients.
- A total of 710 clubfeet treated among 495 (158 girls) patients.
- A total of 7785 patients received pathological diagnostic services.
- A total of 4,314 patients received radiology/imaging services. Out of which 1,297 were new patients.
- A total of 1,637 children admitted at HRDC out of which 682 were girls.
- A total of 2,029 (1,721 at HRDC and 308 through regional centres) surgical interventions performed successfully.
- Average length of stay of a children was 17 days with 85 percent bed occupancy.
- Average age of Admitted children : 4.4 (years)
- A total of 55 (24 girls) files of the patients were inactivated as they completed their treatment/rehabilitation process.



Prof. Dr. Ashok kumar Banskota examining the patients at HRDC



Medical doctors examining patient in the field camp at Chainpur, Bhojpur



Orthopedic surgeon explaining to the guardian about the status of the child

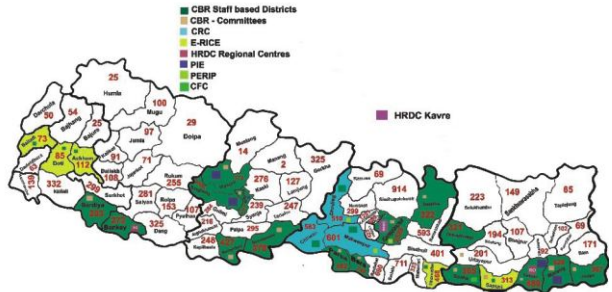


Rehabilitation Services

Community Based Rehabilitation Program

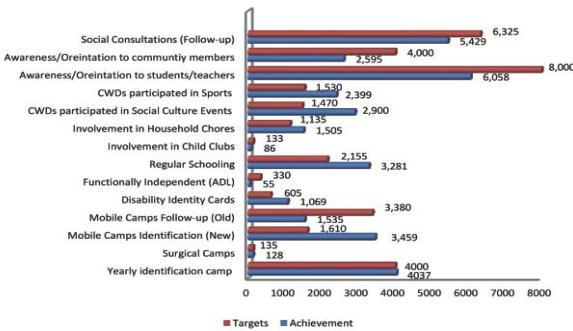
HRDC's Community Based Rehabilitation (CBR) assesses, identifies, consults, motivates and refers children for rehabilitation through outreach camps. After initial treatment, CBR Program addresses systematic follow-ups (social consultations) of children with physical disabilities for continued primary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

HRDC Field Districts as of December 2016



HRDC's approach to rehabilitation is based on the recognition of individual needs, taking into account of a person's individual situation, their environment and the services available at local level. In the year 2016 HRDC reached 47 districts

Socialization beneficiaries 2016

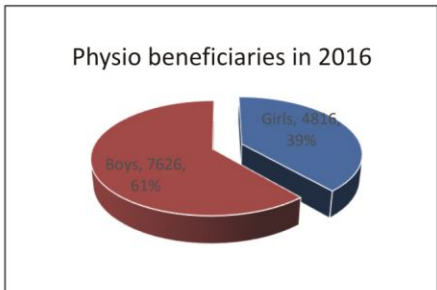


Increasingly, rehabilitation and prevention of disability take place in the community with active involvement and participation of community. CBR as defined by the WHO CBR matrix is understood as a multi-sectoral strategy based on community development model that empowers persons with disabilities to access and benefit from health, education, social service, empowerment ultimately linked to livelihood.

CBR is implemented through the combined efforts of persons with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other service providers. These activities aim to empower people with disability and enjoy their rights.

Physiotherapy

Physiotherapy aims to help children to optimize their mobility, functions and independence. HRDC performed 62,291 physiotherapy session among 12,442 (4,816 girls) children through 7,241 assessments and individualized treatment plans incorporating manual therapy exercises and/or the use of electro-physical (play therapy) modalities to optimize functionality. The physiotherapy supports rehabilitation of the children presented with



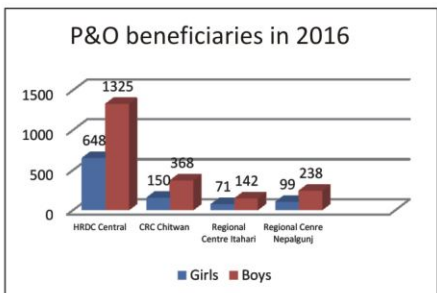
children at play therapy

severe deformed limbs / joints, contracted limbs and problematic in their mobility and activities of daily living (ADL). HRDC is well known for its own kind of treatment and management of clubfoot deformities called “PONSETI Techniques”.

856 children with cerebral palsy benefitted in 2016 alone from the HRDC's play oriented gymnasium model therapy.

Prosthetic and Orthotic Services

The orthotic and prosthetic services to assess, prescribe, design, fit, monitor and educate regarding the use and care of an appropriate orthosis & prosthesis that serves an individual's requirements.



Children with physical disability may have trouble walking, talking or moving around ADL tasks such as dressing oneself may be difficult. Assistive devices can help children with physical disabilities function better and be more independent and they make daily tasks easier. These devices may help to ease the burden on parents. There are many different assistive devices to choose from. They can range from simple to complex.



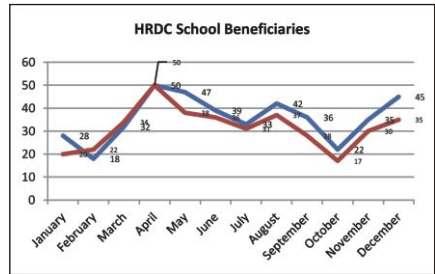
Individualised clubfoot shoe is being manufactured at HRDC

A total of 3,041 (968 girls) children benefitted from 4,152 assistive devices in the year 2016.

Training and Education Services

Training and Education services chiefly coordinates and plans internal and external training programs, medical and non-medical research activities facilities as well as health education and orientation to the children.

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

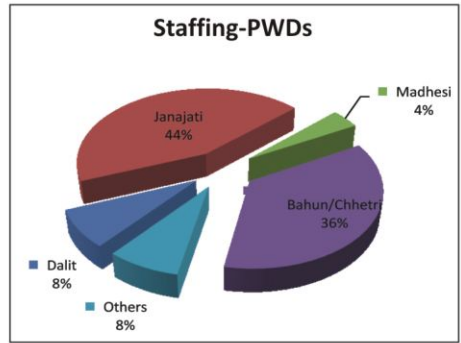
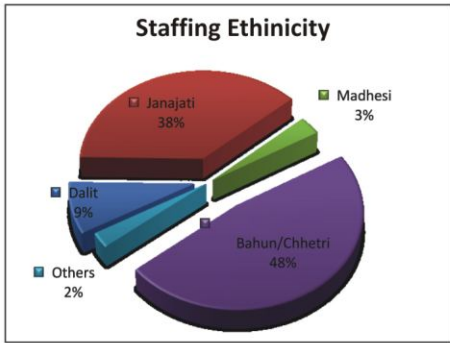


The following are the snap shot of training for this year:

- 3,182 guardians received preventive education on disability management
- 577 persons received orientation on health education
- 805 (376 girls) admitted children with physical disabilities attended the HRDC School. The rest of children fall under age (318), children with cerebral palsy (105) and 126 of them already completed schooling
- 135 (62 female) staff members participated in different trainings as a part of capacity building including disaster preparedness
- 545 nursing students made observation
- 10 nursing students did internship from different nursing colleges
- 23 staff members participated in the Ponseti Refresher workshop organized by Miracle Feet
- 1 orthopedic technician trained on Clinical Practice Base Training in Mobility India.
- 2 nurses trained on Junior Anesthetic Assistant Training
- 24 staffs and various organizations represent attended on Fit Care 4 Training, facilitator by Adelante Rehabilitation Centre, Netherland
- 2 staffs participated on Health research proposal development and research management in NHRC
- 1 staff participated on disability management on disaster training
- 14 staffs of PERIP project trained on multi disability identification and management training
- 1 staff completed 18 months course on shoes making training from Vietnam
- 12 staff attended external training (advance technology for splinting and scoliosis management, hand therapy, hospital management, cerebral palsy workshop)
- 29 people completed Primary Rehabilitation Therapy course
- 4 people completed one month long modular Primary Rehabilitation Therapy course
- Injury and Trauma Management Manual developed for Leprosy Control Division (LCD)
- 420 FCHVs from Kavre, Sindhupalchowk, Dhading, Makawanpur, Okhaldhunga, Gorkha and Sindhuli districts were provided training on Injury and Trauma Management Training in respective districts
- 24 staff members participated on general ToT
- 3 CBR facilitators and 3 physiotherapists, and 1 training instructor participated on DTOT on Injury and Trauma Management Training on different districts, organized by Leprosy Control Division
- 21 health officers and medical officers training on CP, Clubfoot and Trauma Management organized for health personnel (Medical officer, Public Health Officer of DHO) from Dhading, Makwanpur and Chitwan districts

Human Resources 2016

FoD's HRDC is a very unique example with minimal turnover. Majority of the members of staff have been associated for over two and half decades or even more with full integrity and ownership. The increasing trends of the staff demonstrated in the graph from 1993 onwards. This also indicates the increasing workload due to geographical as well as thematic expansions. FoD started HRDC with 54 staff members at Dhobighat in 1993 where 4,638 CWDs were benefitted. This included 515 surgeries. Now at the end of 2016, there were altogether 199 staff, performed 2,029 number of surgeries, putting their full efforts to achieve the goal of HRDC. Out of the total, 85 female and 25 PWDs (12 female) have been working at HRDC.



Patient's registration at field camp held in Ghodetar, Bhojpur District



Busy OPD at HRDC



Busy Pathology at HRDC



Guardian being educated on use of medicine

Construction Expansion Update

The construction activities going on its full swing towards 100 from 74 beds with the support from the American Himalayan Foundation, Direct Relief and CBM for expansion of its services by adding up more and more facilities so that the Children can be intervene in more effective way towards their social and medical healing process.



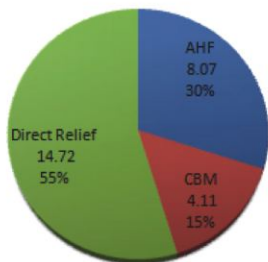
The ultimate HRDC Infrastructure



Kitchen expansion work being progressed

Construction fund-2016

Figures in Million NPR



CSSD new building is being progressed

Ongoing Projects

- CRC : Comprehensive Rehabilitation of children with physical disability
PIE : Promoting Inclusive Education for children with physical disabilities
ERICE : Empowerment for Rights, Integration and children's equitable choices
PERIP : Post Emergency Response and Inclusion Project
IDC : Inclusive Development of Children with Physical Disabilities
CS-AIR : Comprehensive Surveillance and All - Inclusive Response

Future Plan 2017

- Construction of eastern regional rehab centre cum training Infrastructure
- Capacity building of regional centres
- Consolidation of research activities.
- Development of parking lot
- Digitization of Medical Record Management
- Drinking and utility water
- Health care waste management
- Installation of smart generator
- Auditorium Hall at HRDC
- Resource mobilization/collaboration with multi-lateral/bilateral/multinational organizations
- Serving the underserved/un-served
- Technology for the Provision of care... more than the building
- Vehicles for Mobile/Surgical Camps
- Website and Social Medias

Quantitative Performances 2016 and Targets for 2017

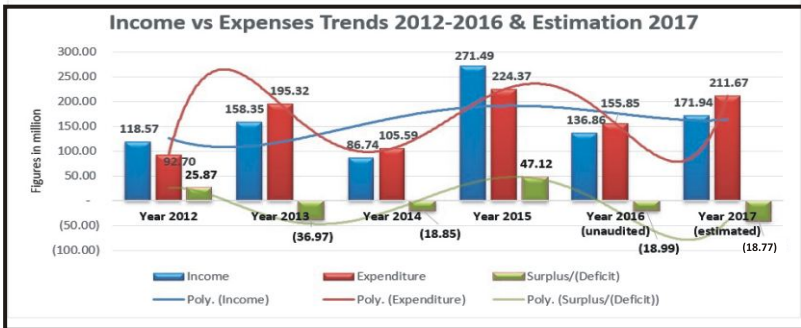
Headings / Indicators	Achievement 1985-2016	Achievements 2013	Achievements 2014	Achievements 2015	Achievements 2016	Target 2017
1 Medical Consultation						
New Patients	74,939	4,665	5,643	5,351	7,322	7,125
Follow up	3,16,247	13,243	14,236	14,671	16,181	16,725
No. of Patients Received Radiology Services	54,216	2,720	2,926	3,136	4314	6,500
No. of Patients Received Laboratory Services	76,793	3,810	4,248	5,980	7785	6,150
2 In - Patient Services						
Admission	25,040	1,018	1,142	1,130	1,637	1,300
Corrective surgery	39,648	1,378	1,637	1,729	2,029	1,700
3 Community Based Rehabilitation						
Assessment in Early identification camp	158,369	2,331	3,766	-	4,037	4,000
Disability orientation	100,780	9,319	14,150	15,796	8,653	15,550
4 Fabrication of Orthoses - Protheses	63,534		4,558	4,394	4,975	5,883
Beneficiaries	31,031	2,436	3,470	3,240	3,041	4,350
5 Physiotherapy Assessment	122,455	5,314	6,798	7,617	7,241	8,200
Clubfoot Management through the Ponseti method	4,472	354	375	405	463	430
6 Treatment Complete / ADL Independent	14,610	588	439	281	55	445
7 Training and Education						
Primary Rehabilitation Therapy Training	382	33	38	20	29	20
Ortho Shoe Training	21	2	4	1	1	-

Financial Management

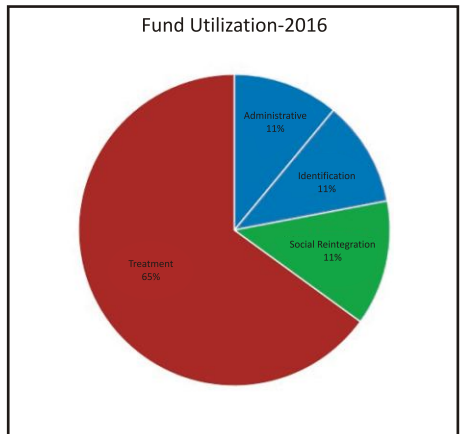
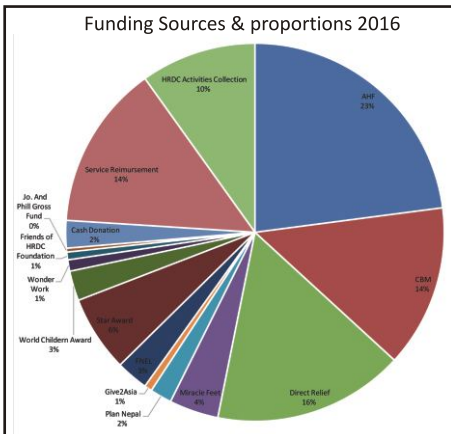
Since the inception, FoD/HRDC believes that it is always helpful to spend some time thinking through the questions with analysis so that tailor subsequent steps to suit purposes.

The primary reason for conducting cost analysis is generally to determine the true (full) costs of each of the programs/services under analysis to:

- Identify and prioritize cost saving opportunities for cost effectiveness
- Fundraise from donors to cover the true costs of delivering the program
- Price the service or product at a level that covers the true costs for justifying the importance of investment into the sustained life changing intervention
- Report the true costs of a program when claiming government/funders for reimbursements. When combined with an assessment of a program’s revenue and degree of mission-alignment, understanding the true costs of a program will also allow understanding how each program contributes to social rehabilitation and overall financial health. This information is instrumental to be able to:



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



We Thank

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



We would like to thank and acknowledge the guidance and support provided to FoD / HRDC in implementation of the program activities for the well being of the children with physical disabilities.



The celebration of WOC Alumni



Prof. Dr. Ashok Kumar Banskota at WOC Press Meet



Stone foundation for new CSSD building for Chair Prof. Dr. Ashok Kumar Banskota



AHF officials visit at HRDC



The Miraclefeet President's HRDC visit



German parliamentarians visit at HRDC



Members of Direct Relief at HRDC



HRDC's Medical Director Dr. Bibek Banskota explain the need of identification camps to government officials at Dhankuta District



HRDC being honored at Dhankuta District



Medicine being distributed at field camp



Patient being carried by mother at camp site on traditional way



Children with Clubfoot and CP queuing for their turn at HRDC Physio



Kids actively participate in extra activities



Hospitalized kids at HRDC school



The hospitalized patients become best friends during their HRDC stay



Patient's record being carried to camp site

DONATE AND HELP CHANGE LIVES

How you can help?	Amount NRS	Amount in US\$
Cost of early identification (for scoliosis for example) screening camp for 800 to 1000 students in nearby schools	NPR 30,000	\$ 360
Fabrication and fitting of ten low cost orthoses for ten children	NPR 60,000	\$ 720
Comprehensive Physiotherapy for ten children for a week at HRDC	NPR 12,000	\$ 144
Cost of one patient's medical & social rehabilitation for the whole year including follow up	NPR 96,000	\$ 1,152
Cost of one patient's surgical intervention	NPR 61,692	\$ 740
Management of ten clubfoot children below 4 years of age, through Posneti techniques	NPR 240,000	\$ 2,880
Cost of one health and rehabilitation camp of one week duration in a remote district of Nepal	NPR 600,000	\$ 7,200
Cost of one surgical camp (with reconstructive surgery of 16 children in region)	NPR 960,000	\$ 11,520



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