



Annual Report 2006

A Program of The Friends of the Disabled (FOD)



Hospital and
Rehabilitation Centre
for Disabled Children

Message from the Chairman

Dear Friends of HRDC,

We started the year 2007 in Nepal with much hope for lasting peace, but the trend of events over the past month once again makes us wonder what the rest of the year has in store for Nepal and how each one of our lives is going to be affected, including our HRDC work.

The support that we receive from all of you makes so many miracles of life happen regularly at our unique centre. The challenge to treat more children makes us wonder how our strategies will need to be altered. Every mobile camp brings to light more children with disabilities requiring complex care.

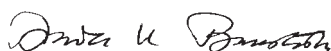


The hospital staff continue to do their best to give the children the most optimal care. We are doing more and more complex work at HRDC and selected patients have also been treated through our field surgical camps in 2006. The field support and screening and follow up work also continue to increase in different parts of rural Nepal.

I was in San Francisco for the 2006 annual event and HRDC was the proud recipient of the Sterling Partner Award from Dick Blum. The occasion gave me opportunities to meet and personally thank many many friends who have continued to help us. It was a great honor to meet Vice President Al Gore at this function. I also had several opportunities to meet and thank Michael Klein who is a such a special friend of HRDC.

Two major challengers are emerging for HRDC – we have far greater number of children to treat and we are also dealing with more and more complex problems which end up costing more. We are doing our best at the local level to identify new and more effective avenues of fund raising. We count on your continued support.

With sincere thanks,

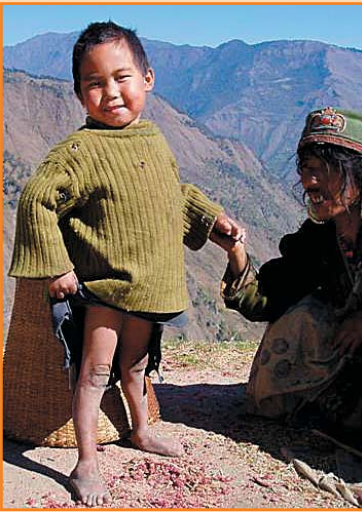


Dr. Ashok K. Banskota

Chairman

The Friends of the Disabled (FOD)

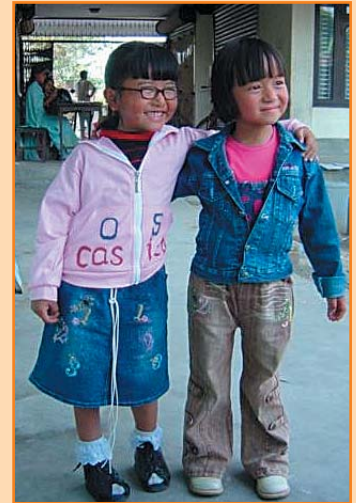




A smiling HRDC Patient from karnali district in remote Nepal.



Recuperating from spinal cord injury at HRDC, full of smiles!



Smiling partners' at a HRDC mobile camp at Ilam in Eastern Nepal.

Nearly 50% of the disability managed at the Hospital and Rehabilitation Centre for Disabled Children (HRDC) is completely preventable with improved standards of healthcare, nutrition and prompt effective treatment. As we continue to treat we must never loose sight of our preventive goals. The challenges facing those of us who are providing services for these disabled children are indeed daunting, but the smiling faces of thankful children make every bit of the effort worth the trouble.

ORGANIZATIONAL BACKGROUND

The Friends of the Disabled (FOD) is a non-government organization established in September 1992 with the purpose of providing comprehensive treatment and rehabilitation services to physically disabled children. The FOD took over the management from Terre des hommes (Tdh), a Swiss Organization based in Lausanne, in 1992.

The Friends of the Disabled entered into general agreement with the Social Welfare Council and Tdh on May 19, 1993 to establish a hospital and rehabilitation program for children with physical disabilities under 16 years of age from disadvantaged socio-economic backgrounds. Accordingly, the FOD is implementing the treatment and rehabilitation services through it's only program, the Hospital and Rehabilitation Centre for Disabled Children (HRDC).

Armed conflict lingering over several years has had it's negative impact in HRDC's work. Unplanned road blocks and bandhas restricted movements making it difficult for patients and their families to reach HRDC until the first quarter of 2006. Despite these hurdles inflow to HRDC increased significantly, reflecting the confidence our patients have upon us. This increasing trend of patient flow has been quite characteristic for HRDC with it's unique and comprehensive services.



HRDC Story One



A Pema before her treatment

Pema Lama's story is quite typical of a HRDC patient. She was born to Pasang and Kami Lama in Rasuwa district of Nepal, bordering Tibet. Rasuwa district used to lie along the historical route to Tibet for trade and commerce. It is popular for the Langtang National park which is a favourite trekking destination for tourists. Economic development has lagged far behind. Pema is a fair and beautiful 15 year old girl, one of six siblings (four elder sisters and a younger



A Pema before her treatment

brother). When she was only 3 years old she was badly burnt in an open fire in a home accident. Prompt care was unavailable and the injury took it's own course, resulting in a baldly contracted, disfigured arm and torso.

The family survives from the income of a small Chinese goods store run by Pema's mother. Sadly, her father is unemployed and addicted to alcohol! These socioeconomic problems in the home made medical treatment for Pema a forlorn dream. Yes, a



Release of burn scar and skin grafting – view from the back



view from the front



view from the back

dream until her mother's sister who had heard of HRDC, brought her to the center for treatment. The rest of the story is self explanatory from the succeeding pictures of Pema immediately after her surgery and just prior to discharge.



Pema, ready to leave the hospital cured of her disability.



HRDC Story Two

When the face and neck are affected by disease, in addition to the physical trauma, even a child is under lot of mental and psychological stress. Kamala Thapa is a third grader from Bardia district in western Nepal. Bardia district is surrounded on all sides by the tributaries of the Karnali River remains cut off and isolated for

several months of the year. The district was severely affected by the conflict, resulting in much suffering. She lives with her stepmother. Her parents are illiterate and are subsistence farmers. As is the usual story, she fell into the open kitchen wood fire and sustained extensive burns to her neck region, resulting in severe disfigurement as healing and scarring progressed with time. Despite some treatments at a nearby centre, her contractures worsened to grotesque limits.



During the treatment process at HRDC



Before treatment at HRDC

Through one of our field camps she was referred to HRDC where she received expert plastic surgical treatment followed by rehabilitation care to prevent recurrence of contracture.

It is likely that Kamala will require some additional surgical treatment to improve

her facial symmetry in due course of time. The results of treatment are already so dramatic, with the beautiful smile on her face!



*Current phase of treatment completed.
Note her smile!*

Burns sustained as home accidents constitute about 15% of the disability care provided at our center. Toddlers are growing up in risky environments even in their own homes in rural Nepal. Effective strategies to prevent this scourge must be a dedicated community effort.



With mom at home



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 2006. The performance of each department / section is briefly highlighted.

MEDICAL SUPPORT SERVICES

The department worked to reach the following goals in 2006:

- i. Counsel 125 new and 500 follow-up patients per month at the Hospital.
 - ii. Set short and long term rehabilitation goals for each patient.
 - iii. Plan and execute activities to address the rehabilitation goals.
- ❖ Performance
- ◆ Total influx of new patients remained at 4739 (1401 at the hospital OPD and 3338 in the field). Thus, rate of inflow was 395 / month as opposed to the planned target of 125 per month, 216 % over the target.
 - ◆ Average inflow of follow-up cases was 618 / month which was also 23.7% over the target.
 - ◆ Every patient targeted for admission had intervention plans (short / long term and rehab goals).
- ❖ A small laboratory is functioning at HRDC with two staff members. This facility is capable of routine tests required for patients undergoing surgery. More sophisticated tests, including biopsy reporting is outsourced. The laboratory also organizes the transfusion service for all our patients requiring blood. In 2006, 130 units of blood were used at HRDC and out of these 24 units were collected at the hospital (from patient relatives and hospital staff)
- ❖ 2550 x-rays were under taken in 2006, among these were 1069 girls. X-ray services are provided for the outpatient service, inpatients and the operating room. Documentation for clinical research and education has also increased the demand for x-rays. To cope with increased work load, an additional radiographer has been recruited in the last quarter of 2006.

IN-PATIENTS SERVICES

The goals set were to admit 1000 patients for surgical treatment at the rate of 30 to 40 cases per week and to see through with their complete post surgical treatment.

- ❖ Performance Summary
- ◆ Total admission was 1071 which is 7.1 % higher than the target.

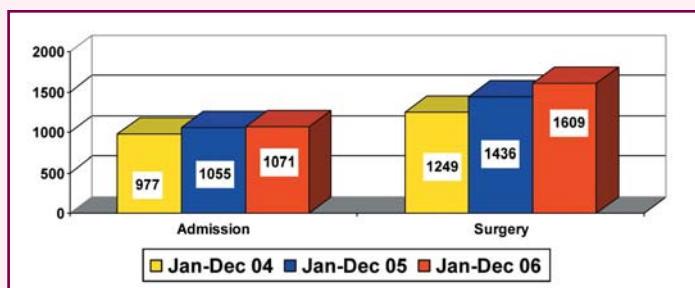
- ◆ 1609 surgical procedures were carried out in 92 OT days.
 - ◆ Post surgical treatment was carried out for all the patients without any major complication.
- ❖ Wards and Operation Theatre
- ◆ Admitted patients were efficiently and compassionately attended to by the HRDC Nursing staff. The expert nursing support available to the children in the wards and operating rooms made it possible for all the children to be successfully managed.
 - ◆ Surgical Camps: HRDC's 1st ever Surgical Camp was implemented in Nepalganj in March 2006 in collaboration with Western Orthopedic Hospital and Research Centre run by Dr. Binod Thapa, local Orthopedic Consultant. 130 surgical procedures were successfully undertaken at the Hospital.



Joint surgical Team of HRDC and Western Hospital Orthopedic and Research Centre, Nepalganj

- ◆ Two nursing personnel regularly attended weekly scoliosis camps. In 2006, 14 children with scoliosis were admitted for intervention. One of these patients requiring possible post operative critical care was operated at B & B Hospital with subsequent care continued at HRDC.
- ◆ Four Staff Nurses received critical care training at B & B Hospital in 2006.
- ◆ There was no mortality.

- ◆ Comparative data for admission for 04, 05 and 06 shown below is self-explanatory:



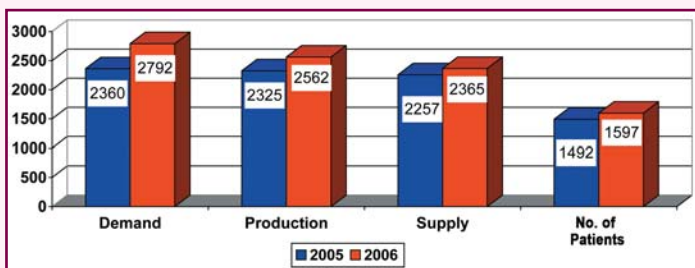
PROSTHETICS AND ORTHOTICS

The basic targeted goals were to fabricate 1800 orthopedic appliances for 1400 children and to critically evaluate the utility of the appliances towards functional gain for each recipient.

❖ Performance

- ◆ 2562 appliances were fabricated in 2006. Fabrication exceeded the target by 42.3%.
- ◆ 1597 children with physical disabilities were benefited which is 14 % over the target.

- ❖ The following bar diagram shows comparative number of appliances fabricated and distributed in 2006 and 2005 in different categories.



- ❖ 1597 children were benefited from the distribution of 2365 assistive devices. Despite political conflict, influx of patients and need for assistive devices increased.

❖ Training

- ◆ Head of the Prosthetic and Orthotic Department Pralhad Parajuli and Prosthetic Orthotic Technician Ram Shrestha participated in orthopedic workshop in Agartala, India organized by Christoffel Blinden mission from March 24 – 31, 2006.
- ◆ Head of the Prosthetic and Orthotic Department and Prosthetic Orthotic Technician also participated in Prosthetic / Orthopedic alignment training.
- ◆ The Head of the Prosthetic and Orthotic Department also participated in patient data management system training run by ICRC expert at HRDC.
- ◆ Orthopedic Technician (Bishnu Aryal) successfully completed his one and half year training from Mobility India in December 2006. The training was extended by 6 months to get Rehabilitation Council of India's authentication. We thank Handicap International Nepal for sponsoring this training.

- ◆ The department was also engaged in orthopedic shoe fabrication training to local cobblers / staff from different community based organizations. In 2006, a total of 7 people received such training.

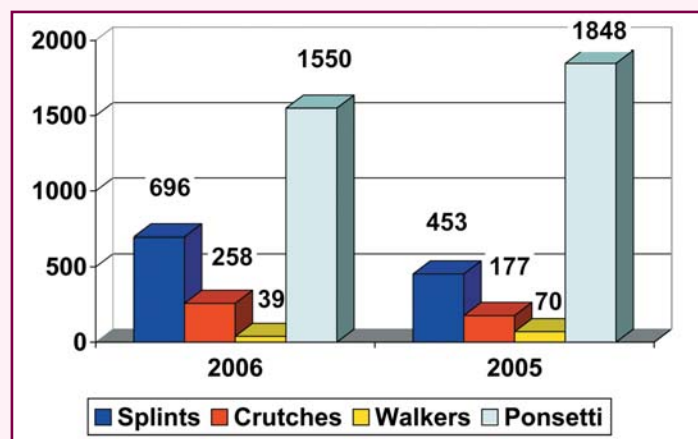
❖ Discussion

- ◆ Need of appliances is increasing every year.
- ◆ As opposed to the target of 160 appliances per month, the demand, production and fabrication of orthopedic appliance has overshot the target significantly in 2006.

PHYSIOTHERAPY

The department sets goals for functional independence of patients, organizes and executes physiotherapy activities to achieve set goals and evaluates the impact of these various activities. The targets were -

- ❖ Thoroughly assess 1,972 patients.
- ❖ Provide therapeutic exercises to patients (total 42,036 sessions).
- ❖ Performance:
 - ◆ 1925 patients were assessed, reaching the set target for 2006.
 - ◆ Treatment cycles (40161 sessions) reached 95.54% of the target.
- ❖ Patient influx in physiotherapy department for comprehensive assessment remained at 3395 which was 9% less than in 2005.
- ❖ Comment: One of the reasons for the slight shortfall off the target may be that increasing numbers of patients receive followup care, including physiotherapy, through outside the hospital based services of HRDC and it's collaborators.
- ❖ Assessment of patients who visited HRDC on outdoor basis remained at 925 in 2006 and this is higher by 4 % compared to that in 2005.
- ❖ Physiotherapy aids fabricated and supplied to patients in 2006 and 2005 is presented in the bar diagram. The need for all physio aids has gone up in 2006, except the walker.



- ❖ Management of clubfoot cases through Ponsetti (serial application of casts) was less by 16.1% in 2006 compared to that in 2005.

COMMUNITY BASED REHABILITATION (CBR)

The goals were :

- ❖ Increase access to services and reach more patients in the eastern region by establishing a satellite centre in the Biratnagar area.
- ❖ To monitor patients' progress in functional independence, follow up 5200 patients through home visits and 4800 through outreach mobile camps. Provide the necessary support to achieve functional independence in the activities of daily living through therapies and support systems and enable patients to be integrated in community activities.
- ❖ Increase local partnership in costs as well as disability prevention and rehabilitation
- ❖ Screen a total of 30,000 students in different schools to identify and carry out intervention for those with scoliosis and other spinal disorders.
- ❖ Performance: Achievements for 2006 are briefly presented below:



- ◆ A satellite centre has been established in Itahari in the last quarter of 2006 as planned.
- ◆ 47943 students were screened for spinal deformities in 2006. This is way over the target of 30,000.
- ◆ Only 84% out of the anticipated total of 5200 patients were followed under the regular home visit scheme in 2006. We saw 4401 patients through our mobile health and rehabilitation camps, which amounts to 91.7% of our targeted goal. The reasons for falling a little short of our set goals were
 - ❑ Continued conflict prior to April 2006 and repeated general strikes created problem for follow up. The situation has improved.
 - ❑ Due to the limited number of CBR staff, on occasion home visits could not be undertaken because of other assignments.
 - ❑ As of December 2006, 7052 physically disabled children are under HRDC's follow up care in the field. Almost 78.4% of them go to school.

❖ Camps:

- ◆ General Camps:
 - ❑ 12 rounds of camps were conducted in 170 camp days and 65 clinic days covering 33 districts of Nepal. 25 of these were non CBR districts. 4401 children (1729 girls) were provided outdoor services. 75.8% of the cases were new and the rest were follow-up.
 - ❑ Scoliosis Screening Camps: For the last few years, we have started school screening clinics targeting early identification of

scoliosis and other spinal problems. In 2006, 47943 students (24139 girls) were screened from 140 schools of 10 districts. Of these, 31 suspected cases were advised to visit HRDC. Only 14 of these cases visited HRDC for further investigation and required treatment.

- ❖ Field level partnership has been developed with 15 new partner organizations in Okhalthunga, Doti, Achham, Rukum, Jajarkot, Salyan, Rolpa and Solokhumbhu districts.



CBR Team of HRDC

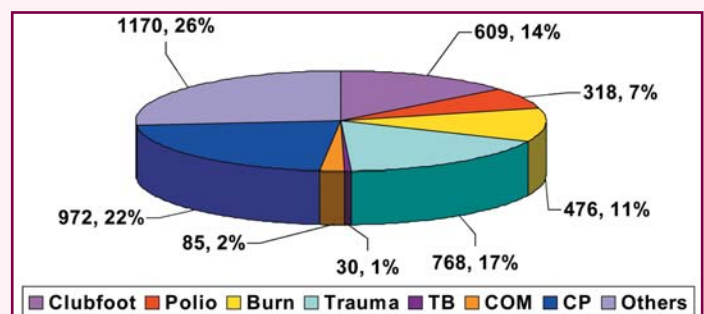
❖ Capacity Building of Partners and Staff

- ◆ A 10 day long Trainers' training was conducted for partners in Nepalganj. There were 21 participants from Banke, Bardiya, Dang, Surkhet and Dailekh districts.
- ◆ CBR Facilitator Madhu Sudan completed one year long rehabilitation therapy training in June 2006 in Mobility India with financial support from Handicap International Nepal.
- ◆ Assistant Supervisor Keshab Bastakoti attended CBR Program review and planning workshop organized jointly by the Ministry of Women, Children and Social Welfare and Resource Centre for Rehabilitation and Development and CBR Program Management Training run by CBR National Network Nepal
- ◆ In 2006, 7363 children were counseled of which 27% were old and the rest new.



Social Mobilizer Binita Khadka assisting patients for gait training with crutches in Nepalganj Satellite

- ❖ Problem wise distribution: The following is problem wise distribution of the children who received services from the mobile camps in 2006.

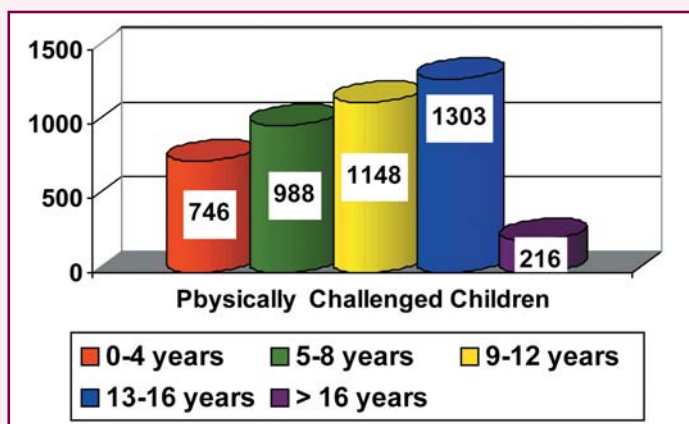


❖ Discussion

- ◆ We have noticed that Cerebral Palsy cases are increasing over the last few years. This trend was similar in 2005 also. For the social management of CP cases, we have been referring them to Self-help Group for CP.
- ◆ Clubfoot ranks the highest amongst the disorders seen at HRDC. These are being managed conservatively (with casts) as well as surgically.
- ◆ Trauma related disability continues to show an increasing trend (including burn contracture, road traffic accidents, natural calamities etc.).

Age wise distribution of children

The figure represents the age wise distribution of patients attending HRDC.



The most frequent age range of patients attending HRDC falls between 13 – 16 years, indicative of a 'late' diagnosis for many ailments. This point needs to be given more attention so that early identification permits timely intervention and adequate time frames to complete the treatment within the HRDC framework.

TRAINING AND EDUCATION

According to the proposed annual plan, the department organized training and educational activities to reach the goals listed below:

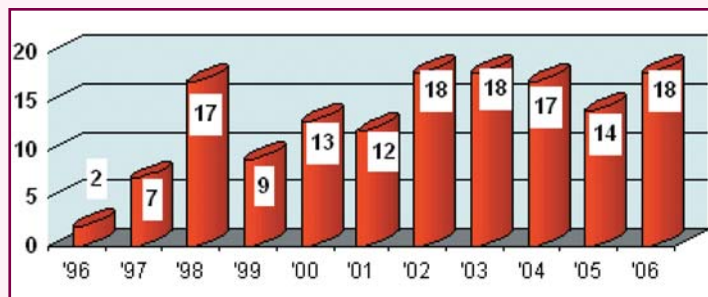
- ❖ Coordinate and conduct internal and external training programs more effectively and efficiently.
- ❖ Organize Primary Rehabilitation Therapy (PRT) training for 2006 batch.
- ❖ Organize HRDC library resources by developing catalogue of books and journals for easy access.
- ❖ Actively participate in establishing HRDC's link with various NGOs, INGOs and other institutions.

Major Achievements: On the whole, performance of training and education department proceeded satisfactorily in 2006

- ❖ Primary Rehabilitation Training (PRT): The 9th batch of PRT was successfully conducted in June 2006. There were 18 participants from different organizations (such as INF Dang,

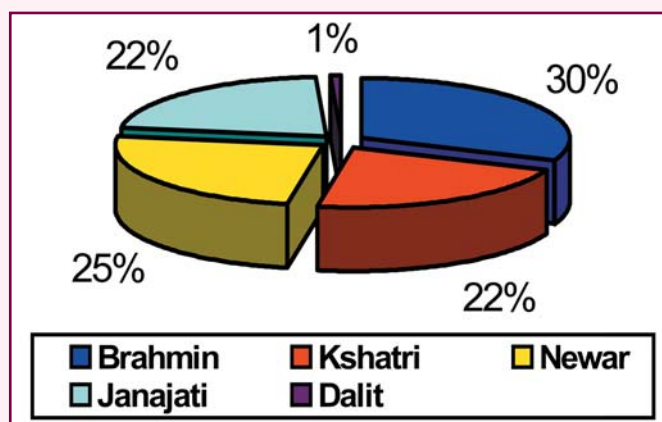
Jumla and Surkhet, World Vision Sunsari, Bardia Rehabilitation and Community Development, Sundari Forestry Community, Nawalparasi, etc). The diagram below shows increasing number of participants from 1996 - 2006.

- ❖ Discussion: Note that this 3 month long intensive training



has been very useful for field level staff. It not only has helped the participants to be established in the community but has also assisted them to identify physical disabilities, make appropriate referrals and carry out follow up plans. The demand of PRT training is increasing every year.

- ◆ A total of 144 people have received PRT training so far. 42% of them were female participants.
 - ◆ Local NGOs, district hospitals of the government, national hospitals, CBR organizations, etc. had sent their staff for training. A few independent trainees were also participants.
 - ◆ It is interesting to note the caste wise distribution of participants in the pie diagram:
- ❖ Training in orthopedic shoe-making: Based on demand from



local organizations, we have been providing training in orthopedic shoe-making to local cobblers and / or staff from some organizations. A total of 7 participants received training in 3 batches. Some are still waiting for further opportunities to train.

- ❖ Patient Management System Training was provided to six staff members of HRDC: Mr. Le Borgne Thierry, French Prosthetic and Orthotic professional of ICRC conducted the training from June 7 to the 9th, 2006 at HRDC, Banepa. Implementation of this patient management system has commenced from January 2007.

- ❖ Health Education in –house training and exchange visits: The department is carrying out regular orientation training and health education to patients and caretakers and also vocational activities to children as play therapy.



Training Instructor Mr. Negi (himself a polio victim) is running a preventive education session to outdoor patients.

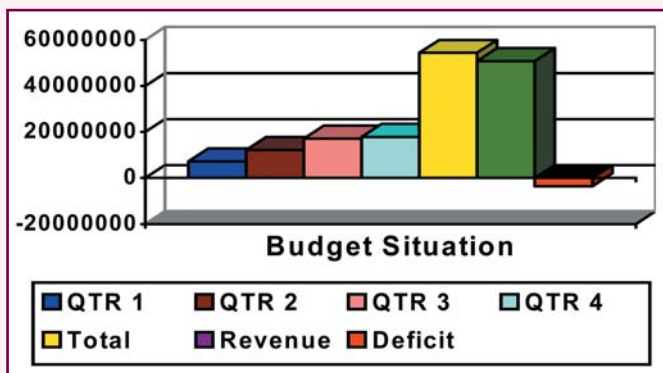
- ◆ HRDC staff attended various training programs (both internal as well as external)
- ◆ Regular health education is being provided to patients and their guardians at the hospital.
- ◆ The patients are also receiving vocational training during their stay at the hospital.
- ◆ Nursing students / staff from other organizations visited HRDC on different dates.
- ◆ Training personnel and some HRDC staff visited other organizations to strengthen links.

RESOURCE MOBILIZATION

Financial Management: Mobilize resources so that adequate funds (68.07 million rupees) are available for HRDC activities in 2006.

- ❖ Summary of performance:

◆ Income	=	Rs. 50,841,241.-
◆ Expenditure	=	Rs. 54,437,260.-
◆ Deficit	=	Rs. 3,596,019.-



- ❖ Total projection made in 2006 was Rs.68.07 million. There was a revenue collection of Rs.50.8 million rupees and expenditure of 54.4 million rupees. There was a deficit of 3.59 million rupees equivalent to almost 5.27% of the projected cost. Please note that depreciation has been proportionately accounted in each quarter in this calculation.

MARKETING

We have established a local fund raising and marketing department for HRDC. The primary objectives here are to increase local awareness amongst the community of HRDC services and possibly augment our finances to some extent. In this context several events were organized in 2006-

- ❖ Bowling for a Cause: A charity bowling event was successfully organized on August 12, 2006 at Bowling Boulevard- Kantipath to raise awareness within the local Diplomatic Community and help in the fund raising effort.
- ❖ Bank of Kathmandu (BOK) Excellence Series: This new annual event was organized on the 29th of October 2006. The participation in this workshop / seminar served its purpose of publicity and was also a fundraiser for HRDC. Head resource person was Mr. David Wittenberg from Optimus Solutions, USA. The topic for deliberation was "Successful Innovation" targeted to Managers / CEOs. The event was sponsored by BOK as part of their social corporate responsibility. HRDC is thankful to BOK for their pledge and contribution of Rs. 2,50,000/- to HRDC.
- ❖ International Disability Day: HRDC celebrated the 3rd of December 2006 as the International Disability Day. Soaltee Crowne Plaza pledged a TV and some gift items to the children at the Hospital that day. The Plaza also organized a lunch at the Hospital complex. We are thankful to Soaltee Crowne Plaza for their support.
- ❖ Fund Raising: An amount of Rs. 464,423/- was collected from different sources acknowledged below:
 - ◆ Sales of HRDC Greeting Cards printed from children's drawings
 - ◆ Donation of Roxanne Chappel from Canada
 - ◆ Donation Box in Dwarika's Hotel
 - ◆ Donation of Nepal Investment Bank Limited
 - ◆ Bowling for a cause
 - ◆ BOK knowledge series

Other Activities

- ◆ Sumit Suwal, a former HRDC patient was provided with a letter of encouragement for launching his debut music album. He is keen to donate to HRDC some percentage of his income from the album sale as a token of appreciation.
- ◆ HRDC website underwent changes and was updated. This needs constant attention.

GENERAL ADMINISTRATION

Main goal of the department is to implement policies and by Laws approved by the Executive Board, the Friends of the Disabled.

Personnel Administration

- ❖ At the end of 2006, 130 staff were working at HRDC of which 120 were regular contract staff. This also included 8 able disabled working with us as efficiently as others defined as normal. 11 staff members are from dalit minorities.
- ❖ During 2006, there were 20 new recruitments, most of them to fill up the vacancies created due to staff resignations and retirements.
- ❖ Strike, leave and work management
 - ◆ Nepal was on strike for 24 days in the first quarter of 2006. This created uncertainty in the services delivery. Situation improved after April 2006 when ceasefire was declared.
 - ◆ As approved by the Board, half of the strike days were compensated by allowing staff to take additional annual leave. So a total of 9 days were added to the annual leave putting tremendous pressure for managing services and balancing leave requests in the second half of 2006. Staff utilized 78% of the 30 + 9 days' leave entitled to them. HRDC has a system of leave transfer of only 5 days to the next year.

Other Activities

- ❖ Christoffel Blinddenmission Regional Representative and Accountant visited HRDC in January 2006
- ❖ Annual gathering of 2005: General annual meeting of Board members, Donors, consultants, Line Managers, Heads of Departments and Section Charges was held on January 20 in 2006. Short presentations, discussions and comments from key HRDC staff, Board members, key partners and numerous consultants provided material to reflect upon to plan better for the years ahead.
- ❖ Domestic Service at HRDC includes house keeping (laundry and sanitary), food supply, tailoring and maintenance of cleanliness in the hospital, including the dormitory facilities at the premises.
- ❖ The section contributed to treatment and rehabilitation of children through proper management of the services as usual in 2006 also.
- ❖ During the political uncertainties and strikes, discharged patients could not go home. Because more children had to stay longer in the hospital, the total costs incurred in this department increased. The department worked hard to provide food supplies at more competitive prices, helping to scale down the expenses.

Store and Procurement department managed resources

satisfactorily in 2006 to meet the demand of different departments. System review is taking place to make them efficiently responsive.

DISABILITY FUND

This is a fund established to cover petty costs of treatment and rehabilitation for those children who cannot afford even the token contribution. The establishment of the fund was initiated by HRDC staff through their voluntary contribution. Later on, some board members and volunteers also contributed to the fund.

In 2006, Rs.16,715.- was used from the fund. 69 children were benefited. Obviously, major cost such as for MRI, etc. was covered from HRDC's global fund, otherwise the fund would have been depleted very fast. Rs. 2,19,609/- was waived in 2006. 153 patients benefited from the waiver. The current balance in the fund is Rs. 85,242/-

RESIDENCY TRAINING PROGRAM IN ORTHOPEDIC SURGERY

B & B Hospital and HRDC have served as training centres for the MS Program in Orthopedic Surgery of Kathmandu University for the past 8 years. Dr. Banskota serves as the Professor and co-ordinator of Kathmandu University for this training program. So far 4 batches (8 orthopaedic surgeons) have graduated. The next batch is finishing in March 2007. This program is assisting to meet the national needs of specialized professionals (orthopedic surgeons) in the country.



Dr. Banskota and Dr. David Spiegel in a medical teaching round at the Hospital (HRDC)

EUROPEAN COMMISSION HUMANITARIAN AID OFFICE (ECHO) PROJECT

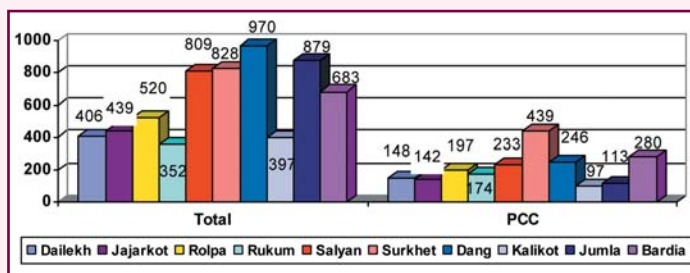
HRDC organized health and rehabilitation mobile camps in 10 districts (with full coverage in 8 districts [Rolpa, Dailekh, Salyan, Rukum, Jajarkot, Surkhet, Kalikot and Jumla] plus partial coverage in Bardia and Dang of the Mid-Western Region under the ECHO Project). Under this project HRDC set goals to screen patterns with disability and other assorted health problems for specific disability treatment (100 patients requiring reconstructive surgery) and general treatments (treatment of infections, improvement of nutrition) in addition to specific referrals for more specialized care. Internally displaced populace and war affected category of patients were the main focus of this interventional effort.

This one year long vertical and humanitarian project was coordinated by Terre des hommes, Nepal and the partners were Center for Mental Health & Counselling (CMC) Nepal and Dalit NGO Federation (DNF). The project concluded in November 2006



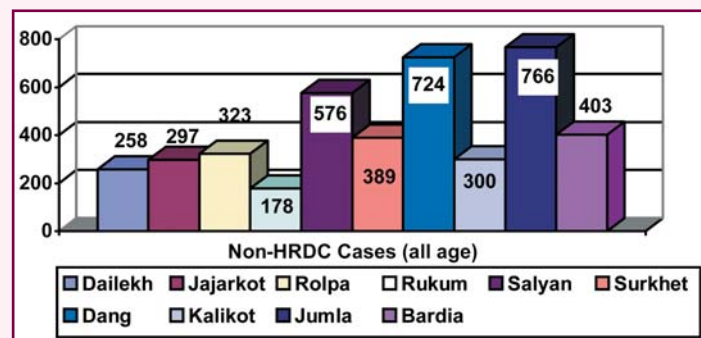
HRDC Team carried out 8 rounds of health and rehabilitation camps. The following statistics also includes data from Bardia and Dang districts. Partial cost was covered from Plan Nepal for these 2 districts:

- ◆ 6187 patients including physically challenged children received services and this is way over the total target of 3200. (The data includes patients from all 10 districts of mid-western region)
- ◆ The following chart shows the number of patients at different camps conducted in 2006 under the ECHO Project:



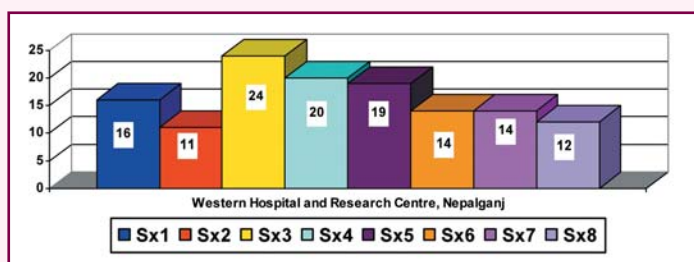
Note : PCC = Physically Challenged Children

Comments: Out of the total numbers of patients screened, 2069 physically disabled children came under HRDC's treatment and rehabilitation criteria. This is 33.4% of the total of 6187. Non-handicap (all age) cases reached more than 66.6% of the total patients from the 10 districts.



- ◆ Reconstructive surgeries were carried out in Nepalganj from March 2006.
- ◆ Based on the concept of organizing the specialized services close to patients' home base, surgical camps were run in collaboration with Western Orthopedic Hospital and Research Centre, Nepalganj. In 2006, 8 surgical camps were conducted and a total 130

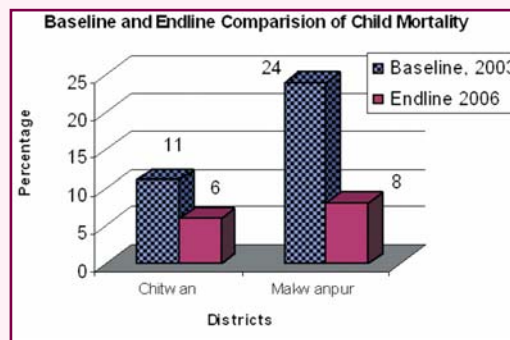
reconstructive surgeries were successfully performed at the Western Hospital and Research Centre (WHRC). Detailed data is presented in the chart below (Sx = Surgery).



- ◆ More complex cases were referred to health facilities in Kathmandu Valley for surgery and treatment as per the plan. 103 children referred by the ECHO Project received surgical treatment at HRDC, Banepa.

REPRODUCTIVE HEALTH PILOT PROJECT

Realizing that improvement in reproductive health of families of physically challenged children helps to prevent disabilities and provide quality care to poor handicapped children, the RH Pilot Project was started in 2003 in Chitwan and Makawanpur districts in partnership with UNFPA (40%), Rotary Club of Kathmandu Mid-Town (40%) and HRDC (20%). The primary goal was to raise the awareness in the community on how to manage disability. In this integrated pilot project, a baseline survey conducted in the first 3 months of the commencement of the project had revealed, along with many other things, that family size of physically challenged children was bigger than the average. HRDC implemented the project for 3 and a half years concluding in



June 2006. Final evaluation of the project demonstrated a positive impact in the awareness level, household size, disabled children mortality, level of knowledge in reproductive health issues, etc.

HRDC is very thankful to UNFPA and Rotary Club of Kathmandu Mid-Town for their financial as well as technical support to HRDC to carry out the integrated pilot project very successfully. HRDC is equally thankful to Dr. Khem Karki and SOLID Nepal Staff for evaluating the project at short notice and limited time.

We have two more stories for you as we conclude this report.

HRDC Story Three



Keshab on admission to HRDC, emaciated, with pressure sores and joint contractures.

Keshab K.C is a 14-year-old orphan and hails from Syangja district in mid west Nepal. Syangja district in western Nepal has very limited road infrastructure and the poor hardworking people face a continuing struggle to make end meet. Poverty forced him to seek work leading him finally to a tea-shop in Bhaktapur where he made his ends meet. He often remembered his lone elder brother who was still in Syangja!

Alas one day while working at the road side teashop, he was knocked down by a passing bus sustaining injuries to his back. He was unable to stand or walk and was unfortunate not to receive prompt, appropriate care. A prominent childcare institution (CWIN) later took charge of Keshab and gave him the best they could muster by taking him to one hospital after another in Kathmandu. Unfortunately, due to prolonged recumbency, Keshab developed pressure sores and contractures of his hips and knees.



Keshab standing in the parallel bar with his therapist, learning to walk once more. Rehabilitation of the severely disabled requires skilled team effort, and HRDC has developed these qualities to the extent that patients like Keshab are benefited as a rule, rather than the exception.

HRDC was the final hospital hop for Keshab (almost three months after the initial event!), and it was here that he received not only skilled medical treatment, but all the compassion and moral support required to boost his recovery. Fortunately, the spinal injury was incomplete and Keshab made dramatic recovery of his weak leg muscles. Diligent nursing took care of all the pressure sores and for nearly three months, the doctors, nurses and physiotherapists struggled relentlessly with Keshab, making steady headway to the point where he was able

once again to walk independently.

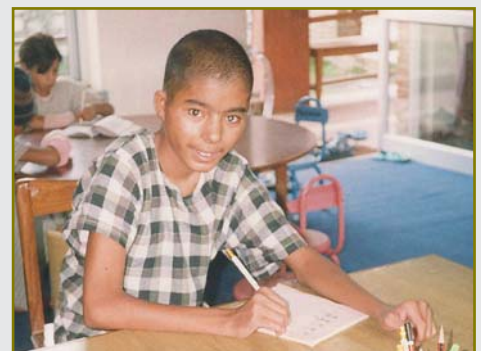
HRDC does not stop where the medical treatment must by necessity. We explore options for continuing the child's education whenever it is possible. We are hopeful that Keshab will be able to pursue his schooling and take the initial steps for a brighter and more secure future. But HRDC needs all the help you can provide so that we can continue to serve needy children like Keshab.



Keshab with smiles on his face, independently walking once again!



Keshab in an upright position in a paraplegic frame, frequent change of position is an integral part of paraplegic care.



Keshab in the play therapy section of HRDC with other friends, just before he was discharged from our care. smiles on his face, independently walking once again!



HRDC Story Four

Ashish Gharti is a 16-year-old boy from remote Rukum district admitted to HRDC in Nov 06 with a lump in his back and paralysis of his legs. He was referred by our mobile camp for urgent care!

Rukum is a poverty stricken and conflict ravaged district in mid western Nepal. The day to day life is full of hardships and challenges for the people of this district. One can imagine the fate of the seriously sick and injured!



Ashish lying in bed, on arrival at HRDC for treatment paralysed in both lower extremities.



Ashish lying in bed after surgery, displaying his surgical scar.

Ashish had been well till about 10 months back when he noticed a small lump in his back. He liked to play football and he had wondered if a fall during play had something to do with his back lump. But as the weakness in both his legs steadily progressed to complete paralysis, it was obvious the problem was very serious. Despite the meager means of his farmer parents. Ashish did have the benefit of consultations and

some treatments at Rukum and Nepalgunj, though without any result. They had resigned to fate the consequences of the illness, as it was beyond to their means to do anything more. But, only until HRDC with it's mobile team showed up at their very doorstep.

The treatment at HRDC was swift and conclusive. The diagnosis of tubercular spine infection with paralysis was easy. Treatment was a combination of long term Chemotherapy and surgery to decompress the neural structures and to restore stability to the spine. The results of treatment were nothing short of dramatic for Ashish. In one month at HRDC, he was on his feet with a big thank you smile on his face, ready to return home. Ashish dreams of completing his education to be a school teacher in Rukum.

There are countless children like Ashish who can be benefited by treatment at HRDC. Please continue your support.



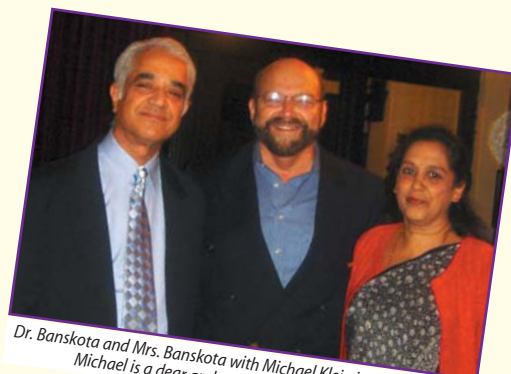
Ashish, on his feet with the help of a walker at the time of his discharge.



DONORS & PARTNERS



Dr. Banskota – with Erica Stone, President of AHF in San Francisco. Erica is recovering from, 'Orthopaedic Surgery' in her elbow.



Dr. Banskota and Mrs. Banskota with Michael Klein in San Francisco. Michael is a dear and very special friend of HRDC.



Delegates Austrian Rnd Table observing patient with Dr. Tarun Rajbhandari



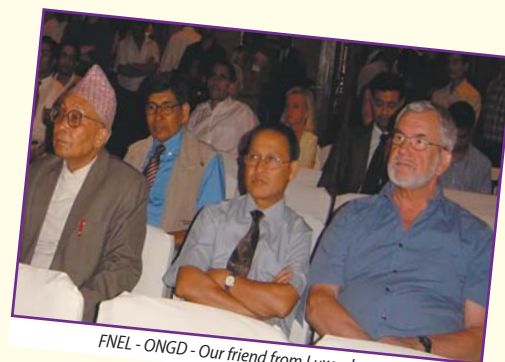
Delegates CBM with HRDC field facilitator.



ECHO - Humanitarian Aid Office



Mr. Shankar Malakar with Plan Nepal in workshop.



FNEL - ONGD - Our friend from Luxembourg



Dr. Banskota With Dr. David in Children Hospital of Philadelphia.



Dr. Banskota and Tdh delegate Reinhard

In Acknowledgement & Appreciation

- M/S Simca Pharmaceutical Pvt. Ltd.
- Mr. Greg Gibson, British Embassy
- Ms. Christine Anthony, Australia
- Internal Women's Sewing Group
- M/S Nepal Investment Bank Ltd
- M/S Chandi Binayak Oil Store
- Mr. Roxanne Chappel, Canada
- Alliance Insurance Company
- M/S Child Welfare Society
- Christoffel Blindenmission
- Terres des hommes- Nepal
- M/S Raimajhi Enterprises
- Ms. Joy Kenny, England
- M/S Capital Enterprises
- Bank of Kathmandu Ltd
- B & B Hospital, Gwarko, Lalitpur
- Dhulikhel Hospital, Dhulikhel, Kavre
- Club Des Francophone
- Mr. Bhisma Raj Kafle
- Ms. Bindu Simkhada
- Mr. Ugen Maharjan
- Collection Pharma
- Ms. Usha Dugar
- Plan Nepal
- UNFPA Nepal
- US Embassy Staff
- Austrian Round Table
- Mr. Ajit & Arun Banskota, USA
- M/S Soaltee Crowne Plaza
- All Together Now International
- American Himalayan Foundation
- ECHO - Humanitarian Aid Office
- Ministry of Social Welfare, Nepal
- Susama Koirala Memorial Hospital
- Rotary Club of Kathmandu Mid-town
- M/S KCI Medical Asia Pvt. Ltd, Singapore
- FNEL- ONGD - The Scouts of Luxembourg
- Dr. Sanjeeb D. Shrestha & Dr. Soni Shrestha, USA
- Paramahansa Yogananda Sadhana Bhawan, Dhyana Mandali, Kopundole, Kathmandu
- Children's Hospital of Philadelphia (CHOP), University of Pennsylvania
- KCI Group, Singapore

Dr. Ashok K. Banskota in the US on the occasion of the 25th Anniversary of the American Himalayan Foundation



Dr. Banskota with AHF President Dick Blum at a AHF Function in New York



Dr. Banskota at the AHF Function in San Francisco with former Vice President Al Gore.



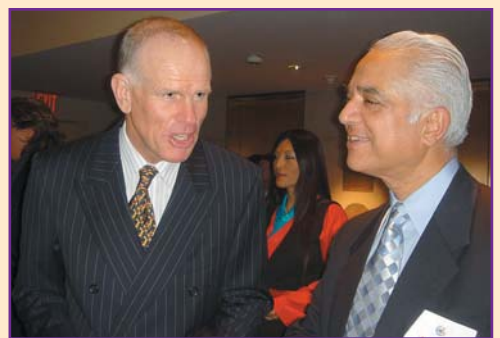
Dr. Banskota receiving Sterling Partner Award from Dick Blum in San Francisco.



Dr. Banskota delivering his speech at the AHF Function in San Francisco.



Dr. Banskota with AHF Team members in a Group meeting at AHF in San Francisco



Dr. Banskota with Peter Hilary at AHF event at the Asia Society, New York, USA

Remarks from the Executive Director

Dear Friends,

Belated Happy New Year 2007!!

The first half of 2006 saw the end of the past several years' of political conflict, leaving bitter memories of devastation of human life and its support system to heal-up with time. The end also showed a bright light to physically challenged children and their families of unrestricted movements, peaceful and easy access to treatment and rehabilitation services which they badly needed to re-claim their lost fundamental right of functional independence (mobility) and live a simple but happy life.

HRDC is getting continuous support from several foundations and individuals around the world:

- The Foundation of Terre des hommes (Tdh), a movement of direct aid to children in distress, free of any political and religious bias, started its involvement in disability management in Nepal from 1985. Tdh not only solely managed the program for several years but also empowered the local partner, The Friends of the Disabled to take over the management of HRDC in 1992 and continued its support to head-on further.
- The support on human development from the American Himalayan Foundation based in San Francisco, USA which dated back to early nineties, entered into the next level of operational support that commenced from 1998. Since then The AHF has continuously increased its assistance to HRDC so that the physically challenged children get empowered through much needed treatment and rehabilitation services to live a quality life.
- After massive financial contribution in the construction of the HRDC Complex in mid nineties, The Scouts of Luxembourg (FNEL – ONG'D) have also continuously pledged their support since a few years in the operating cost.
- Austrian Round Table has been continuously supporting rehabilitation activities of HRDC through its trust fund established in Austria.
- Plan Nepal has also been continuously supporting CBR activities of HRDC in the field level since the last 4 years.
- Since several years Christoffel Blindenmission, Germany has identified HRDC as a rehabilitation centre and has been supporting us in the rehabilitation of physically challenged children.
- Since a few years the Ministry of Women, Children and Social Welfare is also financially supporting HRDC with a small amount for the operating activities.



Thank you very much to all of you. Without your support, HRDC would not be in a position it is now and its focal group would not get the quality services HRDC is rendering.

We are no less thankful to all the patients and their families for their cooperation and support. Your willingness to use HRDC's services has created opportunity for us to be of value to your life. We feel pride in being able to be of assistance in making the difference to your relentless effort to live a normal and dignified life. Your progressively higher in-flow to HRDC in 2006 has not only demonstrated your level of confidence on us but also has inspired us for increased quality of work in the years to come.

To all the stakeholders that I have not been able to mention here in the above note, please accept our heartfelt thanks!

A handwritten signature in black ink, which appears to read 'Krishna Bhattarai'.

Krishna Bhattarai
Executive Director, HRDC

NEWS IN PICTURES



Participants of the BOK Knowledge Series workshop that took place in Soaltee Crowne Plaza in November 2006. This was a fundraising event for HRDC.



Participants of the Primary Rehabilitation Therapy Refreshers' Training - HRDC organizes a refreshed training every year for the past graduates of PRT Training.



HRDC's Executive Director Krishna Bhattarai with Japanese Officials of Nippon NGOs Network in Japan (4N) Conference held in Tokyo, Japan.



HRDC Executive Director Krishna Bhattarai (4th from left in the 2nd row from the back) with participants of Kathmandu Conference organized jointly by Nippon NGOs Network, Japan and Nepal Japan NGOs Network from Sept 18 to 20, 2006. Head of Training & Education of HRDC Raju Maharjan (far left in the front row) also participated in the Conference.

Annex

Quantitative Achievement and Targets

Comparative Achievement: 2005 and 2006

	2006			2005	Remarks
	Male	Female	Total		(\pm) %
Total Consultation	6826	4344	11170	9925	12.5
New Clients	2900	1837	4739	3507	35.1
Old Clients			6431	6418	0.02
Admission	616	455	1071	1055	1.5
Surgery			1609	1438	11.9
Physiotherapy					
New Patients	1145	780	1925	1940	-0.8
Treatment Cycles			40161	39426	1.9
Orthopedic Devices					
Fabrication			2562	2325	10.2
Beneficiary			1597	1492	7.0
CBR Home Visits	2672	1695	4367	3974	9.9
Health and Rehabilitation Mobile Camps	2672	1729	4401	3028	45.3
Scoliosis Screening			47943	23900	100.6
Projected Targets of 2007					
Medical Services					
Assessment of New Patients	1600				
Assessment of Follow up Patients	6000				
Admission	1025				
Surgery	1768				
Rehabilitation:					
Physiotherapy					
Thorough assessment	1972				
Treatment cycle	42045				
Prostheses and Orthoses					
Fabrication	2040				
Patients (benefited)	1600				
Community Based Rehabilitation					
Follow-up of patients					
Home Visit	5500				
Mobile Camps	4500				
Screen of students	40000				



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www.hrdcnepal.org



FOD Officials, Major Donors, Consultants and HRDC Staff during 2006 Annual General Meeting at Hotel Greenwich, Kopundole Height, Lalitpur