

Hospital and Rehabilitation Centre for Disabled Children (HRDC)



Annual Report 2017

(2073/074)

*"Enabling Abilities"
Let the Children Walk !*

A Program of the Friends of the Disabled (FoD)



Progressive Contribution in Pediatric Physical Disability Management

83,279 (32,767 girls)

Children benefited

41,970

Surgical Interventions



HRDC in 2017

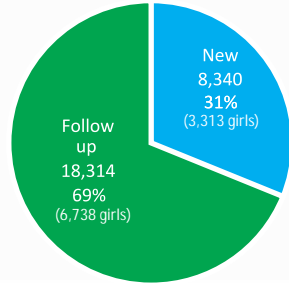
26,654 (10,051 girls)

Consultations

2,322 (904 girls)

Surgical Interventions

Consultations 2017



Service Decentralization

2

Regional Centres
Nepalgunj & Itahari

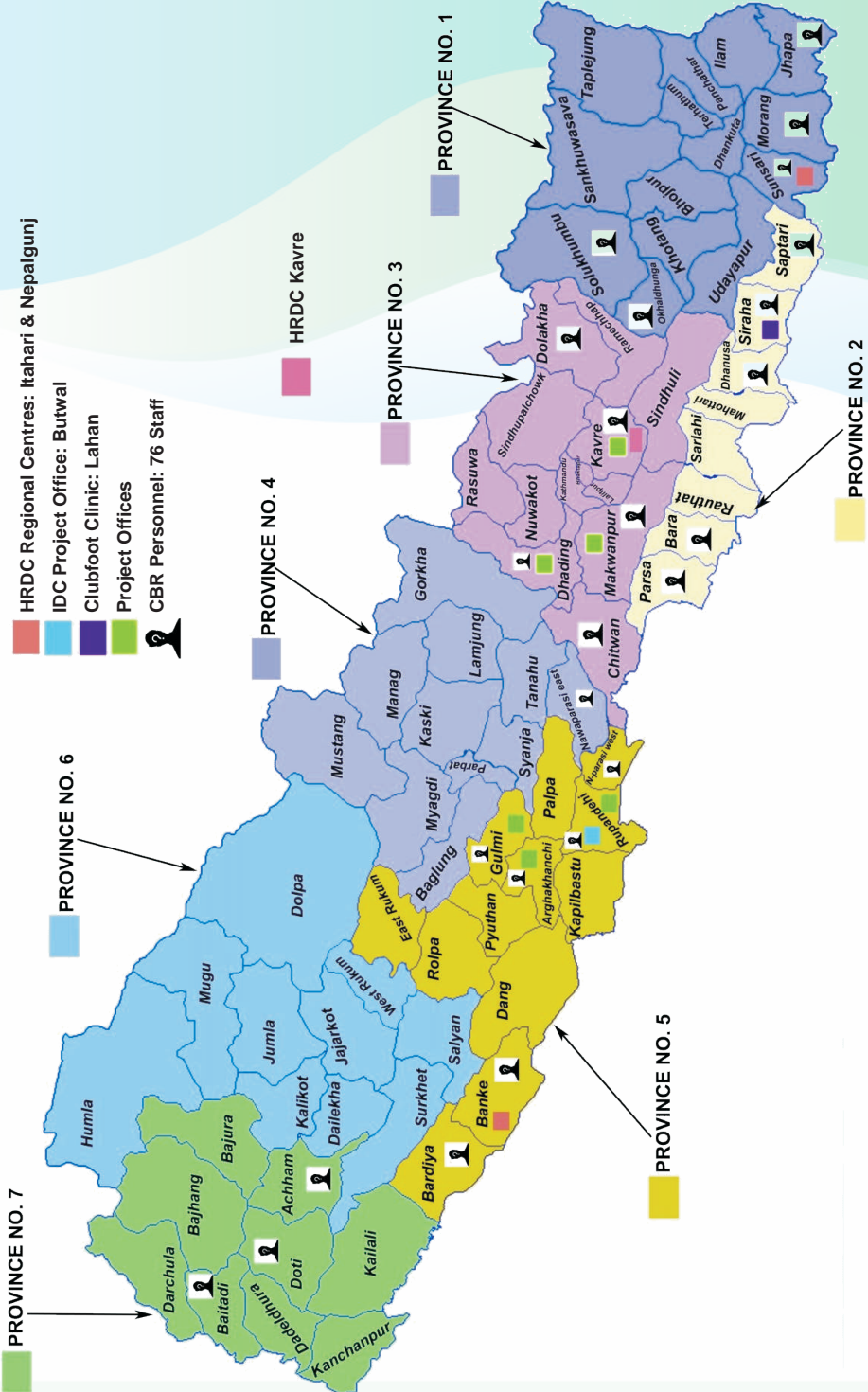
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Project Locations
Kavre, Dhading, Makwanpur, Rupandehi, Gulmi,
Arghakhachi & Lahan

Quantitative Performances 2017 and Targets for 2018

Headings / Indicators		Achievements Year						Target 2018
		1985 - 2017	2013	2014	2015	2016	2017	
1	Medical Consultation							
	New Patients	83,279	4,665	5,643	5,351	7,322	8,340	7,350
	Follow up	3,34,561	13,243	14,236	14,671	16,181	18,314	16,820
	No. of Patients Received Radiology Services	59,230	2,720	2,926	3,136	4,314	5,014	5,000
	No. of Patients Received Laboratory Services	87,434	3,810	4,248	5,980	7,785	10,641	8,700
2	In-Patient Services							
	Admission	27,117	1,018	1,142	1,130	1,637	2,077	1,556
	Corrective surgery	41970	1,378	1,637	1,729	2,029	2,322	2,069
3	Community Based Rehabilitation							
	Assessment in Early identification camp	1,59,074	2,331	3,766	-	4,037	5,566	5,200
	Disability orientation	100,780	9,319	14,150	15,796	8,653	11,022	15,600
4	Fabrication of Orthoses – Prosthesis	69,079		4,558	4,394	4,975	5,545	4,500
	Beneficiaries	34,855	2,436	3,470	3,240	3,041	3,824	3,600
5	Physiotherapy Assessment	1,31,532	5,314	6,798	7,617	7,241	9,077	7,203
	Clubfoot Management through the Ponseti method	5023	354	375	405	463	551	470
6	Treatment Complete / ADL Independent	14,718	588	439	281	55	108	600
7	Training and Education							
	Primary Rehabilitation Therapy Training	413	33	38	20	29	31	25
	Ortho Shoe Training	21	2	4	1	-	-	-

-  HRDC Regional Centres: Itahari & Nepalgunj
-  IDC Project Office: Butwal
-  Clubfoot Clinic: Lahan
-  Project Offices
-  CBR Personnel: 76 Staff



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List of Abbreviations

AD	Assistive Device
ADL	Activities of Daily Living
AHF	American Himalayan Foundation
AMC	Arthrogryposis Multiplex Congenita
B/L	Bilateral
CBM	Christoffel Blindenmission
CBR	Community Based Rehabilitation
CFC	Clubfoot Clinic
CHOP	Children's Hospital of Philadelphia
CP	Cerebral Palsy
CPSP	Child Protection & Safe Guardning Policy
CSSD	Central Sterilised Supply Department
DB	Denis Browne
ERICE	Empowerment for Rights, Integration & Children's Equitable choices
FCHVs	Female Community Health Volunteers
FoD	Friends of the Disabled
HCR	Heel Cord Release
HICBR	HRDC's Inclusive Community Based Rehabilitation
HOPS	HRDC's Orthotic Prosthetic Services
HPS	HRDC's Physiotherapy Services
HRDC	Hospital & Rehabilitation Centre for Disabled Children
INGO	International Non Governmental Organization
IDC	Inclusive Development of Children with Physical Disability
IDD	International Disability Day
IPS	Inpatient Services
NGO	Non Governmental Organization
OPD	Out Patient Department
OR	Operating Room
PERIP	Post Emergency Rehabilitation Implementation Plan
PRT	Primary Rehabilitation Therapy
PWDs	Person with disability
RRC	Regional Rehab Centre
TCL	Tender Loving Care
Tdh	Terre des hommes
TLSO	Thoraco Lumbo Sacral Orthosis
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WPA	World Program of Action

Presented with the **Tulsi Mehar Samaj Sewa Puraskar in 2000 AD**, **World of Children Award 2010**, **Stars Impact Award 2014** and **World of Children Alumni Award 2016**, and other numerous awards like the AHF Sterling Awards etc... in recognition of its adoption of the highest standards of governance, the Friends of the Disabled (FoD) is a registered not for profit organization under Nepal Government.

It is a charity welfare organization, run by the Friends of the Disabled (FoD), for the benefit of, children with physical disabilities. It is a full member of the Social Welfare Council.

Our vision

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

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Our Mission

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

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Values and Principles

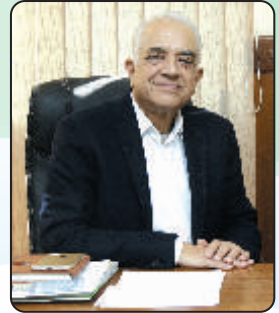
Values / Principles	dfgotf / l; 4f0tx?
1. Compassionate care with quality 'state-of-the-art services.	!_ pRr:t/sf]; ɛmɛɛk0f{: }f .
2. Support and promotion of enabling environments for social and economic reintegration.	@_ ; fdfhs cfly\$ Psls/0fsf nflu j ftj /0f >[hgdf ; xofĪ .
3. Promotion of transparency and accountability.	#_ kf/blz{f / lh0d}f/lnf0{; Da# ugĪ.
4. Adherence to the fundamental principles of human rights.	\$_ dfgj clwsf / / ; fdfhs ; %lffsf cwf/et l; 4f0tsf]cj nDag .
5. Adopting balanced approach to transparency and rights to information.	%_ kf/blz{f / ; %gfsf]clwsf/df ; Gthg .
6. Ensuring partnership and alliances at all levels including duty-bearers (government stakeholders), Rights-holder's community, service providers: NGO, INGOs, DPOs.	^_ ; /f\$]f/jnfx?; 6 ; femf/l tyf ; -hfnls/0f ugĪ.
7. Respecting for confidentiality.	&_ ufklgotfsf]; Ddfg ugĪ.
8. Adherence to principles of child protection and safeguarding.	*_ afn ; Af0f glt ckgfpg].
9. Regularizing appraisals/monitoring and evaluation and feeding back to improve services.	(_ cfj lws n\yfhfyf u/L ;]fdf ; wf/ Nofpg].
10. Respecting equity and diversity.	!)_ ; defj / lj lj wtfsf]; Ddfg ugĪ.

The HRDC is a quiet oasis where disabled children can comfortably rest and receive the specialized treatment they so desperately need.

Message from the Chair

Dear Friends

2017 has slipped by almost unnoticed because of the voluminous increase in the work that has kept all of us very busy. More than a hundred percent increase in the work load, which keep us struggling very hard to muster all the finances! As I repeatedly reiterate, it's nothing short of a miracle that so much gets done for these beautiful needy children for so little! And all is possible because of your continued support! We thank all our donors from the core of our heart.



Besides the hectic pace of activities in the hospital and our extensive outreach program, other important events are of noteworthy mention: The new construction work (which had lost pace due to numerous but unavoidable circumstances) has pitched up with targets set for completion by 2018.

Richard Blum accompanied by Erica Stone and Norbu Tenzing visited HRDC and it was my privilege to make a 'historical and updated activities related' presentation to the dignitaries. The long association with the American Himalayan Foundation is privileged and prized!

Our field based projects (which make our treatments of children truly comprehensive) are providing vital continuity to the hospital based activities. The concern is always the uncertainty of continued funding for these project based activities! We are thankful to all our partners who provide us assistance for our CBR activities, but would like to explore avenues in partnerships that provide more continuity, so as not to cause disruption.

The future is full of challenges to sustain and take this decades long (thirty five years!) work further ahead. New avenues for core funding are constantly being explored (no success yet!). With the installation of a new (more stable hopefully!) government in a new context, we can only hope that it will be a little easier to deliver these vital services to the deprived children with musculoskeletal disabilities.

On behalf of the Friends of the disabled (FoD) and the entire HRDC family.

Sincerely

Ashok Kumar Banskota

An Overview of FoD/HRDC

In 1985 Dr. Banskota started out in Jorpati, where a small hospital was built with help from Terre des hommes (Tdh). In 1988 a new relationship established with the American Himalayan Foundation (AHF), which helped HRDC further expand its services.



Initial HRDC at Jorpati

In 1992, the ownership of the program transferred to the Friends of the Disabled (FOD), a Nepalese non-governmental organization. The program (HRDC) growth continues to benefit the children with physical disability in Nepal. In 1993, our 54 staff members provided services to a total of 4,638 children with physical disability; of these, 515 cases included surgeries.



Interim HRDC at Dhobighat

By 1993, FoD/HRDC entered into a general agreement with the Nepalese Government's Social Welfare Council and Tdh, which sparked the process in building a hospital designed for children with physical disability. With the support of donors such as the Luxembourg Government and Luxembourg Scouts, HRDC was able to move to our current facilities in Banepa in 1997. Another relationship initiated in 1997 with CBM.



HRDC

About US

Since its first step in 1985, HRDC seized every opportunity to grow its commitment and capabilities to deliver more every day. It all started as treatment and rehabilitation program in September 1985 which evolved to what we now call Hospital and Rehabilitation Centre for Disabled Children (HRDC) managed by the Friends of the Disabled (FoD). And from its very inception HRDC has been exceptionally committed to its mission of ensuring equitable access to quality of life through appropriate interventions and enabling environments, for children with physical disability from its current location at Adhikari Gaon, Janagal, Ugratara Banepa 11 and through its Community Based Rehabilitation programs. Given the resource and regulatory constraints, its impact has been phenomenal earning it several national and international awards, for HRDC service to disadvantaged children, from institutions like Tulsi Mehar Award Nepal, World of Children of USA and Stars Foundation of UK amongst others.

Our delivery model has touched over 83 thousand children, nationwide. It has touched lives with our characteristic Tender Loving Care (TLC) and continues to be inspired by our quest to create new paradigms. We are constantly thinking beyond today's realities, and evolving a smarter and better care for tomorrow. We recognised evolving trends in socio-economic conditions and lifestyles, and anticipated their consequent implications on Nepal's paediatric disability management framework and demand curve. We responded by ramping-up our facilities — from 25 beds, we are now reaching to 100 beds within 2018; continuous investments have been made to introduce cutting-edge technology and engage doctors with proven expertise. Facilitating the highest standards of paediatric disability management delivery remains our enduring vision and mission.

Given the fact that the Government of Nepal has yet to initiate tertiary pediatric orthopedic care and its closely allied disciplines such as Physiotherapy, Prosthetics – Orthotics in district hospitals, HRDC's contribution in the field is irreplaceable. Tertiary care in private set-ups is limited and HRDC almost single handedly has carried the responsibility and come to a stage where it has evolved to provide care to more than 26,600 children with physical disability per annum reaching communities in the most rural corners of the country riding on the strengths of its Community Based Rehabilitation (CBR) programs.



Patients registration at field camp

HRDC is Nepal's leading not for profit healthcare services provider in pediatric physical disability management under the Friends of the Disabled (FoD), and is among Nepal's largest CBR networks. It was founded by Prof. Dr. Ashok Kumar Banskota, a recipient of the prestigious World of Children Award (2010), Stars Impact Award (2014) and World of Children Alumni Award (2016).



International Awards

Over the years, we have strengthened healthcare delivery, focusing on high-end tertiary care to secondary care and day-care facilities across Nepal. Our expansion of HRDC services — testifies to our commitment to provide quality healthcare to the children in need. We have been and continue to remain committed to delivering superior HRDC services in an environment of continuous improvement. We innovate, embrace change and run the extra mile to deliver on our promises, safely and responsibly.

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.

Our continued work has been made possible, because of your care and concern for our needy children with physical disability, our ethos and our cause.

HRDC as one of the largest dedicated tertiary level paediatric 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. HRDC further 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.

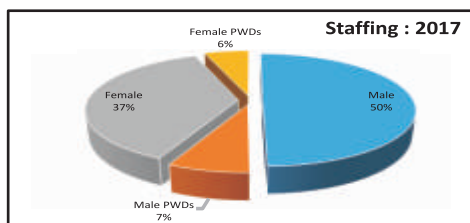
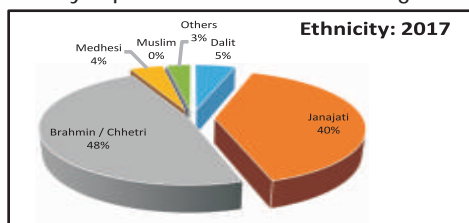
At central HRDC and fields, our trained and experienced staff members provide compassionate care, to the children with the highest quality medical and social rehabilitation services in a professional environment. Specializing in caring for children with special needs, the team is always committed to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

HRDC operates two regional centres in Itahari in the east, Nepalgunj in the west and project offices for decentralization 1. Kavre, 2. Dhading, 3. Makawanpur, 4. Rupandei, 5. Gulmi, 6. Arghakhanchi and 7. Lahan to improve access to HRDC services and networking for children with disability from disadvantage and marginalized communities.



Clubfoot shoes provided at Nepalgunj Centre

A total of 233 (43% female) competent staff members fully engaged at different capacities and out of those 30 staff are with disabilities and the given graphical analysis clearly explains the inclusive staffing at HRDC.



Ethnicity	M	F	T	MWDs	FWDs	PWDs
Dalit	9	3	12	1	1	2
Janajati	54	39	93	8	5	13
Brahmin / Chhetri	57	54	111	5	6	11
Medhesi	8	2	10	2	0	2
Muslim	0	0	0	0	0	0
Others	3	4	7	1	1	2
Totals	131	102	233	17	13	30

M: Male, F: Female, T: Total, MWDs: Males with disabilities, FWDs: Females with disabilities

HRDC's surgical suites equipped with 6 sophisticated operating rooms (OR) and are being used for selected surgeries. Special thanks to the AHF for the support for addition of new operating room at HRDC for reducing surgical waiting time. In the year 2017 over 2,300 surgical interventions carried out of those 26,600 consultations.



New Additional OR at HRDC

Core Operations

Relying heavily on donations and the support of, the public, and individuals to defray its operational costs in carrying out HRDC work, FoD/HRDC aims to further the cause of our community members with disabilities, by providing programs and services to their benefit, ranging from medical and social rehabilitation therapy and to social support and reintegration.

Upholding the belief that children with disabilities should not be denied opportunities, the HRDC services introduced on September 5, 1985, and this was the initiation of the affordable HRDC services for the children with physical disability, allowing them access to an affordable, reliable and safer care.



Professor Dr. Ashok Banskota Screening a child with disability in early HRDC days

Spectrum of Pediatric Orthopedic Procedures

Trauma (mostly neglected), Infection of bone & Joints, Deformity Correction, Limb reconstruction and Lengthening, Growth modulation, Spine Surgery, Hip Surgery, Hand Surgery, Burn and Plastic reconstructive surgery, HRDC ponseti program for Clubfoot, HRDC Cerebral Palsy program.



Surgery being done at HRDC OR

The Children and the '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 robust child protection and safeguarding policy (CPSP) which was also audited by the CBM international Office. HRDC serves children with physical disabilities on an inpatient and outpatient basis as they recover from impairment in different level of functionalities regardless of geographical and political boundaries.



CPSP orientation to the children and guardians at HRDC

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.

Our People (Target Beneficiaries)

Children are identified as a vulnerable group in need of a degree of safeguarding. According to WHO about 15% of children have some forms of disabilities, which can increase their level of vulnerability. How disability is perceived by others may affect the way they work with these young people in coping with risks, which may be increased due to the disability. Since the inception, HRDC aims to give them maximum autonomy, self-reliance, empowerment and independence by early interventions.



Criteria: for accessing treatment and rehabilitation services at HRDC

- Rehabilitation services is provided to the children with physical disabilities without any economic, geographical and political barriers.
- Priority is given to children with physical disabilities from disadvantaged communities.

Education at HRDC

An estimated 90% of children with disabilities in the developing world do not go to school. In a resource-poor country like Nepal, giving a child with a physical disability access to education gives them the tools needed in order to become a productive part of society.

Since many children come from remote areas and many undergo protracted treatment, the average length of hospital stay is about 3 weeks. However with more serious procedures, some children have to stay at HRDC for months and months. This causes a great gap in their already limited access to education. The FoD/HRDC decided to open up an informal "HRDC School" from where children can be benefitted. The HRDC School began in 2014 with the aim of providing continuing education to admitted children.

At HRDC three dedicated in-house teachers ensure that regular classes following national curriculum continue during he hospital stay. The school is also utilized to deliver parent education classes on preventable disability, lessons to overcome the social stigma surrounding disability, and interaction programs where families talk to each other about their child's disability and treatment. So far 2,628 (1,156 girls) children have benefitted from the HRDC School and following are the graphical illustrations.



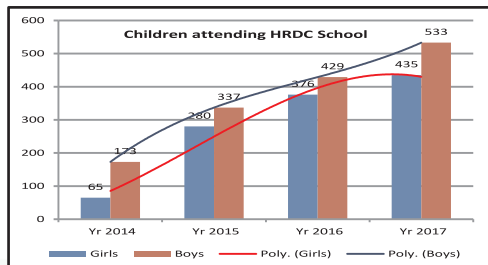
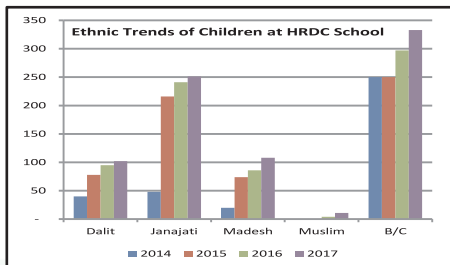
Hospitalized kids enjoy HRDC school



Drawing an extra curriculum activity at HRDC school



Individualized coaching



Community Based Rehabilitation in inclusive modality at HRDC

Community-based rehabilitation (CBR) initiated by WHO following the Declaration of Alma-Ata in 1978 in an effort to enhance the quality of life for people with disabilities and their families; meet their basic needs; and ensure their inclusion and participation. While initially a strategy to increase access to rehabilitation services in resource-constrained settings, CBR is now a multi sectoral approach working to improve the equalization of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability.

A major outcome of the International Year of Disabled Persons was the formulation of the World Program of Action concerning Disabled Persons, adopted by the General Assembly on December 3, 1982, by its resolution 37/52. The World Program of Action (WPA) is a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development. The WPA also emphasizes the need to approach disability from a human rights perspective.



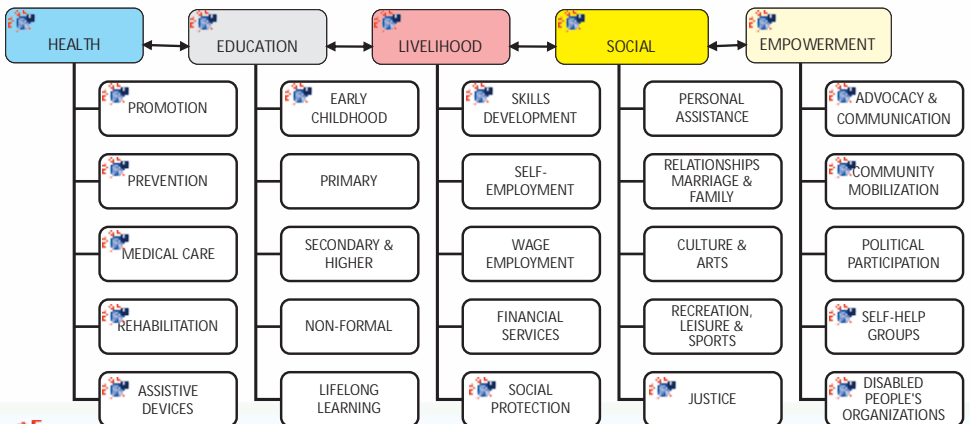
FCHVs orientation

HRDC's inclusive Community Based Rehabilitation (HiCBR) has been the other strategic additionality that has enabled HRDC reach far and wide into the rural corners of the country



Individualized counseling at field

identifying, assessing, consulting, motivating and bringing children through is outreach activities. The escorting service to target group (children and families) initiated in 1988 has seen exponential growth and is functioning most effectively with strong community network of service providers and stakeholders. This multi- sectoral approach, focused on community, has empowered children with disability to access the benefits of health, education and social services to improve the quality of their lives.



Prosthetics & Orthotics at HRDC

HRDC's Orthotic Prosthetic Services (HOPS) is a nation-wide service with facilities in Banepa, Itahari, Nepalgunj, and Butwal. HOPS play an important role in the treatment and rehabilitation of children through the provision of orthotics, prosthesis and specialized services.



HOPS manufacturing unit

Inpatient orthotic and prosthetic services are provided at Banepa only whereas an outpatient services are being offered at all other facilities.

Descriptions	Assistive Device 2017
Foot Orthoses	2,783
D. B. Splint	814
Ankle Foot Orthoses	1,402
Knee Ankle Foot Orthosis	279
Spinal Brace	131
Upper Limb Prostheses	8
Lower Limb Prostheses	127
Wheel Chair	1

Access to HOPS is prioritized dependent upon urgency and accordingly attended to within acceptable time-frames. So far 40,708 children with physical disability have been benefitted from 66,411 assistive devices. The given self explanatory tabulation clearly stated that 3,824 children benefitted from 5,544 assistive devices in 2017.

Physiotherapy at HRDC

HRDC's Physiotherapy Services (HPS) is a nation-wide service with facilities in Banepa, Itahari, Nepalgunj, and Butwal. Physiotherapy can be defined as a treatment method that focuses on the science of movement and helps people to restore, maintain and maximize their physical strength, function, motion and overall well-being by addressing the underlying physical issues.



Bed site Physiotherapy session being provided at HRDC

Inpatient physiotherapy services are provided at Banepa only whereas an outpatient services are being offered at all other facilities. Some 16,708 (6,382 girls) children with physical disability have been benefitted from 75,120 Physiotherapy sessions in 2017 as elaborated in the given tabular format.

	Total	HRDC	Central CBR	CFC	IDC	Itahari	Nepalgunj	ERICE	PERIP
No of CWDs	16,708 (6,382 girls)	9489 (3,760 girls)	1,231 (449 girls)	954 (236 girls)	1,118 (414 girls)	977 (379 girls)	497 (178 girls)	1,885 (704 girls)	557 (262 girls)
Assessment	9,077 (3,441 girls)	3,698 (1,495 girls)	785 (268 girls)	136 (34 girls)	1,103 (405 girls)	879 (297 girls)	481 (158 girls)	1,517 (559 girls)	478 (225 girls)
Session	75,120 (30,868 girls)	64,706 (27,082 girls)	1,334 (479 girls)	1,011 (289 girls)	1,691 (630 girls)	1,989 (666 girls)	1,069 (359 girls)	2,633 (959 girls)	867 (405 girls)

Research at HRDC

A research study is a scientific way to improve or develop new methods of health care. Studies are designed to answer specific questions on how to prevent, diagnose, or treat the disability. Many types of research studies exist. For example, clinical trials test new devices. Other studies use interviews or surveys to understand health or behaviour. Research studies are important because they contribute to knowledge and progress on treatment procedures and modality. Research is the fastest and safest way to find treatments that work. HRDC has been actively involved in research since the inception and the following are the list of HRDC research papers and publications.



Research participants were briefed the benefit of research



Assistive device being assessed by field worker during the home visit



Further counseling is provided during home visit by the field worker



Field worker is accessing the child deformity during home visit



Physiotherapy session provided during home visit



Physiotherapy technique being taught to the mother during home visit



The 8th EPOS Regional Core Curriculum Course was held in collaboration with POSNA in Kathmandu – Nepal on March 1-3, 2017.

The course was coordinated by Elhanan Bar-On from EPOS and David Spiegel from POSNA following a meeting in Nepal in the aftermath of the 2015 earthquake and after establishing collaboration with the local hosts – Prof. Ashok Banskota and Dr. Bibek Banskota from The Hospital and Rehabilitation Centre for Disabled Children in Dhulikel – Nepal. Additional course faculty included EPOS members: Manuel Cassiano-Neves, Pierre Lascombes and Ignacio Sanpera and POSNA members Rick Schwend, Bob Henrikus and Colleen Sabatini.

The course was attended by 114 participants. 107 came from Nepal, 5 from China and 2 from Australia. Of the 114 participants, 59 were orthopedic consultants, 30 were orthopedic residents and 25 were from allied professions. The course content was based on a core curriculum covering trauma, hip, foot, limb deformity, spinal deformity, neuromuscular problems, infections and skeletal dysplasias. Case discussions were held discussing problem cases treated by local orthopedists and cases presented by the guest faculty. This course content has evolved based on previous course experience and feedbacks as well as pre-course consultations with the local hosts regarding the specific interests of the local participants.

The feedback received from the participants and organizers was excellent and encourages us to continue this endeavor.

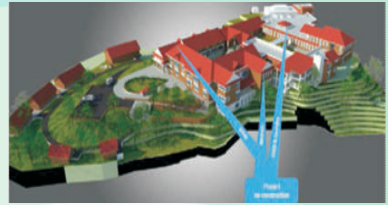
Prof. Elhanan Bar-On MD, MPH

Expansion of HRDC

As planned in 2015 HRDC is working in full swing to expand HRDC services by adding up more and more facilities so that the children with physical disability can be intervened in a more effective way towards their social and medical healing process so that they can be reintegrated.

The ongoing construction activities gearing up on full swing towards 100 beds from 74 beds with the support from the American Himalayan Foundation, the Direct Relief and the CBM for expansion of its services by adding up more and more facilities so that the children can be intervened in a timely manner. Though initially the construction planned to complete the entire construction within 2017, due to various reasons such as the political instability, blockades, unavailability and price hikes of construction materials and etc. the construction is prolonged and estimated to be completed within 2018. The following are the status of the construction work:

1. Kitchen Block: Concrete framing and slab casting work completed. Brick wall and plastering works are also almost completed. Currently, plumbing and electrical works are going on in the site.
2. Ward uplift Block: Second-floor slab casting completed. Wall works on the first and second floor are almost completed. Preparation for roofing works on the first floor above building entrance area and roofing work on the second floor above OPD area are going on. Electrical and plumbing works are also going on.
3. CSSD Block: Slab casting work of ground floor covering roof completed. Brick wall and plastering in the 1st basement are completed. The brick parapet wall is partially completed. Brickwork on the ground floor is in progress.
4. Laundry Block: Foundation works for all column and shear wall completed. The shear wall in the basement is 70% completed. 60% column casting in the basement is completed.



HRDC CAD design



Kitchen Block



Ward Uplift Block



CSSD Block



Laundry Block

Stories

The Happy Family !

Manju born on September 10, 2009 (2066-05-25 BS) in the rural Mahara village of Bijaypur in Baitadi district in the far-western region of State # 7. She is the first child of the Mahara family (Farther Lokesh and Mother Bhura). All the family members were very happy to have a first girl child in the family but at the very next moment, everybody was upset as Manju was born with right leg turns towards the inside (deformity: clubfoot).

The economic status of the Mahara family is very poor and do not have any other means of income sources except the seasonal labor work quite often in the bordering town in India and the generated income is hardly enough to meet their basic needs only so they never thought of Manju's treatment.

The Mahara family came to know about the HRDC mobile camp in Purchauki Haat Health Post and the grandfather brought Manju to the camp. After the initial assessment, the camp team decided to refer Manju to HRDC, Banepa for the further intervention. Manju and her grandfather arrived at HRDC on the given date and the HRDC team did all the required investigations and started the treatment.

Manju had to spend almost 4 months at HRDC for treatment as the case was quite rigid and difficult to treat. With all the loving tender care from HRDC team, Manju was able to walk on her own.



During Treatment



Before Treatment



After Treatment

Prior to the treatment, people from neighborhoods and schoolmates used to tease her and the family.

Now Manju is having a fun time at home surroundings as everybody is eager to be her friend. Mother Bhura is also quite happy as the people stopped teasing and Manju resumed back to school which is around 50 minutes walking distance and is in grade two. The Mahara family is very happy and the mother praises the UNICEF and HRDC for the support.

Would like to be an ambassador for UNICEF/HRDC so that no child is left behind !

Mohit born in the year 2014 AD (2071 B.S.) in Dilasaini Rural Municipality, Ward # 01, Chhepata, Baitadi in far western region of State # 7.

The Bohora family was very happy to have their first son, Mohit. One of their relatives pointed out the twisted right leg and advised to take him to hospital. The economic status of the family is very poor and they do not have any means of treatment. After a couple of months, the Bohora family took Mohit to nearest Balach Health Post in the district where they were advised to go to better centres.



Before and After Treatment

The Bohora family's bread and butter is being somehow managed through agriculture and seasonal labor jobs which merely suffice for their daily livings. In such a measurable situation, it was an impossible dream for the family to treat Mohit.

The Bohora family could not visit any health services provider or institutes for treatment due to lack of resources and knowledge. One fine morning the father Chandra encountered a person who advised him to take Mohit to HRDC Banepa for treatment rather wandering here and there. Accordingly, Mohit was brought to Banepa on July 8, 2016, despite the difficulties.

After a thorough examination, the HRDC team started the treatment process using the well-known "Ponseti methods" for the deformity management.

Five "Ponseti" casts applied & did Heel Cord Release (HCR), and provided a pair of club-shoe & DB splint, with required instructions to the Bohora family. The Bohora family followed the given instructions on regular basis with proper follow-ups. Our trained CBR worker responsible for Baitadi district, has been doing regular follow-ups of Mohit to ensure proper recovery.

Now Mohit's deformity is corrected and started walking with the help of club-shoe probably he may need to wear for another year or two depending upon his condition.

The Bohora family is very happy to see the corrected deformity of Mohit at free of cost basis and according to the father Chandra, Mohit will be enrolled in school in the upcoming academic year.

The Bohora family is never tired of praising HRDC and UNICEF for the support. According to the father, "It would have been impossible for my family to manage the treatment of my son Mohit without the help and support of UNICEF and HRDC". The Bohora family would like to be an ambassador for UNICEF and HRDC in future so that other children from the area can be benefitted like Mohit.



During Treatment

Tireless thanking to HRDC !

Deena KC, a 18 years young girl is the first child of the KC family and was very happy to have a first girl child as they perceived her as the goddess of wealth. When she was born, there is no any symptom of disability noticed. The KC family realized that Deena could not walk or even stand by herself. The parents were dazed as they do not have any idea where to go for advises or treatment. The in-laws accused mother Renu of her wrong doing in previous life resulting Deena as punishment. This further added the burden to the family.



When Deena was around 10 months, a neighbor suggested the mother Renu to take Deena to Kathmandu for treatment but they were not able to go to Kathmandu as the family does not have anything just the small piece of land and the products are hardly sufficed for 3-5 months only. Despite the neighbor's suggestion, the family could not afford to go to Kathmandu for Deena's treatment but after 1.5 years, Deena was brought to HRDC on June 19, 2000.

After completing some administrative procedures, Deena was admitted for investigation and treatment. Deena was diagnosed with many problems such as



Deena at her school

bilateral hips and knee flexion contracture, delayed developmental milestone, bilateral "calcaneovarus" deformities, flaccid muscle fore and decreased muscle power at her. Appropriate treatment was provided and the mother was instructed to bring Deena for regular follow-ups but they never turn up. Father developed anxiety due to Deena's condition and is on medication.

After 8 years, Deena was traced and brought her to HRDC for further treatment. Deena was again admitted on January 16, 2009, for further treatment. Mother Renu was very excited after series of counseling, and also gave her some basic insights of physiotherapy techniques that need to be practiced at home for Deena, she was not able to come to HRDC for follow-ups as the family is not able to afford the transportation cost.



Deena at her home after treatment

As Renu found very difficult to cope with the in-laws, she migrated to Khabara of Beni together with four siblings where she started a small tea shop for her livelihood. All the four siblings enrolled in a local school and now Deena is in grade 12.

Deena is so motivated that she always reminds mother to take her to HRDC to avoid further complications in future. Accordingly, she was again brought to HRDC with the hope that she would be able to move around by herself. On May 30, 2016, the HRDC team plan first surgery of bilateral skeletal traction over proximal tibia and distal tibia successfully. Then, second surgery completed on January 3, 2017 and followed up on regular basis.

Now, Deena can move around and walk with help of walker prior to this she used to crawl. She smiles and tells everyone that with the support of HRDC and Plan International Nepal. She always expresses her happiness and aims to be a banker. The mother sees the bright future of Deena.

According to Tikaram Sapkota (Campus Chief of Myagdi Kalika College) Deena is very energetic, sincere student and fond of study. Apart from this she always completes the given assignments.



Prior to treatment



During treatment



After treatment

"Miracle happens only at HRDC" !

A 15 years old Saraswoti Danuwar is the third sibling of the Danuwar Family (father late Bhakta Bahadur and mother Santa Kumari), from Sindhupalchowk district. There are 6 members of the family including 2 brothers, 3 sisters and mother. As a widowed, mother Santa is compelled to take all responsibilities of the upbringing of all the children by herself. Mother Santa struggles very hard and goes out for daily wages, and earns their livings as they do not have any other source of income.



Parents noticed Saraswoti's deformity in her both feet when Saraswoti started crawling with mild equines. Due to the poverty and illiteracy, parents could never take her for medical intervention. They thought it was the curse of previous life and nothing could be done. Gradually the problem increased. When she crawled, other children made fun out of her copying her creeping walking pattern. This made Saraswoti very worried.

Saraswoti is a very curious girl and she was enrolled in the Indreshwor Higher Secondary School, Melamchi and got an opportunity to stay in the school hostel. She had to use a wheelchair for mobility during school and this made her quite difficult as accessibility was a big problem. She was willing to go to hospital but they had no money for treatment. Finally, a HRDC field worker found and brought her to HRDC together with the mother Santa. After a thorough check-up and investigations, the HRDC team diagnosed as "Arthrogryposis Multiplex Congenita (AMC)" with bilateral clubfoot deformity and immediately admitted her for medical intervention.



Saraswoti at HRDC

Saraswoti and mother Santa were counseled about multi-approach treatment and rehabilitation protocols along with the HRDC Child Protection and Safeguarding Policy. The first surgery at left leg was successful. Left ankle-foot orthosis was provided.

Molded ankle-foot orthosis and other required services including physiotherapy, nursing care, alternative dressing, personal hygiene care, etc. and a walker also provided to Saraswoti.

Saraswoti is in grade 6 at Indreshwor Higher Secondary School, Melamchi. She aims to become a good social worker and always supports others whenever she can.

She expresses, "It is a miracle that has happened to me through HRDC". Experiencing the positive changes in her life, she further adds. "Everything is possible at HRDC". The entire cost is being borne by HRDC through the AHF funding. Saraswoti and mother highly praise the AHF and HRDC for the treatment support.



Saraswoti being assessed at HRDC OPD



Prior to treatment



During treatment



After treatment

Formerly isolated child has turned into a happy, curious and bright girl !

Nine-year-old girl Lokmaya from the Nepalese village in Kavrepalanchowk (State #3) is physically disabled girl. Also, her elder sister has a speech-related disability. For a long time, Lokmaya lived at home with her parents, father Mr. Hasta Bahadur and mother Harimaya Pulami without any aid or education, until HRDC's field worker convinced Lokmaya's parents to send the girl to HRDC camp being organized with support from CBM under PERIP and further to HRDC Banepa for surgical intervention. After a thorough investigation, the HRDC team formulated an intervention plan together with her parents and accordingly Lokmaya was operated and discharged after a month and a half. While she was at HRDC for treatment, the HRDC School played a vital role to motivate her to go to school while she was at HRDC.



"Lokmaya could not walk properly as she had been suffering from Genu Recurvatum in both her legs and could only speak a few words," said the HRDC CBR worker. "Now, you can see that this formerly isolated child has turned into a happy, curious and bright girl." Lokmaya's development is a typical success story of a disabled child with access to education. Lokmaya would not be able to intervene without the support from CBM under HRDC's PERIP.

Despite Lokmaya's positive example, the situation is quite different for most of the disabled children in developing and emerging countries like Nepal. No more than 15 percent of disabled people in developing nations have access to necessary equipment.

Three-quarters of the people who suffer from disability in poor countries do not receive the necessary medication and treatment, according to an estimate from the World Health Organization's (WHO), which did not quote exact figures. In fact, reliable data on the situation of disabled children was a point of contention. The fate of disabled children and their families isn't considered a significant issue in politics.



Prior to treatment

After treatment

A Great Change !

Nasib Ansari a 12 year boy from Tilottama Municipality, Ward No. 10, DalkhaRupandehi(State # 5) is the first child of the family followed by 4 siblings. He was not able to walk with he has bilateral neglected clubfoot. He could move around only on knee.

Nasib was taken as extra burden by the family and has no friends at all. He used to stay at home doing nothing as he could not walk and people from home surroundings also used to bully him using abusive words. The family does not have any regular source of income and entirely depended on seasonal labour jobs. As the family does not have enough resources they could not afford for the treatment.



Nasib prior to treatment



Nasib in his class room after treatment

Nasib was traced at HRDC camp at Bhairahawa Hospital on in February 2017 refer to HRDC for further intervention. The HRDC team did assessment and chosen alternate treatment modality by respecting their request not to amputate. Accordingly lower limb devices were made available and appropriate instructions and physiotherapy exercises were applied and parents were also taught the required physiotherapy skills that needed to practice at home.

Now Nasib and his family members are very happy as he can move around and able to help the parents in their household chores. Apart from that Nasib was enrolled into school and very happy to be a student. He gets along with his classmates and happy to have many friends around enjoying playing with friends. The people from home surroundings are surprised to see the changes in Nasib's life due to the HRDC



Nasib's neglected bilateral clubfoot



Nasib on household chores

intervention and their attitude have been drastically changed towards the disability.

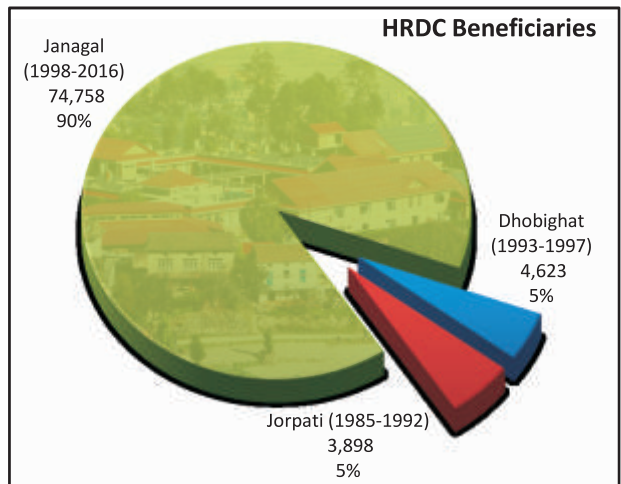
"Nasib used to hide himself whereas after intervention he is eager to go in front and others started calling him by his names what a great change ! " says the father. The Ansari family is very much grateful to the

The Results

Since its inception over 83,279 children with physical disabilities is being served from FoD/HRDC. This included 32,767 girls.

Disability management is a never ending process. The types and nature of disability change 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 26,654 (10,051 girls) in 2017 alone and of those 10,641 (40%) pathological services, and 5,014 (19%) 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 conservative management. Also, spine (especially, scoliosis) and CP (cerebral palsy) management have received focus through early identification, medical and social intervention for the past several years.



Grand round

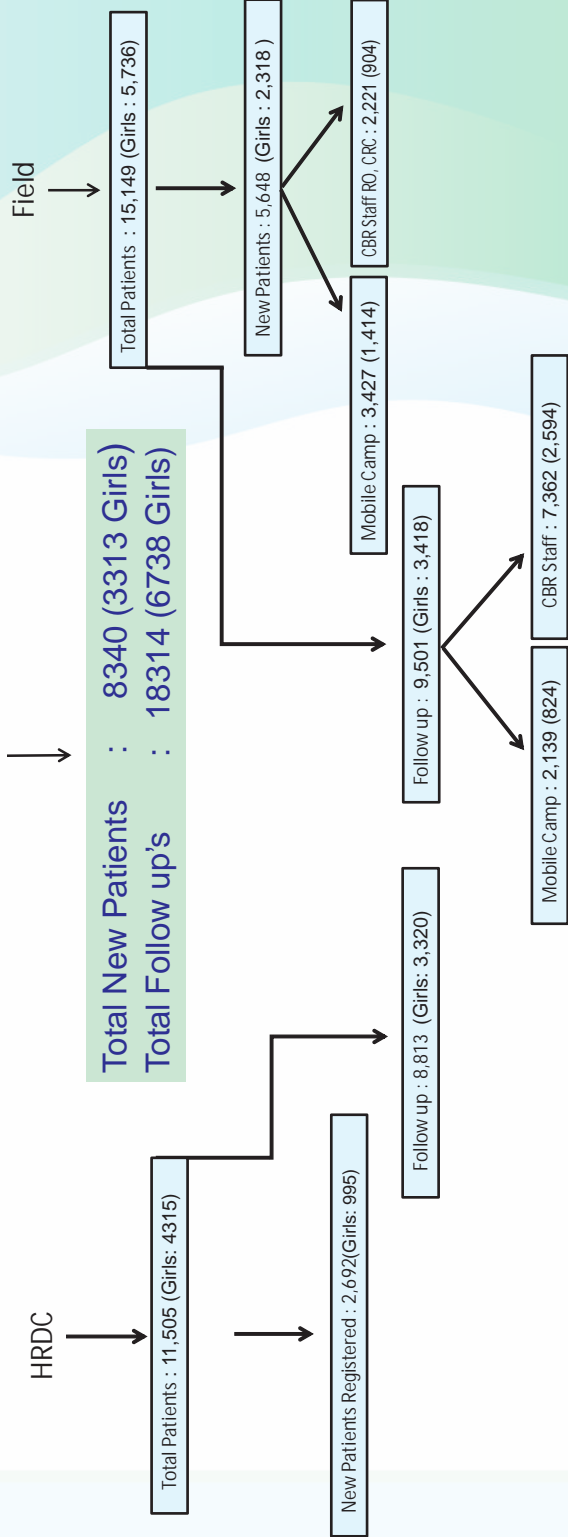


Busy pathology

Total Beneficiaries 2017



Total Patients: 26,654
(Boys: 16,603 Girls: 10,051)

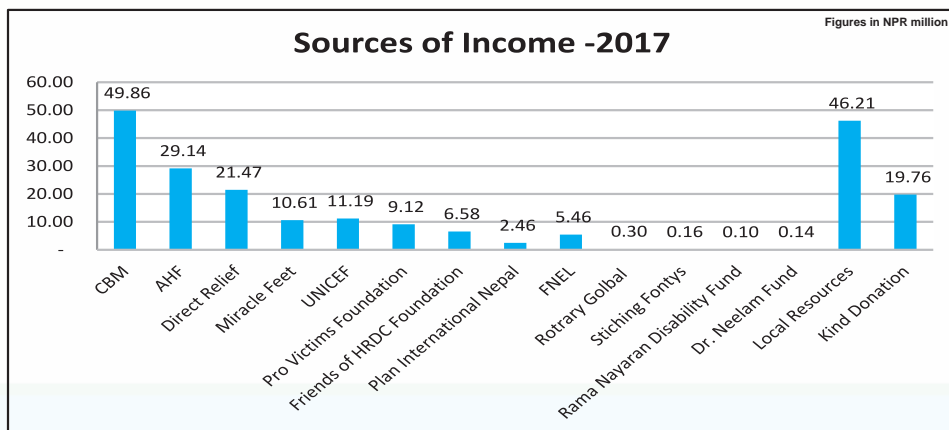
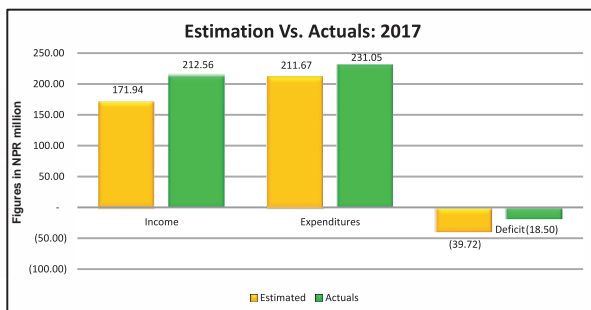
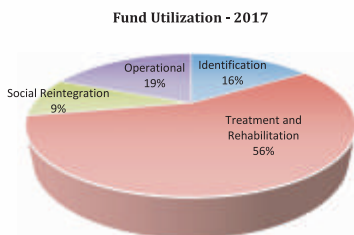


Financial Management

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.

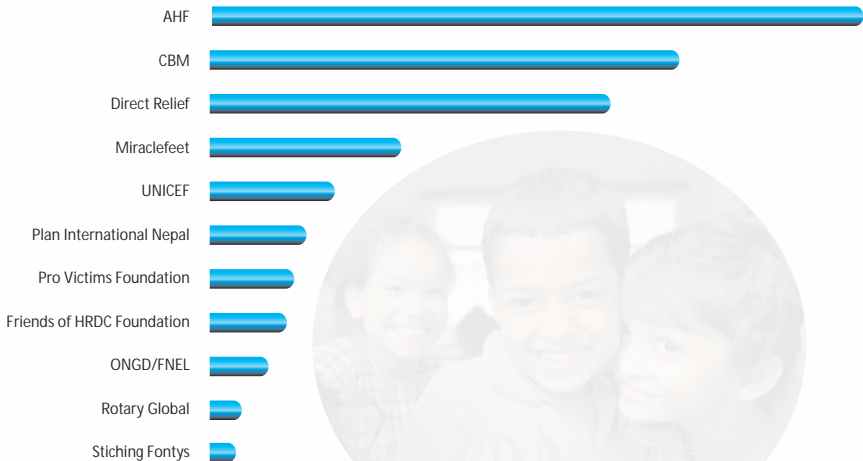
The primary reason for conducting cost analysis is generally to determine the true (full) costs of each of the programs/services under analysis to:

- 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 Nepal Government and 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 especially to the government of Nepal and acknowledge the guidance and support provided to the FoD/HRDC in implementation of the program activities for the well-being of the children with physical disabilities.

How You Can Help

Volunteer your time: Whether it's a one-off or something you do on a regular basis, volunteering is good all rounds. As well as making a positive contribution to the happiness of others, it's a great way to meet people, get the most out of your local area and to increase your own happiness and well being.

Science shows that we can get as much out of volunteering as the people we are giving our time for or to.

Giving to others through volunteering and in other ways has been associated with reduced depression and anxiety and increased personal well being and happiness. Indeed one researcher described the 'helpers high'.

What's more, volunteering is one way to actively participate in social and community life, which is also strongly associated with happiness and life satisfaction.

Make a donation: Support the Friends of the Disabled (FoD) for HRDC purpose for serving the children with physical disability of humanity's creative spirit and supporting the caretakers of our cultural heritage.

Consider making a gift, of any size, to strengthen the FoD/HRDC that supports the intervention of children with physical disability so that they can be reintegrated into their own communities.

Your investment in the FoD/HRDC's people, programs, and resources will help improve the lives of the children with physical disability. Friends of HRDC is a registered charity in US

Leave a bequest: A legacy or bequest is a sum of money, items of property, or possessions left in your Will to individuals, groups, organisations and/or charities. There are a number of different ways to include FoD/HRDC Nepal in your will.

Bequest of all or a share of net estate – the net estate is the amount left after all other gifts have been made. Many supporters find this is the simplest way to support us after ensuring that provision has been made to those closest to them.

Fixed sum bequest – this is a bequest for a specific amount of money. Solicitors often advise that bequests of this kind be regularly reviewed to allow for inflation.

Specific gifts/bequests – your gift need not be cash. You can give shares, bonds, jewellery or valuables, an insurance policy or even real estate property.

We deeply appreciate your bequest - however big or small your gift is, you can be sure that it will mean a lot to the people we work with especially children with physical disability from Nepal.

Become a corporate partner: A corporate partnership with FoD/HRDC provides an opportunity for your company to impact the lives of children in need of specialized paediatric care and align your brand with the most renowned children's hospital in Nepal. With your corporate support, our children with physical disability (patients) benefit from new technology, the latest research and the best experts who are able to provide the highest level of care in a compassionate, family-focused and safe environment. Choosing FoD / HRDC All Children's as your philanthropic partner or beneficiary helps to create healthy tomorrow... for one child, for All Children.

There are a number of ways for your company to partner including philanthropic activities, events, employee-led engagement, and community programs. Our goal is to customize the involvement that is best for you.

Other ways you can help our cause: The FoD / HRDC has several ways you can contribute your time and treasure that will assist us fulfil our mission to help children with disabilities. There are simple things you do in your everyday life that can help the FoD / HRDC significantly. These include engaging us on social media, hosting and/or attending fund raisers and benefits. Check out these opportunities and begin donating today!

Looking to the Future

In the past three decades, the leadership at HRDC has been a humble servant to a cause most neglected. This strategic plan embodies our continuing commitment to serve the most vulnerable of our society as we continue to learn and share lessons that emerge from our work.

As we look to the future and the continued uncertainty that defines the landscape, our intent is clear: HRDC will continue to improve the quality of life of the most vulnerable children of our society and leave no stone unturned to reach the unserved corners of the country.

This strategic plan sets us on another five-year path where we will further deepen our impact and continue to improve our effectiveness.

This is a dynamic road map that articulates what we want to achieve and where we want HRDC to be on the leadership curve in improving the quality of life of the most vulnerable children of our society. And in doing so we know we are not alone and well supported by our well-wishers, volunteers and donors and we would like to reaffirm our commitment to our core ideals that will continue to serve as compass for all of us at HRDC.



The AHF Chair at HRDC



The AHF Officials at HRDC



IDD celebration at HRDC



HRDC field team during the reflection workshop



Additional OR being inaugurated by the chair



Mr. Paul Geditz being facilitated for his long standing contribution



Professor Dr. Suresh Gupta from US visited the HRDC



Professor Dr. Ashok Banskota sharing his motivational experiences



Physiotherapy at camp



Group counseling in camp



Reflection workshop of ERICE Project



Registration being done at camp



Gait training being providing at camp



Orthosis measurement at camp



Children being consulted by HRDC doctor at camp



People / children waiting for their turn at camp



Dr. David Spigel from CHOP delivering a talk at HRDC



Tender loving care at HRDC



Celebrating 33rd HRDC Anniversary



International Clubfoot Day 2017 Celebration at HRDC



Prosthesis measure at IDC Butwol



Ponseti casting at CFC Lahan



Drawings on disability mainstreaming by admitted children as a part of extra curricular activities



EPOS POSNA International workshop organized by HRDC



State Minister of Health Tara Man Gurung visited HRDC



Rotary Cub of Kavre and HRDC officials for a joint program



Dhanusha Camp



Dolakha Camp



Banke home visit



Ponseti removal at RRC east



Professor Dr. Ashok Banskota at OR



PRT graduate in 2017



Patients registration at camp



Hospitalized kids at HRDC



Kids in HRDC's softroom



Parents being taught on how to pay special attention to the hospitalized kid



People and children waiting for their turn at camp



HRDC's orthopedics surgeons team

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 35,000	\$ 400
Fabrication and fitting of ten low cost orthoses for ten children	NPR 70,000	\$ 800
Comprehensive Physiotherapy for ten children for a week at HRDC	NPR 14,000	\$ 175
Cost of one patient's medical & social rehabilitation for the whole year including follow up	NPR 1,12,000	\$ 1260
Cost of one patient's surgical intervention	NPR 81,000	\$ 800
Management of ten clubfoot children below 4 years of age, through Posneti techniques	NPR 2,81,000	\$ 3000
Cost of one health and rehabilitation camp of one week duration in a remote district of Nepal	NPR 8,00,000	\$ 7900
Cost of one surgical camp (with reconstructive surgery of 16 children in region)	NPR 9,60,000	\$ 11,750



Contact us:

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