Hospital and Rehabilitation Centre for Disabled Children, HRDC

Annual Report 2000

Front View of HRDC Complex, Banepa

A Program of
The Friends of the Disabled, FOD

Help Us To Help Disabled Children

Chairman's Message

Greetings and thanks once again, dear friends, for continuing to support us in our work in Nepal to treat and rehabilitate children with physical disabilities. It is that time of the year once again when we must not only analyze our activities of the past year but also explore the reasons of our success as well as setbacks. For as the Hospital continues to grow and mature, we must look into its short and long-term future in order to guarantee its sustainability.

Thus, not only are we continuing to seek more collaboration to strengthen our expertise in pediatric orthopedic care and training, but also I'm proud to inform you that in fact much headway has been made on collaboration to strengthen expertise and training:

For example:

- A two-day spine (Scoliosis, lateral curvature of spine)) seminar between Nepal and Turkey was successfully completed at HRDC and BB Hospitals.
- A memorandum with Orthopedic Overseas was signed to have a visiting pediatric orthopedic surgeon from the US for teaching and training exchanges at HRDC.
- HRDC enters its 2th year as Kathmandu University's training centre in MS Program in orthopedic surgery.

While foreign donors continue to support us generously, we have begun to explore alternate avenues to diversify our funding sources, especially among our own Nepali people and institutions. Thus, efforts at sustainability moves ahead steadily, with activities planned at various levels throughout the year 2001. Although more time and effort will be required to realize concrete results, the responses from many individuals and funding groups have been most encouraging. The Friends of the Disabled is going to do everything possible to make the Program more vibrant and successful.

I am also gratified that there is heightened awareness in the local government circles about the role that HRDC has been playing in the community as a special service provider to this specific disadvantaged group with physical disability. As a token of its gratitude, the Ministry of Women, Children and Social Welfare awarded HRDC a one-time grant of Rs.2 lakhs (approximately $2700) We fervently hope that the Government will continue to display its appreciation in this manner.

On behalf of the Friends of the Disabled, I want to wish you all a peaceful and prosperous new year and thank all of you who have so generously lent your support. I specially want to mention Terre des hommes for their continued partnership and guidance, the American Himalayan Foundation for enthusiastically supporting our work for the physically disabled children of Nepal. Our sincere appreciation also goes to Christoffel Blindenmission, Germany and Austrian Round Table, Austria for their continued support to our treatment and rehabilitation efforts of the physically disabled children of Nepal.

Dr. ASHOK K. BANSKOTA
Chairman
Friends of the Disabled, FOD

TABLE OF CONTENTS

Six Good Wars Against Disability

War against fear
War against hate
War against hunger
War against disease
War against ignorance
War against poverty

Let us fight them back together.

1 SUCCESS STORIES:

Story – 1:

Influx of clubfoot cases to HRDC has been quite large. Since the inception of HRDC, we have dealt with more than 3000 clubfoot cases. Fixing the problem with surgical procedures has been a routine work for HRDC medical team. We have achieved extremely high success in this correction given the family support is there for postoperative rehabilitative care (disciplined physiotherapy and continuous use of appliances where applicable). One of the successful clubfoot cases is as briefly described below:

Sajan is nine-year-old boy who walked on severe deformed clubfeet with great difficulty. He was born with the deformity on both feet. His family was not aware that such deformities could be well corrected by early intervention at an orthopedic medical center. As he grew older, his foot deformities became more rigid in abnormal positions with the dynamics of growth and constant weight bearing on them.

The physical mobility plays a major role in the balance growth and social adaptation of the children. Nepal's mountainous terrain poses extra difficulty in this. Sajan missed such active participation in growing up in the rural society with his limited mobility.

Fortunately his family brought him to our mobile camp when we visited his home area in Kailali, western region of Nepal early last year. We immediately initiated a conservative management plan for him with stretching exercises to facilitate the surgical corrections to be done later. He was admitted at HRDC after a few months and underwent the surgical correction, one foot at a time. Our major goals were to give him complete plantigrade feet and also to allow him to walk on them without any pain.

He is walking well now.

Story – 2:

Government initiative on dealing with cases with tuberculosis of lungs under DOTS (directly observed treatment short-course) program is praise worthy. However, had the government planned to take into count other forms of tuberculosis such as bone TB, the eradication campaign would become more comprehensive: Cases such as the one described below, are at a disadvantage as far as seeking affordable medical solution for the problem, as the DOTS program does not encompass bone TB cases for which the TB drug regime may be different. When such cases come to HRDC's attention, we are compelled to purchase the same medicine supplied by HMG free of cost and get financial participation from the clients, which means that the clients are also putting some money for the medicines. Some of bone TB cases come to us with complications and deformities; occasionally the patients come with varying degree of paralysis.

Chandra Rokka is a thirteen years old boy from Lumbini in southern Nepal. As a young child he had been sick with recurrent fever and had gradually developed a gibbus deformity on the back of his thoracic spine.

His family was unaware of the onset of tuberculosis infection in his spine. As he was progressively debilitated with spastic paraparesis and partial loss of sensation in his lower limbs, his family took him to a hospital in Palpa. There he was treated conservatively with tuberculosis medication for nine months. He had slight improvement but could not get better enough to walk independently.

His kyphotic deformity of his thoracic spine worsened, as he grew older making it difficult for him to take steps without support. When he was brought to HRDC after several years of this chronic problem, we realized that he has some chance for improvement through surgical intervention. HRDC team made a thorough evaluation of his medical condition. Then he underwent an extensive surgical procedure consisting of resections of the diseased vertebra body parts, which had caused chronic compression on his spinal cord and stabilization of that portion with a strut bone graft inter-position. Post operatively; he made progressive improvement through several weeks to regain strength in his lower extremities

He has been fitted with a spinal brace. He is also receiving a combined course of anti-tubercular drugs for one year. He is being closely monitored for regular drug compliance through our Community Based Rehabilitation activity network. We also evaluate him during his follow up visits to HRDC.

Now he is walking independently without any support.

II GENERAL BACKGROUND

Landlocked Nepal has been described as "a yam caught between two rocks," The "rocks" being China (Tibet) to its north and India to its south as well as west and east. Almost a third of the total Himalayan range lies within Nepal, including 10 of the world's 14 peaks that are over 8,000m. Nepal is known not only for its famed Himalayan peaks but also for its rivers, which are considered to be some of the best in the world for rafting, not to mention their potential for hydropower. Although Nepal stretches almost 900 km. east-west and only 230 km. north-south, the geographical diversity of Nepal is such that there are certain spots in the country where one can observe in a single sweep the nation's topography from the sweltering subtropics to the frozen arctic. However, Nepal's geography remains a tremendous challenge to various kinds of developmental work.

Nepal welcomed the world only after 1951, when autocratic Rana family that ruled Nepal was finally overthrown. A decade of democratic experiment was abruptly aborted by a royal coup in 1961. Only in 1990 was the absolute monarchy replaced by multi-party democracy. Naturally, with advent of freedom, people had great hopes that abject poverty, illiteracy and other social ills would now finally be alleviated, if not eradicated, but a decade later, the people's expectations have been dashed. Corruption, graft, nepotism and other evils of the past continue to plague the nation. Meanwhile, the resources have not been distributed equally or used in those sectors where they are most necessary.

In 1997 Nepal's GDP was US$210 per person; nearly 90% of the population are still subsistence farmers and almost 70% of the people remain illiterate. And most of the development work to build up infrastructure and alleviate poverty is financed by foreign aid. It is estimated that 30% or more of the government's revenue is derived from foreign aid. Given these rather bleak statistics, it should come as no surprise that children suffer even more than the rest of the population.

Disability in Nepal is closely linked to poverty. A typical farming family in Nepal produces food only for a few months a year. The family has to seek ways to feed its members for the rest of the year. Malnutrition, poor hygiene, lack of health information and services have caused and often aggravated disability. The number of practicing doctors in Nepal is 1,950 (1998), and approximately 60 percent are working in Kathmandu Valley. Outside the Valley, the average is one doctor for 52,000 people. The health posts in rural areas are often under-staffed and / or do not have enough drugs available. Due to severe poverty, more than fifty percent of the children are still victims of malnutrition. While 60% of the children enroll in primary schools, more than 50% of them drop out before they complete primary education.

Nearly 23% of the Nepali population with disability is physically disabled, yet 30% of the physical disability is preventable. In addition to physical suffering, persons with disability are also subjected to social stigma and disabled children are especially vulnerable. Unfortunately, disabled persons are seen as a burden as they have difficulty in contributing to the family income. The society often marginalizes disabled children; they are not sent to school and often excluded from community activities. Later, they have difficulty in getting married.

III INTRODUCTION TO HRDC

This hospital and rehabilitation program was initially established in 1985 by Terre des hommes (Tdh), a Swiss International Non-governmental Organization (INGO) to treat children with physical disability. In 1992, Tdh handed over the program to the Friends of the Disabled (FOD), a Nepali Non-government Organization (NGO), which established the Hospital and Rehabilitation Centre for the Disabled Children (HRDC) in 1993. HRDC functioned from Lalitpur district (in Kathmandu Valley) for about five years. In 1997, it moved to its present new complex in Adhikari Gaon, Banepa, located 25 km. east of Kathmandu. The hospital's modern facilities occupy 9 acres (74 ropanis) of land on a ridge overlooking the terraced fields and forested hills surrounding Banepa valley. Currently, there are 120 staff working in HRDC. In addition to 4 regular medical professionals, the medical faculty consists of 10 visiting doctors, surgeons and consultants. The hospital has 71 beds and residential quarters for key staff. The main focus of treatment and rehabilitation at HRDC is on children, especially the poor, who are under 16 years old. Ten percent of all such children have been treated. On humanitarian ground, HRDC has provided service to physically disabled children from other countries (India, Pakistan and Tibet) also if continuity of care is guaranteed by the persons / organizations referring the children.

Irrespective of financial status, all children with physical disabilities who visit HRDC receive services.

Other hospitals and organizations in the country are utilizing HRDC's comprehensive range of services and capacity for more specialized orthopedic intervention. Thus HRDC deals with a significantly large number of patients referred by other hospital and / organizations.

A. MEDICAL SERVICES

In most cases, medical rehabilitation is the first and a very important step towards enabling children with physical disabilities for social integration. HRDC services are organized to change this to reality:

- The concept of Assessment Team at HRDC encompasses family involvement when deciding short term and long-term rehabilitation goals. Diagnosis is straightforward in many cases. And so, activities for intervention and results to be achieved are simple. Some cases are complicated and require Assessment Team members come together, decide on options and counsel clients regarding available technology and processes, clarify HRDC's and family's roles / responsibilities and possible prognosis. 7956 consultations were given. 5163 children benefited from the services in 2000.
- On – going effort from HRDC to educate families and community-based organizations on rehabilitation processes has started yielding positive results. Consequently the number of follow up cases has dwindled compared to previous years. Possible reasons for this may be:
  - Increasing availability and knowledge of rehabilitation services in the field.
  - Increase in the costs of living, travel, food, etc. other than the contribution for HRDC.
- HRDC's patient management has been strengthened with the following practical internal changes:
  - All HRDC services are centralized in the main building. Once the patients, staying in the over-flow and rehabilitation wards (dormitory) in the small separate building, came to the main building, they did not go back until they took supper. Therefore, we shifted over-flow and rehabilitation wards to the main building. This has been functioning very well.
  - We have defined the number of ward beds into Ilizarov, Septic and General Orthopedic. This has helped us to manage internal services in the wards.

- Reducing patients' waiting time for reconstructive surgery has been a major challenge for HRDC. In 2000, total surgical procedures reached to 1265 with an increment of 12.9% in major and decrease of 10.94% in minor compared to 1999. Increase in major surgical procedures and decrease in minor are in line with HRDC's strategic focus and are indicative of HRDC's leadership role in tertiary level intervention.
- Patients' admission in 2000 increased by 15.29% compared to 1999. HRDC team is continuously effortful to reduce patients' number waiting for surgery.
- Realizing the fact that there is crucial need for intervention of Scoliosis (lateral curvature of spine) (lateral curvature of the spine) cases and that no services are available in the country, Medical Team of HRDC and BB Hospital has been working with the Turkish Medical Team to develop expertise in the country and eventually, take up the work. A workshop was conducted at HRDC and BB Hospital with help from the Turkish Team.

B. REHABILITATION SERVICES

- **Community Based Rehabilitation, CBR:**
  - Home Visit Program: HRDC provides regular follow-up / rehabilitation services in 28 districts through CBR Department. A strong home visit program is part of the services carried out by 17 CBR Workers. By the end of 2000, patients under regular follow-up reached to 3128 in the districts. The CBR Workers carried out 5778 home visits in 2000. Thus, the average frequency of home visits in 2000 was almost two per patient.
  - Mobile Health and Rehabilitation Camps: HRDC maintains contact with more patients at least once a year in several additional districts through the Mobile Camps, which are conducted with the purpose of identifying new patients, follow-up of old patients and providing possible intervention in the area. In 2000, 13 rounds of mobile camps were conducted providing services to a total of 2130 patients. The Camps covered 43 districts of which 27 were in non-CBR Worker region.
  - Individual Concern: HRDC goes great lengths to trace the patients who fail to come to HRDC on the dates agreed in advance.
  - Survey: A survey was conducted in Chitwan and Kapilvastu to see the comparative impact of mobile camp and home visit program. The districts were chosen in consultation with Special Education Department of the government with the purpose of possible collaborative intervention in future. 30 – 40 clients from each district receiving the services were interviewed along with the schools and community organizations of their

surrounding. Tdh was in the leadership role of the activity and got assistance from Special Education Department also. The information we got from the report are useful in planning grass-root level work to empower the community partners / organizations under Strategic Objective (Field Program). (See under "Business Plan" below).

- Plan for Future: Strategically, HRDC is putting emphasis on community empowerment from 2001 onwards: Partners willing to work initially together and progressively taking over the responsibility will be identified. Then joint work will take place to transfer skills to local partners on primary rehabilitation therapy and fabrication / maintenance of orthopedic appliances. The shift will help us to upscale services in the country without additional cost to HRDC.

- **Physiotherapy**:
  - Physiotherapy is crucial for pre- and post- orthopedic intervention or for rehabilitation in general. There are, however, not enough physiotherapists in Nepal – there was no training for long to address the scarcity. Very recently, effort is being put to establish two levels of physiotherapy-training courses through Institute of Medicine. However, current health structure neither includes physiotherapy services and nor has plans to absorb the trained workforce. Most of the non-government organizations outsourced for existence are not financially capable to absorb high-level expertise. HRDC is one of the organizations presently producing a low-level physiotherapy workforce that is capable to assist physiotherapists or carry out simple Primary Rehabilitation Therapy in the field. So the production of low-level and affordable workforce from HRDC is very important for the community.
  - HRDC also provides the following direct therapeutic services to patients:
    - Thorough assessment of physically disabled children to formulate short and long term rehabilitation goals.
    - Preparation of admitted patients for surgical intervention and for post surgical mobility.
    - Measurement and construction of tailor-made assistive devices (splints, etc.) to prevent further deformity and / or increase functional mobility
    - Need based teaching to clients on the use of appliances.
    - Teaching simple exercises to clients to enable them continue at home. This individualized attention and training is essential to sustain as well as increase functional regain.

  - In 2000, 4486 patients visited the physiotherapy department. 1331 of these were new cases that required thorough assessment. 46% of 4486 were intervened on outpatient basis. (See Annex for data)

- **Orthopedic appliances**:
  - HRDC has a workshop on premise, which designs, fabricates, distributes and repairs low-cost, custom-made orthopedic assistive devices utilizing locally available materials as much as possible.
  - A Team of experts from Handicap International, HI evaluated Appliance Department. The evaluation has recommended improvement in the quality and use of appliances / machinery, staff training requirement and ways to reduce the cost of appliances. HRDC is grateful to HI and the Experts through HI for their invaluable time and resource for the evaluation. We are working towards implementation of the recommendations.
  - In 2000, demand of appliances was 1700 of which 1664 were fabricated, a bit higher than that in 1999 – the positive consequence of a good teamwork. 1562 appliances were delivered. Repair cases reached 392, which is 8.6% less compared to 1999. CBR Workers explore every possible to assist the clients to get the repairs done at the local as much as possible. This might be the reason for low number of repair cases coming to HRDC. 1145 children benefited from appliances in 2000.
  - Two new technicians were hired after two experienced technicians left HRDC. The staff with new technicians in the team successfully demonstrated the importance of teamwork by yielding more production of appliances in 2000. (See Annex for data)

C. TRAINING AND EDUCATION

Education and training is one of the core components of intervention at HRDC. HRDC believes that sharing its experience with other like minded persons / organizations cross stimulate and / or empower each other to tackle with unknowns when dealing with prevention and rehabilitation of persons with disability. Recognizing that a high percentage of disability can be prevented with proper education and awareness in the community, HRDC is striving to educate partners and / or organizations, health facilities and the general public:

- **Training for Outsiders**: HRDC is conducting training for organizations involved in disability and sharing skill, knowledge and experience gained through program implementation of more than 16 years:

- Basic Training in Rehabilitation: In 2000, we provided training to 6 participants from four different organizations.
- Basic Training on Physiotherapy: Thirteen candidates from ten different organizations participated in this 3 month long course run at HRDC from July to September 2000. Everybody appreciated its usefulness despite its short duration. The idea shared has thrown light on making it primary therapeutic training for the field level.
- Since the last two years, HRDC has been functioning as one of the two training centers for Kathmandu University for a three-year Post-Graduate Training Course in Orthopedic Surgery. In-take of students is two per year. Enrollment for second batch was done last August.

- **In-House Training:** HRDC takes into count the skill development of its staff to enable them attain the overall organization's purpose envisaged in the mission and organizes in-house training / education activities accordingly:
  - Eleven middle level managers underwent a weeklong training covering the basic of practical management: report writing, supervision and communication.
  - Six Section In-Charges got basic computer training in word processing to make them more efficient in correspondence.

- **Tapping Training Opportunities:** In 2000, HRDC sent its staff to different training:
  - Awareness Against Child Abuse: Hospital Manager participated in a two-day long workshop on "Aware Culture and Employment Practices for Organizations Working with Children" conducted by Tdh.
  - Strategic and Operational Planning: Director participated in the two-week long training conducted by the Technical Instructors Training Institute (ITTI).
  - Management Training: One Physiotherapy Assistant and one Orthopedic Technician attended a four-day long workshop on the management of "Lower Leg Amputee" at Anandaban Leprosy Hospital.
  - Project Management: Hospital Manager attended a two-week long "Project Management" training at ITTI.
  - Vocational Training: Assistant Educator participated in a six day long "Painting and Handicraft Training" conducted by Indreni Painting and Decoration Institute.
  - Vitamin A: In-Patient Services Coordinator participated in a two daylong workshop on Vitamin A conducted by District Health Office in Kavre.

  - Immunization: One of the Auxiliary Nurse Midwives participated in a two daylong workshop on Immunization Refresher Training conducted by District Health Office Kavre District.

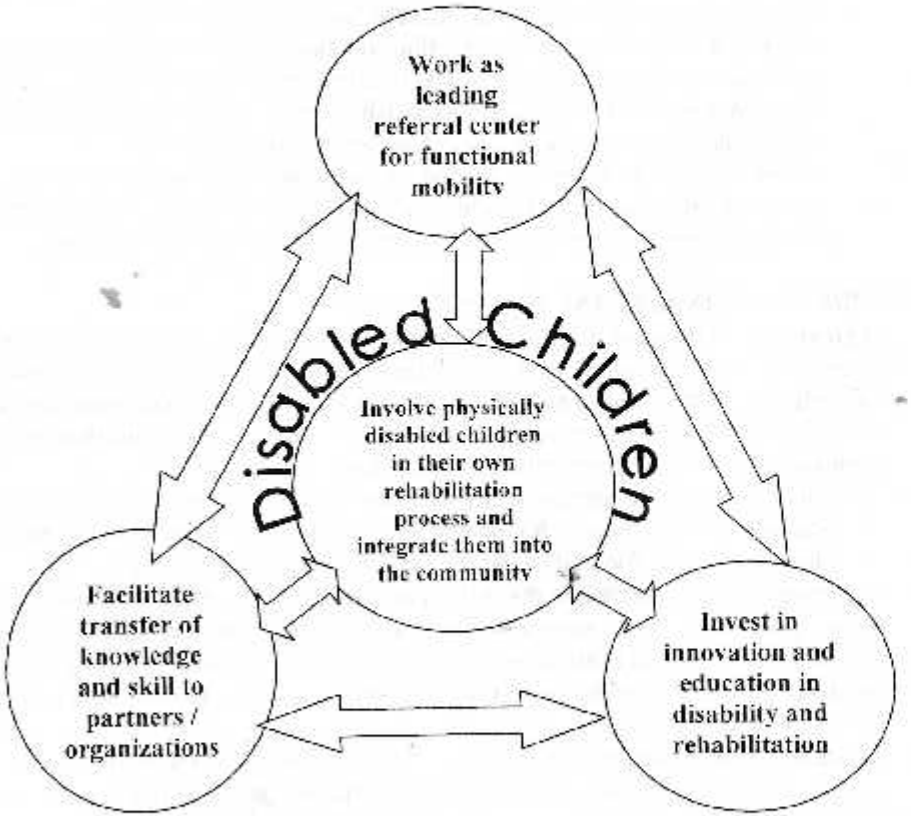
- **Input Level Assistance and workshops:**
  - HRDC hosted a two daylong workshop on Physiotherapy conducted by Physiotherapists of Nepal in January 2000. Physiotherapy Assistants of HRDC also participated in the Workshop.
  - In-Patient Services Coordinator assisted Ministry of Health for two weeks to develop a curriculum for "Orthopedic Nursing Care" training.
  - HRDC Heads of Department, Section In-Charges and some Members of the Executive Board, Friends of he Disabled received training on Logical Frame Analysis, LFA with help from Tdh experts. The expectation is that HRDC plan is submitted to Tdh in Log frame format from 2001.
  - HRDC and BB Hospital hosted a workshop on Scoliosis (lateral curvature of spine) run by the Turkish Team of Experts (See Under Medical Services). HRDC's medical team participated in the workshop.

D. ADMINISTRATION AND MANAGEMENT

- **Agreement**: With quite a bit of administrative exercise for 20 months, Social Welfare Council, Terre des hornes and the Friends of the Disabled completed procedures for the three year (1999 – 2001) partnership agreement for partial coverage of the HRDC's running cost by Tdh. In 2000, Tdh's contribution is approximately 30% of the projected expenditure.
  - HRDC / FOD appreciates His Majesty's Government Ministries and Social Welfare Council for enabling it to seek and receive funds from other sources for the part of the running cost not covered by Tdh.
- Realizing that **networking** in the district on health and disability activities is a must, we have become voluntary members of the NGO and GO Coordination Committee led by the District Health Office. HRDC has been advocating for disabled children / persons and making disability a strong case of concern at all levels.
- **Business Plan**: Realizing the need for consolidation of HRDC activities and reflecting them in writing with strategic milestones, planning team exercised to develop vision, mission and strategic objectives as part of the Business Plan. In the process, the Team conducted several meetings and workshops to get input from Executive Board Officials and HRDC Management Team, stakeholders and all levels of HRDC staffs.

- **Vision:** To create a community in Nepal where persons with disability are respected and have equal opportunities
- **Mission:** Provide comprehensive, quality medical care and rehabilitation to children with physical disability in Nepal.
- **Strategic Objectives:** To become educator, implementer, researcher and advocate in the field of comprehensive rehabilitation by achieving the objectives specified below:

Hospital Program



Field Program ***Education and Research***

Clearly, we have financial targets to reach to smoothly carry out the activities that contribute to the fulfillment of the above objectives.

- **Financial management:**
  - FOD has formed a Funding and Finances Management Committee, a small task force from its executive members to work on HRDC's financial sustainability. The following strategic plan has been agreed. Activities have been organized accordingly to change the plan to reality.
    - **Seek clients' partnership** in rehabilitation process: Clients' involvement has no alternative for achievement of rehabilitation goals set by the clients themselves and the Assessment Team. A token fee is charged to those who can pay.
    - **Diversify donors:** The business of treatment and rehabilitation of physically disabled children in which we are involved is very costly. Linking logical parts of the total work to other donors has been essential as the primary donor has shifted its priority.
    - Carry out programs to brief different local groups / communities to **increase program visibility:** FOD appeals to Nepalese citizens for assistance to sustain treatment and rehabilitation activities of HRDC.
    - Develop Trust Fund to cover part of the running cost: HRDC has set up an endowment fund and continue its fundraising activities in the West also.
    - HRDC has undertaken to analyze and **reduce costs** per patient by increasing the patient flow and cutting costs where possible.
    - At the center of these efforts is the firm conviction that HRDC is a **highly credible organization** in terms of quality services, efficiency and transparency and will remain so in future also

  Note: The present scenario is that Tdh, the major donor of HRDC for the last 16 years, is slowly reducing its contribution because of shift in its policy.

- **Cost recovery and subsidy:** HRDC / FOD is still a charitable organization. Clients contribute only a small part of the cost of intervention carried out at HRDC. What we ask from the clients is partnership in cost also and we thus raise a small token fee. However, the Clients having no money to cover the cost of intervention do not go back without receiving the services. If they cannot pay, HRDC waives up to 85% of the fee. We cover hundred percent if required by organizing reimbursement of the last 15% from disability fund – a fund collected by the voluntary contribution from HRDC staff, FOD officials and others. Details of the disability fund and its use in 2000 have been presented below:
  - Patients benefited from waiving system = 347 (Pharmacy 20, Physiotherapy 8, Admission 230 and Appliances 89)
  - Rs.475,285.- was waived in 2000. Most waiving was in admission.

- Total collection amounted to 2.3 million rupees, which is 8.15% of the income.
- Opening balance of the Disability Fund = Rs.64,735.-. Total reimbursement amounted to Rs.13775.00.
- Sixty patients were benefited from the disability fund in 2000.

- **Income and Expenditure 2000:**
  - Total expenditure projection in 2000 was 28.3 million rupees. With strong cost monitoring all through the year, actual expenditure reached only to 25.7 million rupees.
  - HRDC / FOD's input on fundraising also has increased according to the strategic plan mentioned above. We were thus able to raise a total of 28.1 million rupees close to projection. Thus there is some saving this year also.
- **Auditing**: From 2000, HRDC has introduced an internal auditing system using a firm chartered accounts to ensure that
  - Account books correctly show income and expenditure.
  - Asset records are in tact
  - All financial transactions are transparent and follow standard accounting system.

  Routine annual formal auditing is on process using external auditor.

E. FUTURE CHALLENGES AND STRATEGIC APPROACH:

- Clients are the center of HRDC's work. HRDC is committed to make greater effort to involve physically disabled children and their family members in the entire decision-making and rehabilitation processes. Family members and patients are trained at the Hospital from the beginning to continue rehabilitation at home. The on-going challenge for HRDC is to make sure that the children are integrated into the community through local partners and / or organizations.
- HRDC Management Team has projected detail plan for 2001 and a tentative plan from 2002-2004. The plan reflects HRDC's emphasis on transfer of skill and knowledge for follow-up care / rehabilitation to partners at the community level. HRDC will gather information the first year. From the second year onwards, HRDC will start to build up capacity of partners and eventually hand over the responsibility to the partners. The purpose is to make sure that in the mid-term and long-term, more children with disability will have access to rehabilitation services without increasing HRDC's cost. The summary of results to be achieved in 4 years is presented below. HRDC's activities will be framed and implemented targeting the results:

- HRDC provides quality care in the following areas: deformities, limb lengthening, hand reconstruction, crippling arthritic disorder management, burn management, spinal cord injury treatment, scoliosis (lateral curvature of spine), myelodysplasia (congenital/developmental problem of spine) care
- HRDC increases the number of admitted patients to 1000 per year by 2004.
- HRDC produces low cost devices of predominantly local materials for its patients and, based on 2000 data, 20% of the devices for outsiders
- Each school-age patient staying at the hospital for longer than a month has access to primary education.
- All patients in politically sensitive areas have access to adequate follow-up care
- Runs an effective follow-up system in all HRDC-CBR districts
- Partner organizations in Chitwan, Jumla and Palpa are enabled to take on most of HRDC's CBR activities
- 8 orthopedic surgeons have been trained
- 40 physiotherapy technicians have been trained
- Monitoring tools to critically appraise HRDC's treatment are in place
- "Burn campaign" has been carried out in two districts.
- Access to additional resources, including community resources and new donors / donations, has been increased
- HRDC continues to be a credible and transparent organization
- Cost per patient is decreasing over time
- Annually, 5% of the total cases gain satisfactory functional mobility in activities for daily living

F. CONCLUSION:

We have put together this brief "HRDC Annual Report 2000". We have hoped that this will update the readers who are already familiar with our work and create interest to new contacts for further exploration.

2000 remained a successful year. We catered comprehensive, quality treatment and rehabilitation services to more new patients than last year. More people in the country and outside knew HRDC. Strong networking is being established locally as well as internationally with orthopedic and nursing setup. Such contacts help us share our experience in rehabilitation. Currently HRDC is working with more than 14 different local organizations in the field level. The organizations have been handy in the delivery of services and referral in the field.

CBR National Network Nepal requested us to continue as the National Coordinator for the second term also. Ministry of Women, Children and Social Welfare recognized HRDC's work by contributing a small amount that, in fact, has higher sentimental significance than its face value. Terre des hommes showed its commitment of continuing the support to the Program to make it sustainable. An agreement has been signed for 3 years from 1999 – 2001. Tdh has also indicated to continue the support for additional 3 years from 2002 - 2004. American Himalayan Foundation increased its support and pledged much more than it had promised in 1999. It has assured us to continue supporting us.

Dedicated philanthropy and volunteerism has been a matter of reality at HRDC. The strong and unprecedented example set by Dr. Ashok K Banskota, Chairman, Friends of the Disabled has guided other medical professionals to follow suit. Significant contribution is coming from Dr. Jwala R. Pandey, the first Orthopedic Surgeon of Nepal, Dr. Chakra Raj Pandey, Consultant Orthopedic Surgeon and many others. Dr. Chakra R. Pandey has been actively involved in highlighting HRDC's work on two occasions in International Meetings in Japan in 2000.

Patients and their family members functioned as a wonderful team member in the treatment and rehabilitation process. Everybody who visited HRDC genuinely appreciated the work. The assistance that HRDC has received from all of you (i.e. donors, medical professionals, network members, and clients themselves) has highly encouraged us.

On the whole, it is only your support that has taken HRDC this far. On behalf of the Executive Board Officials of the Friends of the Disabled, all staffs and clients of HRDC, I whole-heartedly express sincere appreciation for such a wonderful and continuous support to our work at HRDC.

Thank you very much!!

Krishna P Bhattarai
Director, HRDC

Annex 1: DATA SUMMARY

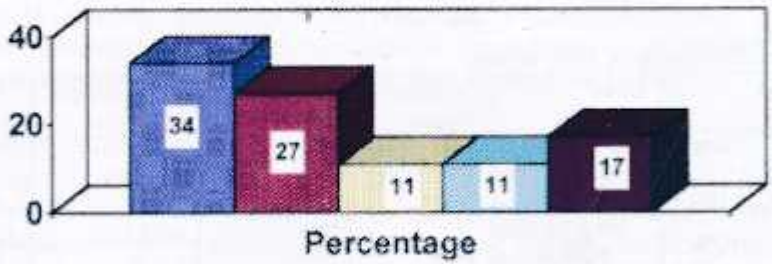
Till December 2000, HRDC served a total of 12369 patients, 4138 completed treatment and rehabilitation and 8231 patients are still under follow – up care.

Performance summary of 2000 in data:

Departments	Items	Projected Targets	Performance	Achievement (+) / (-)%	Comparison with '99 (%)
Medical Support Services					
OPD at HRDC	Consultation	5400	5826	+ 7.9	- 5.0
	New Patients	720	876	+ 21.7	+22.2
	Follow-up	4680	4950	+ 5.8	- 8.7
X-ray	Out patients	720	891	+23.8	+13.9
	In patients	660	555	-15.9	-10.8
Laboratory	Total tests	2400	2668	+11.2	-32.50
IP Services:					
Wards:	Admission	780	739	-5.3	+15.3
	Total:	1440	1265	-12.2	+1.7
Surgery:	-Major			+3.3	+12.9
	-Minor	720	744	-27.6	-10.9
		720	521		
Physiotherapy	Total Patients	4320	4486	+3.8	-0.4
	a) Inpatients	920	1290	+40.2	+14.1
	New	515	719	+ 39.6	+ 20.4
	Old	405	571	+ 41	- 1.7
	b)Outpatient:	3230	3196	- 1.0	- 5.4
	New	540	612	+13.3	+11.3
	Follow-up	2820	2528	- 10.5	-10.5
	c) Conservative Management:	170	179	+5.3	- 26.6
	New	35	40	+14.3	-7.0
	Treatment Session:	19200	33055	+ 72.2	37.6
	New patients	15600			
	Follow up	3600			
Prosthetic Orthotic	Fabrication	1560	1664	+ 6.7	+ 8.6
CBR	Mobile Camp	2400	2130	- 11.3	+ 20.3
	New Patients		637		
	Follow-up		1493		
	Home Visits	2737 patients	3128 patients	+ 14.3	+ 14.3

Etiology of Disability

(Based on clients' influx at HRDC from 1985)



- Congenital (Clubfoot, etc.)
- Infection (Poliomyelitis, Osteomyelitis, ETC.)
- Post Bum Deformities
- Neglected / Mistreated Trauma
- Others (Tumors, Nutritional Problems, etc.)

Contact:

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Remember disability is not by choice, but by compulsion; and major part of it is created by the society itself.