



Terre des hommes

Letters from Kathmandu

Volume 2, April 2003

I am *this* able

With this newsletter we inform about *Terre des hommes*' Rehabilitation Program for Disabled Children in Nepal.

Access to special care is a fundamental right for children with a disability. This has been a guiding principle for *Terre des hommes* since it opened a delegation in Nepal 18 years ago. Initially, *Terre des hommes* managed a hospital for physically disabled children. The Hospital and Rehabilitation Centre HRDC in Banepa is now a project of the Nepali NGO 'Friends of the Disabled', a strong partner of *Terre des hommes* since 1992.

With the shift in policy and priorities of *Terre des hommes* (the primary and single donor till 1995), the Hospital and Rehabilitation Centre HRDC now receives 30% of its total funding from the Swiss agency. *Terre des hommes* is nowadays more interested in partnering with HRDC in more non-hospital based disability care related work. *Terre des hommes* is still very committed to further strengthening management systems, reorganizing outreach programs and the development of fundraising strategies.

The main focus of treatment and rehabilitation at HRDC is on poor children. It conducts medical intervention for the children up to the age of 16 and rehabilitation up to the age of 18. It is still the only orthopaedic hospital in Nepal that provides follow-up care for its patients at home.



Much of the terrain in Nepal poses unusual difficulty for children with disabilities. Steep hills and rugged mountain paths make mobility difficult even for able-bodied people.



Santoshi (11) loves her dog and enjoys going to school. Three years ago, she was treated for Spine TB and today she wears a brace to protect her spine. Initially, Santoshi was teased about it. But that stopped after HRDC's field worker explained her condition to teachers and students.

Peace at what price?

"Ten weeks into ceasefire, the action has shifted to Kathmandu streets. In the countryside, victims of war wait for the truth to be told.

Nepalis want peace - but at any price? Not if you listen to the people of the war-torn hinterlands. In Dailekh and Kalikot and Jumla, people who have seen family members and neighbours killed either by the Maoists or by state security forces are asking what will be done, in the peace process, to readdress these killings.

While in faraway Kathmandu the government announces its negotiating team, the villagers ask whether all the war dead will ever be accounted for. While political parties and the palace jostle for advantage, the Jumlis want to know whether their families will be compensated. "What will happen in cases where civilians were wrongly

branded Maoists and killed by the state?" asks a teacher in Haudi. A farmer from Pakha asks if compensation is on the agenda for the peace talks. In Tatopani, a young Maoist cadre asks why human rights organisations have not documented all the violations of the past year: "Will they ever come to find out what has happened?"

These raw questions are not being heard in Kathmandu, which in the past few weeks has been as giddy with bad politics as ever. Now that the Maoists have come aboveground, the media, intellectuals, NGOs and other civil society actors are in a mad rush to kiss and make up, in between attending conflict-resolution talk-shops.

At his first press conference, even Baburam Bhattarai became coy when asked about IGP Krishna Mohan Shrestha's death. He preferred, he said, not to dwell on the individuals who had been killed in the war. It would be more constructive to look forward than back, he said.

This would obviously help exonerate his party members from the murders that they have committed. It would also help exonerate the state security forces, which, if made to look back, would have to answer allegations of rape, torture, disappearances, arbitrary detention, and killings of thousands of civilians and unarmed Maoists.

Do we really want this kind of a "quick-fix" peace? It would be dangerous, say human rights activists. "The trauma of war has to be addressed all the way down to the village level," says Bhogendra Sharma of the rights group, CVICT. "The government must set up a truth and reconciliation commission."

Subodh Pyakurel of INSEC agrees. "The process of truth and reconciliation should begin the day the peace talks begin. At the very minimum, every violation must be documented. Those who committed crimes must take responsibility for them. And those, who suffered at their hands must forgive them." The motto 'Forgive, but forget not' motivated the Truth and Reconciliation Commission in South Africa.

International human rights experts point out that achieving truth and reconciliation is a drawn-out, complicated process, especially in countries such as Nepal, with weak justice systems. The push for peace can make people compromise on discovering the truth. "The biggest danger at times like these is that the day they sign the peace agreement, all past violations will be forgotten," says Pyakurel. "Sentimentality will takeover. Someone will say, 'Whatever's happened has happened. Now we are united.' From that day on, all the perpetrators of war crimes and of human rights violations will get blanket immunity."

The Mallik Commission report of 1990 stands as an infamous example. That report on government repression during the People's Movement was buried soon after its preparation, an atmosphere of moral compromise tainted all the political parties from the start of the second democratic era.

An Amnesty International report last year cited state-supported intimidation of a young girl allegedly raped in the Chisapani army barracks. If this glaring case could not be countered, who will press for the truth about the 7,000+ dead, and the other casualties of war? "That doubt is well founded," Pyakurel admits. "The human rights community has its weaknesses. Because of our past affiliations, our present political loyalties, the state favours that we depend on, and the relationship between the state, the parties and international partners, we sometimes cannot fulfil our duties."

"I won't say that a truth and reconciliation commission here would be unsuccessful," he concludes. "But it may not be as successful as it should be". (MANJUSHREE THAPA in JUMLA; With permission from: NEPALI Times, 18-24 April, 2003)

HRDC – A Profile

Since the inception of the Program in September 1985, a total of 15,482 physically disabled children have been served as of December 2002.

Over 18,579 surgeries, both major and minor, have been performed since the Hospital's inception in 1985.

In total, 1363 surgical interventions were carried out in 2002 (16,1% more than in 2001). 992 children patients were admitted in 2002 (29,7% more than in 2001).

HRDC's orthopaedic workshop offers the most comprehensive range of devices in Nepal. Since 1985, about 19,171 orthopaedic devices have been fabricated.

34,750 physiotherapy sessions for in- and out-patients were carried out in 2002 (an average of 132 sessions/day).

Community Based Rehabilitation: 60% of patients had access to follow-up care in the field. They were regularly followed in 22 districts with a total number of 3,706 (3,380 in 2001) reached.

Strategically, HRDC is strongly striving to become an educator, implementer, researcher and advocate in the field of rehabilitation.

HRDC offers 71 beds for children under the age of 16. HRDC employs 120 staff.

HRDC started a post-graduate training program in orthopaedic surgery under the Kathmandu University



Raju Karki is 16 years old. He was born with a rare type of condition in his left leg bone - pseudoarthrosis. Consequently, he broke his left leg, which never healed rendering him a disabled kid. He lost his mother during infancy. At the age of 12 Raju fled from home and went to India, where he spent a year as a domestic servant.



He returned to Nepal and started spending his life as a street child. Since June 2001 his leg started giving him trouble - started to bend.



He was referred to HRDC from CWIN (Child Workers in Nepal), an organization working for the well-being of street children. Once admitted he underwent surgery and remained in external fixator (Ilizarov) for three months. His leg got straight and is in calipers now. Raju longs to be a mechanic and open his own workshop one day. Raju is still with CWIN and is under our follow-up care.



Eleven year old **Mukuna Karki** is the youngest of four children in her family. They lost their mother soon after Mukuna was born.

Mukuna suffered from deformity of the right foot (club foot) since birth. She was brought to HRDC on May 2001 by her sister. Following the week of her admission to the Hospital (HRDC), sur-



gery was done to straighten her foot. Mukuna stayed at HRDC for four months undergoing medical and rehabilitation treatment. She was then kept in external fixator. She now wears foot orthosis (shoes) and can easily do her daily activities. Mukuna is still under our follow-up care. A very cooperative child, she had become everyone's friend at the Hospital.





The first step of a child is watched with overpowering feelings of love by parents. At HRDC we are fortunate enough to witness such moments quite often. **Gopal** took his first step at the age of nine! The youngest of eight brothers, at the age of 8 months Gopal suffered terrible burns to his legs during a kitchen fire at home.



His burns were not immediately treated. When Gopal was identified in one of our mobile camps in the year 2000 he was diagnosed as having 'severe post burn contractures - both legs'. Both his knees were turned in (see the above picture), digits on both his feet were missing and infection had developed on some areas of both the legs. Gopal could not walk nor even stand.

He had been using a crawling motion or been carried by his older brothers to get around. There wasn't much hope that Gopal could stand on both his legs even if the contractures were released through surgery and the only option was to amputate both his legs and plan for prosthesis. Nevertheless the effort was made by our medical team and upon admission series of treatments were carried out.



Infection was controlled and contractures released. Gopal was kept in traction for a while after which extensive physiotherapy was carried out. Unfortunately as anticipated the contractures started to develop again. Amputation was the only option left now. With the consent of his family both of Gopal's legs were amputated. During the time the stumps were healing our ortho-prosthetic technicians designed and fabricated a pair of prosthesis for Gopal. On 7th March 2003 Gopal took his first step. Everybody was delighted to watch him walk. Within a few minutes Gopal had walked several metres around the building before he sat and rested on a bench.



Community Based Rehabilitation

Follow-up treatment in 22 of the 75 districts of Nepal – including mobile health camps in remote parts of the country – provides services to a little more than 60% of the total patients. HRDC is one of the few hospitals in South Asia, maybe even the only one, which puts a very important focus on outreach programs – especially for very poor children.



A HRDC team is visiting a child patient in a small village near to Malangawa, a town at the Indian border. The majority of children with disability lives in rural areas. They are generally very poor, socially discriminated, immobile beyond the boundary of their village if not from the household, and deprived of education and awareness of their basic human rights.



FAET in Geneva and the Swiss Solidarity Chain CDB were the main funding agencies for this project & program in 2002.

The treatment at the hospital has made a tremendous difference in the life of clients. But for most funding agencies, the approach to disability in recent years has been based on prevention and rehabilitation in the community. Community Based Rehabilitation CBR absorbed all interest and money of most donors with an interest in disability. However, no CBR organization can work effectively without referral centres for special care. At the end of the day, there will always be children who cannot be treated at the community level.



A more realistic approach is now being discussed by rehabilitation specialists. It stresses that CBR organizations will only make a difference when acting in concert with referral services, community organizations and disabled people's organizations. Each of these actors has a special role to play and none can function effectively without the other. For the community organizations, disability is a cross-cutting issue. For example, the local saving and credit group knows the importance of access to money for poor families of disabled children. Both organizations will know where to send a blind child to learn Braille or a boy with a clubfoot for treatment. The CBR organizations at district level will rehabilitate children according to their skills, using the referral centres for those children who need specialized care. This network will help each actor to concentrate on its strengths so that the whole range of support is available to ensure a disabled child enjoys a full and decent life.

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